

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2176059
Decision Date:	10/26/2021	Hearing Date:	September 27, 2021
Hearing Officer:	Brook Padgett		

Appellant Representatives:



MassHealth Representative:

Dr. Harold Kaplan, DMD



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	130 CMR 420.431
Decision Date:	10/26/2021	Hearing Date:	September 27, 2021
MassHealth Rep.:	Dr. H. Kaplan, DMD	Appellant Rep.:	██████
Hearing Location:	Quincy		

Authority

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

Jurisdiction

The Appellant received a notice dated July 19, 2021, stating: MassHealth has denied your request for full orthodontic treatment. (130 CMR 420.431(E)(1); Exhibit 1).

The Appellant filed this appeal timely on August 09, 2021. (130 CMR 610.015(B); Exhibit 2).

Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

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

Issue

Is the Appellant eligible for full orthodontic treatment?

Summary of Evidence

MassHealth was represented by a licensed orthodontist who stated the Appellant requested prior authorization for full orthodontic treatment. The representative maintained full orthodontic treatment is authorized only when there is evidence of a severe and handicapping malocclusion. The orthodontist testified that the Appellant's request was considered after review of the oral photographs and written information submitted by the Appellant's orthodontic provider. This information was then applied to a standardized Handicapping Labio-Lingual Deviations Form (HLD) Index that is used to make an objective determination of whether the Appellant has a severe and handicapping malocclusion. The orthodontist consultant testified that the HLD Index uses objective measurements taken from the subject's teeth to generate an overall numeric score representing the degree to which a case deviates from normal alignment and occlusion. A severe and handicapping malocclusion typically reflects a score of 22 and above. The representative testified that according to the prior authorization request, the Appellant's dental provider did not report a HLD Index score, rather the submitting orthodontist indicated the Appellant had a deep impinging overbite which is an auto-qualifier and requires no additional scoring. MassHealth argued that the auto-qualifier of a deep impinging overbite was denied as it requires photographic evidence of a severe soft tissue damage which was not submitted with the request. A review was conducted by an orthodontist at DentaQuest and determined the Appellant had a HLD score of 11. The orthodontic consultant further stated that his own review determined an overall HLD score of 14. MassHealth noted that there was nothing else in the Appellant's clinical information at this time that might rise to the level of a severe and handicapping malocclusion. MassHealth concluded that because the Appellant has an HDL score below 22 and there was insufficient evidence to determine if the Appellant met the auto-qualifier criteria of a deep impinging overbite the request for orthodontic treatment was denied. MassHealth submitted into evidence Appellant's dental history and claim form, Orthodontics Prior Authorization form, HLD form, oral photographs and DentaQuest Determination (Exhibit 4).

The Appellant's mother responded that the Appellant has seen two different orthodontists each one examined the Appellant, and both have stated he has a medical need which requires braces. The Appellant's representative indicated she would return to her orthodontist to submit a new PA request after obtaining a new score or verify the Appellant's deep impinging overbite.

Findings of Fact

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

1. On July 16, 2021 the Appellant, through his dental provider, requested prior authorization full orthodontic treatment. (Exhibit 4).
2. MassHealth employs a system of comparative measurements known as the HLD index as a determinant of a severe and handicapping malocclusion. (Exhibit 4).

3. A HLD index score of 22 or higher can denote a severe and handicapping malocclusion. (Exhibit 4).
4. The Appellant's dental provider determined that the Appellant had the auto-qualifier of a deep impinging overbite. (Exhibit 4).
5. The Appellant's dental provider did not submit any evidence to demonstrate the Appellant had the auto-qualifier of a deep impinging overbite. (Testimony and Exhibit 4).
6. The MassHealth orthodontic consultant agency DentaQuest determined that the Appellant has an overall HLD index score of 11. (Exhibit 4).
7. After review of the evidence the MassHealth orthodontic consultant calculated an HLD index score of 14. (Testimony).

Analysis and Conclusions of Law

When requesting prior authorization for orthodontic treatment, a provider must submit a completed HLD Index recording form with the results of the clinical standards described in Appendix D of the *Dental Manual* (130 CMR 420.413(E)(1)).¹ While the Appellant's dental condition may benefit from orthodontic treatment the requirements of 130 CMR 420.431(E) are clear and unambiguous. MassHealth will cover orthodontic treatment "only" for members who have a "severe and handicapping malocclusion." The minimum HLD index score which indicates a severe and handicapping malocclusion is 22. In this case, the Appellant's orthodontist did not calculate a HLD score instead the orthodontist indicated the Appellant had the auto-qualifier of a deep impinging overbite. However, because the Appellant's dental provider presented no evidence of a deep impinging overbite or an HLD score, the only evidence to rely on is the HLD scores of DentaQuest and the MassHealth consultant. DentaQuest calculated a HLD index score of 11 and after review of all evidence presented the MassHealth testifying orthodontist consultant determined calculated a HLD score of 14. As two of the three orthodontists calculated an HLD index score below 22, the clinical information indicates the Appellant does not have a severe and handicapping malocclusion and the Appellant does not meet MassHealth criteria for orthodontia.

The Appellant does not meet the requirements of 130 CMR 420.431(E) and therefore the denial

¹ 130 CMR 420.431: Service Descriptions and Limitations: Orthodontic Services (E) Comprehensive Orthodontic Treatment. (1) The MassHealth agency pays for comprehensive orthodontic treatment only once per member under age 21 per lifetime and only when the member has a severe and handicapping malocclusion. The MassHealth agency determines whether a malocclusion is severe, and handicapping based on the clinical standards described in Appendix D of the *Dental Manual*. The permanent dentition must be reasonably complete (usually by age 11). Payment covers a maximum period of two and one-half years of orthodontic treatment visits. Upon the completion of orthodontic treatment, the provider must take photographic prints and maintain them in the member's dental record (See Exhibit 4).

of the prior authorization request is correct. 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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth representative: DentaQuest, PO Box 9708, Boston, MA 02114-9708