

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2416125
<b>Decision Date:</b>	12/4/2024	<b>Hearing Date:</b>	11/27/2024
<b>Hearing Officer:</b>	Alexandra Shube		

**Appearances for Appellant:**



**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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization – Orthodontics
<b>Decision Date:</b>	12/4/2024	<b>Hearing Date:</b>	11/27/2024
<b>MassHealth's Rep.:</b>	Dr. Harold Kaplan	<b>Appellant's Reps.:</b>	Mother; Pro se
<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 October 14, 2024, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibits 1 and 5). The appellant filed this appeal in a timely manner on October 18, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior authorization 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, in determining that the appellant is ineligible for comprehensive orthodontic treatment.

## Summary of Evidence

The appellant is a minor MassHealth member who appeared at hearing with his mother. MassHealth was represented at hearing by Dr. Harold Kaplan, a board-certified orthodontist and orthodontic consultant from DentaQuest, the MassHealth dental contractor.

The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and x-rays, on October 4, 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 she found a posterior crossbite of three or more maxillary teeth per arch, a condition that warrants automatic approval of comprehensive orthodontic treatment. As she found an autoqualifying condition, the provider did not score the remainder of the HLD Form.

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined there was no posterior crossbite of three or more maxillary teeth per arch or any other autoqualifying condition. DentaQuest found that the appellant had an HLD score of 15. The DentaQuest HLD Form reflects the following scores:

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: n/a Mandible: x	Flat score of 5 for each	5
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 <sup>rd</sup> molars)	0	3	0
<b>Total HLD Score</b>			<b>15</b>

Because it found an HLD score below the threshold of 22 and no autoqualifying condition, MassHealth denied the appellant's prior authorization request on October 14, 2024.

At hearing, Dr. Kaplan completed an HLD form based on an in-person examination of the appellant and a review of the x-rays and photographs. He determined that the appellant's overall HLD score was 18, and his HLD form is 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)	1	3	3
Anterior Crowding	Maxilla: n/a Mandible: x	Flat score of 5 for each	5
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 <sup>rd</sup> molars)	0	3	0
<b>Total HLD Score</b>			<b>18</b>

Dr. Kaplan did not see any evidence of any autoqualifying conditions. Dr. Kaplan explained that to meet the autoqualifying condition of posterior crossbite, there must be at least three teeth per arch in crossbite. The appellant only has two teeth in crossbite, so does not meet the criteria for the autoqualifying condition of posterior crossbite of three or more maxillary teeth per arch.

The appellant's mother testified that his sister has a similar situation in her mouth and she was approved for braces. She is concerned that without orthodontic treatment her son will need extra dental care throughout his life because of the crossbite, particularly the one tooth that is rotated 180 degrees.

Dr. Kaplan advised the appellant that he may be re-examined every six months and has until the age of 21 to be treated. Because the appellant's HLD score is below 22 and there were no autoqualifiers present, the appellant does not have a handicapping malocclusion and MassHealth will not pay for comprehensive orthodontic treatment at this time. Dr. Kaplan explained that while the appellant's bite would be improved with braces, it is not severe enough for MassHealth to pay for it.

## Findings of Fact

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

1. On October 4, 2024, the appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth (Exhibit 5).
2. The provider completed a Handicapping Labio-Lingual Deviations Form for the appellant and indicated she found a posterior crossbite of three or more maxillary teeth per arch, a condition that warrants automatic approval of comprehensive orthodontic treatment. She did not calculate an HLD score. (Exhibit 5).
3. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant did not have a posterior crossbite of three or more maxillary teeth per arch or any other autoqualifying condition and calculated an HLD score of 15 (Exhibit 5).
4. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more or has one of the conditions that warrant automatic approval of comprehensive orthodontic treatment (Testimony).
5. On October 14, 2024, MassHealth notified the appellant that the prior authorization request had been denied (Exhibits 1 and 5).
6. On October 18, 2024, the appellant filed a timely appeal of the denial (Exhibit 2).
7. At hearing, a MassHealth orthodontic consultant examined the appellant in person and reviewed the provider's paperwork, photographs, and x-rays and found an HLD score of 18. He did not see any evidence of a posterior crossbite of three or more maxillary teeth per arch or any other autoqualifying condition. (Testimony).
8. The appellant has two teeth in posterior crossbite (Testimony and Exhibit 5).
9. The appellant's HLD score is below 22.
10. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (cleft palate; impinging overbite with evidence of occlusal contact into the opposing soft tissue; impaction where eruption is impeded but extraction is not indicated (excluding third molars); severe traumatic deviation; overjet greater than 9 mm; reverse overjet greater than 3.5 mm; crowding of 10mm or more in either the maxillary or mandibular arch (excluding 3<sup>rd</sup> molars); spacing of 10mm or more

in either the maxillary or mandibular arch (excluding 3<sup>rd</sup> molars); anterior crossbite of 3 or more maxillary teeth per arch; posterior crossbite of 3 or more maxillary teeth per arch; two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant; lateral open bite 2mm or more of 4 or more teeth per arch; anterior open bite 2mm or more of 4 or more teeth per arch).

## Analysis and Conclusions of Law

130 CMR 420.431(C)(3) states, in relevant part, as follows:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime for a member younger than 21 years old and only when the member has a handicapping malocclusion. The MassHealth agency determines whether a malocclusion is handicapping **based on clinical standards for medical necessity as described in Appendix D of the Dental Manual.**

(Emphasis added).

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. MassHealth will also approve a prior authorization request, without regard for the HLD numerical score, if there is evidence of one of the following automatic qualifying conditions: cleft palate; impinging overbite with evidence of occlusal contact into the opposing soft tissue; impaction where eruption is impeded but extraction is not indicated (excluding third molars); severe traumatic deviation; overjet greater than 9 mm; reverse overjet greater than 3.5 mm; crowding of 10mm or more in either the maxillary or mandibular arch (excluding 3<sup>rd</sup> molars); spacing of 10mm or more in either the maxillary or mandibular arch (excluding 3<sup>rd</sup> molars); anterior crossbite of 3 or more maxillary teeth per arch; **posterior crossbite of 3 or more maxillary teeth per arch**; two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant; lateral open bite 2mm or more of 4 or more teeth per arch; or anterior open bite 2mm or more of 4 or more teeth per arch. (Emphasis added).

The appellant’s provider indicated she found an autoqualifier of posterior crossbite of three or more maxillary teeth per arch and did not calculate an HLD score. After reviewing the provider’s submission, MassHealth found an HLD score of 15 and no autoqualifiers. Upon review of the prior authorization documents and an examination of the appellant at hearing, Dr. Kaplan found an HLD score of 18 and no autoqualifiers.

Dr. Kaplan's measurements and testimony are credible and his determination of the overall HLD score and the lack of autoqualifiers is consistent with the evidence. The appellant has only two teeth in posterior crossbite. As a result, the appellant does not have enough teeth to meet the threshold for the autoqualifying condition of posterior crossbite of three or more maxillary teeth per arch.

All the appellant's HLD scores fall below the necessary 22 points. The appellant also does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment.

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 handicapping malocclusion. Accordingly, 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.

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Alexandra Shube  
Hearing Officer  
Board of Hearings

MassHealth Representative: DentaQuest 1, MA