

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2412892
Decision Date:	9/30/2024	Hearing Date:	09/25/2024
Hearing Officer:	Thomas J. Goode		

Appearances for Appellant:
Pro se with Mother

Appearance for MassHealth:
Dr. Harold Kaplan



*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:	Orthodontics
Decision Date:	9/30/2024	Hearing Date:	09/25/2024
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	Pro se with Mother
Hearing Location:	Tewksbury 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 July 24, 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 20 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 17 HLD points with no autoqualifying conditions identified (Exhibit 1, p. 7). Dr. Kaplan examined Appellant's dentition at hearing and testified that he scored 20 HLD points and found no autoqualifying conditions. 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 testified to a previous prior authorization request that was scored over 22 by Appellant's orthodontist and was scored lower at a hearing. Appellant's representative stated that she would discuss the scoring submitted with Appellant's orthodontist.

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 20 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 17 HLD points with no autoqualifying conditions identified.
4. Dr. Kaplan examined Appellant's dentition at hearing and scored 20 HLD points and found no autoqualifying conditions.

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.¹ 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 20 points and did not identify any autoqualifying conditions.² A DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 17 HLD points with no autoqualifying conditions identified. Dr. Kaplan examined Appellant’s dentition at hearing and scored 20 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

None.

¹ 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>

² This hearing decision is based only on the July 24, 2024 denial, and does not consider or investigate evidence or testimony from previous hearing records. Appellant may wish to discuss HLD scoring with her orthodontic provider.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA