

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409323
Decision Date:	8/19/2024	Hearing Date:	07/22/2024
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Harold Kaplan, DentaQuest



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	Orthodontic Services
Decision Date:	8/19/2024	Hearing Date:	07/22/2024
MassHealth's Rep.:	Dr. Harold Kaplan, DentaQuest	Appellant's Rep.:	Mother
Hearing Location:	Springfield MassHealth Enrollment Center	Aid Pending:	No

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated 05/27/2024, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibit 4). A timely appeal was filed on the appellant's behalf¹ on 06/13/2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior approval is a valid basis for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431(C), in determining that the appellant is ineligible for comprehensive orthodontic treatment.

¹ The appellant is a minor child who was represented in these proceedings by his mother.

Summary of Evidence

The appellant, a minor MassHealth member, appeared in person at the fair hearing with his mother. MassHealth was represented at hearing by Dr. Harold Kaplan, an orthodontic consultant from DentaQuest, the MassHealth dental contractor. Dr. Kaplan appeared virtually.

The appellant's provider, [REDACTED] submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and X-rays on 05/22/2024. As required, the provider completed the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form, which requires a total score of 22 or higher for approval or that the appellant has one of the conditions that warrant automatic approval of comprehensive orthodontic treatment. The provider indicated that the appellant has an HLD score of 26, as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	6	1	6
Overbite in mm	5	1	5
Mandibular Protrusion in mm	0	5	0
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: 5 Mandible: 5	Flat score of 5 for each	10
Labio-Lingual Spread, in mm (anterior spacing)	5	1	5
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			26

The appellant's orthodontist did not identify any automatic qualifying condition, nor did he include a medical necessity narrative.

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 13. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	3	1	3

Mandibular Protrusion in mm	0	5	0
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: 0 Mandible: 5	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	2	1	2
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			13

DentaQuest did not find an automatic qualifying condition. Because it found an HLD score below the threshold of 22 and no autoqualifier, MassHealth denied the appellant's prior authorization request on 05/27/2024.

At hearing, Dr. Kaplan testified that he reviewed the materials submitted with the PA from [REDACTED]. Dr. Kaplan testified that the appellant has an HLD score of 20, as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	4	1	4
Mandibular Protrusion in mm	0	5	0
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: 5 Mandible: 5	Flat score of 5 for each	10
Labio-Lingual Spread, in mm (anterior spacing)	3	1	3
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			20

Dr. Kaplan testified that his measurements did not result in an HLD score that reached the minimum

HLD score of 22, which is necessary for MassHealth payment for comprehensive orthodontic treatment (full braces).

Dr. Kaplan testified that he agreed with [REDACTED] that the appellant has an overjet, and overbite, crowding on both arches, and a labio-lingual spread; however, he disagreed to the extent of those conditions. Dr. Kaplan testified that he made his measurements using the materials provided by [REDACTED] and once the appellant's HLD Index score is properly calculated, the total is 20 points.

Dr. Kaplan concluded that the appellant's malocclusion is not severe and handicapping, as would be evidenced by an HLD score of 22, an automatic qualifying condition, or through a letter of medical necessity. He concluded that although the appellant might benefit from orthodonture, the appellant does not meet the requirements for MassHealth payment.

The appellant, a minor child, appeared at the fair hearing with his mother. The mother testified that she did not understand why the appellant does not yet have braces, since they have been submitting to MassHealth since [REDACTED]. She stated that each time the request is submitted, they receive different measurements.

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. On 05/22/2024, the appellant's orthodontic provider, [REDACTED] submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth (Exhibit 4).
2. The provider completed a Handicapping Labio-Lingual Deviations Form for the appellant and calculated an HLD score of 26 points. The provider did not indicate that any automatic qualifying conditions exist (Exhibit 4).
4. The provider did not include a medical necessity narrative with the prior authorization request (Exhibit 4).
5. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 13, with no automatic qualifying condition (Exhibit 4).
6. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more (Testimony).
7. On 05/27/2024, MassHealth notified the appellant that the prior authorization request was denied (Exhibits 1 and 4).

8. On 06/13/2024, the appellant filed a timely appeal of the denial (Exhibit 2).
9. On 07/22/2024, a fair hearing took place before the Board of Hearings (Exhibit 3). The appellant and his mother appeared in person. The MassHealth orthodontist appeared virtually.
10. At the fair hearing, a MassHealth orthodontic consultant testified that he reviewed the materials submitted with the PA, including dental records, X-rays and photographs. Based on his review of the provider's paperwork, photographs, and X-rays, MassHealth found an HLD score of 20 points (Testimony).
11. The appellant has an overjet that measures 3 mm (Testimony).
12. The appellant has an overbite that measures 4 mm (Testimony).
13. The appellant has at least 3.5 mm of crowding on both the upper and the lower arches (Testimony).
14. The appellant has a labio-lingual spread of 3 mm (Testimony).
15. The appellant's HLD score is below 22 (Testimony).
16. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (e.g., cleft palate, severe maxillary anterior crowding greater than 8 mm, deep impinging overbite, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, or reverse overjet greater than 3.5 mm) (Testimony).

Analysis and Conclusions of Law

130 CMR 420.431(C) states, in relevant part, as follows:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime under the age of [REDACTED] and only when the member has a handicapping malocclusion. The MassHealth agency determines whether a malocclusion is handicapping based on the clinical standards for medical necessity as described in Appendix D of the Dental Manual.

Appendix D of the Dental Manual is the "Handicapping Labio-Lingual Deviations Form" (HLD), which is described as a quantitative, objective method for measuring malocclusion. The HLD

index provides a single score, based on a series of measurements that represent the degree to which a case deviates from normal alignment and occlusion. MassHealth has determined that a score of 22 or higher signifies a severe and handicapping malocclusion. MassHealth will also approve a prior authorization request, without regard for the HLD numerical score, if there is evidence of a cleft palate, deep impinging overbite, anterior impactions, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, crowding or spacing greater than 10 mm, anterior or posterior crossbite of three or more teeth on either arch, two or more congenitally missing teeth, or lateral open bite greater than 2 mm of four or more teeth (“automatic qualifying condition” or “autoqualifier”).

The appellant’s provider documented that the appellant has an HLD score of 26 points. The provider identified no automatic qualifying condition, nor did he include a medical necessity letter. Upon receipt of the PA request and after reviewing the provider’s submission, MassHealth found an HLD score of 13 and no automatic qualifying condition. As a result, MassHealth denied the request for comprehensive orthodontics. The appellant appealed to the Board of Hearings and a fair hearing took place, at which MassHealth was represented by an orthodontist, who appeared virtually. The appellant and his mother appeared in person.

In preparation for the fair hearing, the MassHealth orthodontist reviewed the prior authorization documents. At hearing, the MassHealth orthodontist testified that he found an HLD score of 20 points and no automatic qualifying condition. MassHealth’s orthodontist agreed that the appellant has at least 3.5 mm of crowding on both arches, and he was able to confirm that the corresponding HLD Index score for the crowding is 10 points (5 points per arch). He also agreed that the appellant has an overjet, an overbite, and a labio-lingual spread; however, Dr. Kaplan did not agree that the appellant has the same measurements as reported by the provider.

The appellant’s treating provider reported that the appellant has an overjet of 6 mm (6 points), an overbite of 5 mm (5 points) and labio-lingual spread of 5 mm (5 points), resulting in a total HLD Index score of 26 points, including the 10 points for crowding. Dr. Kaplan testified that the appellant has an overjet of 3 mm (3 points), an overbite of 4 mm (4 points), and a labio-lingual spread of 3 mm (3 points), resulting in a total HLD Index score of 20 points. Dr. Kaplan explained his scores to the appellant’s mother and to the hearing officer, referencing the photographs of the appellant’s teeth that were included with the PA request.

Dr. Kaplan’s score is supported by the photographs and other documents submitted with the PA request. Dr. Kaplan, a licensed orthodontist, demonstrated a familiarity with the HLD Index. His measurements are credible and his determination of the overall HLD score is consistent with the evidence. Moreover, he was available to be questioned by the hearing officer and cross-examined by the appellant’s representative.

The appellant’s mother testified credibly that the appellant might benefit from orthodonture; however, she was unable to show that the appellant met the requirements set out by MassHealth

for approval for payment of the orthodonture. Accordingly, the appellant has not shown that MassHealth erred in denying the request for comprehensive orthodonture. As the appellant does not qualify for comprehensive orthodontic treatment under the HLD guidelines, MassHealth was correct in determining that he does not have a severe and handicapping malocclusion. Accordingly, MassHealth correctly denied this request for comprehensive orthodontic services and this appeal is denied.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter 30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Marc Tonaszuck
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 2, MA