

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2412875
<b>Decision Date:</b>	9/30/2024	<b>Hearing Date:</b>	09/25/2024
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearances for Appellant:**  
Pro se, with Mother

**Appearance for MassHealth:**  
Dr. Kaplan

**Interpreter:**  
Language Line



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Orthodontics
<b>Decision Date:</b>	9/30/2024	<b>Hearing Date:</b>	09/25/2024
<b>MassHealth's Rep.:</b>	Dr. Kaplan	<b>Appellant's Reps.:</b>	Pro se with Mother
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center	<b>Aid Pending:</b>	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 July 16, 2024, MassHealth denied Appellant's request for prior authorization of comprehensive orthodontic treatment (130 CMR 420.431 and Exhibit 1). Appellant filed this appeal in a timely manner on August 19, 2024 (130 CMR 610.015 and Exhibit 2). Denial of a request for prior authorization is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for comprehensive orthodontic treatment.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in denying Appellant's prior authorization request for comprehensive orthodontic services.

## Summary of Evidence

MassHealth was represented by Dr. Kaplan, an orthodontic consultant from the MassHealth contractor DentaQuest. Dr. Kaplan is a licensed orthodontist in the Commonwealth of Massachusetts. Dr. Kaplan testified that Appellant's orthodontist submitted the Handicapping Labio-Lingual Deviations (HLD) Form which requires a total score of 22 or higher for approval. Appellant's orthodontist recorded a score of 11 points based on HLD measurements (Exhibit 1, p. 10). No autoqualifying conditions were identified. A letter of medical necessity was not included with the prior authorization request. Dr. Kaplan testified that a DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 7 HLD points with no autoqualifying conditions identified (Exhibit 1, p. 7). Dr. Kaplan examined Appellant's dentition at hearing and scored 16 HLD points and found no autoqualifying conditions. Dr. Kaplan scored 5 points for crowding in the upper teeth, 3 points for overjet, 5 points for overbite, and 3 points for Labio Lingual Spread. No points were scored for a congenitally missing lower incisor. Dr. Kaplan upheld the denial of payment for orthodontics because Appellant's HLD score is below 22 points, and no autoqualifying conditions are present.

Appellant's representative asked for an explanation of the HLD scoring.

## Findings of Fact

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

1. Appellant's orthodontist submitted the Handicapping Labio-Lingual Deviations (HLD) Form which requires a total score of 22 or higher for approval. Appellant's orthodontist recorded a score of 11 points based on HLD measurements and did not identify any autoqualifying conditions.
2. A letter of medical necessity was not included with the prior authorization request.
3. A DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 7 HLD points with no autoqualifying conditions identified.
4. Dr. Kaplan examined Appellant's dentition at hearing and scored 16 HLD points and found no autoqualifying conditions.
5. Dr. Kaplan scored 5 points for crowding in the upper teeth, 3 points for overjet, 5 points for overbite, and 3 points for Labio Lingual Spread. No points were scored for a congenitally missing lower incisor.

## Analysis and Conclusions of Law

Regulation 130 CMR 420.431(C)(3) states in relevant part:

The MassHealth agency pays for comprehensive orthodontic treatment only once per member under age 21 per lifetime and only when the member has a handicapping malocclusion. The MassHealth agency determines whether a malocclusion is handicapping based on the clinical standards 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 handicapping malocclusion. The HLD index also includes conditions that are listed as autoqualifiers that result in approval without HLD scores.<sup>1</sup> Here, Appellant’s orthodontic provider submitted the Handicapping Labio-Lingual Deviations (HLD) Form which requires a total score of 22 or higher for approval and recorded a score of 11 points and did not identify any autoqualifying conditions. A DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 7 HLD points with no autoqualifying conditions identified. Dr. Kaplan examined Appellant’s dentition at hearing and scored 16 HLD points and found no autoqualifying conditions. Because each orthodontist, including Appellant’s orthodontist, scored below the required 22 points on the HLD index, and no autoqualifying conditions were identified, MassHealth correctly denied the prior authorization request.

The MassHealth agency pays for a pre-orthodontic treatment examination for members younger than 21 years of age, once per six (6) months per member, and only for the purpose of determining whether orthodontic treatment is medically necessary and can be initiated before the member’s twenty-first birthday (130 CMR 420.431(C)(1)). Appellant can be reevaluated for comprehensive orthodontics and submit a new prior authorization request 6 months after the last evaluation.

The appeal is DENIED.

## Order for MassHealth

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<sup>1</sup> See Dental Manual Appendix D. Authorization Form for Comprehensive Orthodontic Treatment, Transmittal Letter DEN111, p. D1, October 15, 2021 available at: <https://www.mass.gov/doc/appendix-d-authorization-form-for-comprehensive-orthodontic-treatment-0/download>

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.

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Thomas J. Goode  
Hearing Officer  
Board of Hearings

MassHealth Representative: DentaQuest 1, MA