

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



|                         |                    |                        |            |
|-------------------------|--------------------|------------------------|------------|
| <b>Appeal Decision:</b> | Denied             | <b>Appeal Number:</b>  | 2205584    |
| <b>Decision Date:</b>   | 10/19/2022         | <b>Hearing Date:</b>   | 08/31/2022 |
| <b>Hearing Officer:</b> | Christine Therrien | <b>Record Open to:</b> | 9/21/2022  |

Appearance for Appellant:



Appearance for MassHealth:

Dr. Carl Perlmutter



*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>     | 10/19/2022                        | <b>Hearing Date:</b>     | 08/31/2022   |
| <b>MassHealth's Rep.:</b> | Dr. Perlmutter                    | <b>Appellant's Rep.:</b> | Mother       |
| <b>Hearing Location:</b>  | All parties appeared by telephone |                          |              |

## 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 7/7/22 stating: MassHealth has denied your request for full orthodontic treatment (130 CMR 420.431(E)(1) and Exhibit 1). The appellant filed this appeal timely on 7/27/22 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032). The record was left open until 9/21/22 to allow the appellant to submit supporting documentation and for the orthodontic consultant to review submission (Exhibit 4).

## Action Taken by MassHealth

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

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that appellant is not 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 which 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 orthodontist consultant testified that according to the prior authorization request, the appellant's dental provider reported a HLD Index score of 16 and a review by the orthodontists at DentaQuest prior to the hearing determined a score of 12. The orthodontic consultant further stated that his own measurements taken from the appellant at hearing yielded an overall score of 13. The orthodontist consultant 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. Orthodontist consultant concluded that because the appellant has a HDL score below 22 the evidence indicates she does not have a severe and handicapping malocclusion and as a result 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 1).

The appellant's mother argued that the appellant's front teeth stick out and need to be straightened and that the appellant gets called names because of her teeth. The record was left open to allow the appellant's mother to submit documentation from the appellant's physician stating how the appellant's mental and emotional health are impacted by the condition of her teeth. The appellant's mother did not submit anything additional into the record.

The orthodontist consultant responded that the appellant can be re-evaluated every six months until she is 21 but she does not meet the MassHealth criteria at this time.

## **Findings of Fact**

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

1. MassHealth was represented by a licensed orthodontist who stated the appellant requested prior authorization for full orthodontic treatment which is authorized only when there is evidence of a severe and handicapping malocclusion.
2. The appellant's request was considered after review of the oral photographs and written information submitted by the appellant's orthodontic provider (Orthodontist consultant testimony and Exhibit 1).
3. A standardized Handicapping Labio-Lingual Deviations Form (HLD) Index is used to make an objective determination of whether the appellant has a severe and handicapping malocclusion (Orthodontist consultant testimony and Exhibit 1).
4. 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 (Orthodontist consultant testimony and Exhibit 1).

5. A severe and handicapping malocclusion typically reflects a score of 22 and above (Orthodontist consultant testimony and Exhibit 1).
6. According to the prior authorization request, the appellant's dental provider reported a HLD Index score of 16 and a review by the orthodontists at DentaQuest prior to the hearing determined a score of 12 (Orthodontist consultant testimony and Exhibit 1).
7. The orthodontic consultant's measurements taken from the appellant at hearing yielded an overall score of 13 (Exhibit 4).
8. 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 (Orthodontist consultant 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)).<sup>1</sup>

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 calculated a HLD index score of 16, the MassHealth consultant DentaQuest calculated a HLD index score of 12 and after review of the appellant at the hearing the testifying orthodontist determined at score of 13. Because the appellant's own dental provider as well as MassHealth all calculate the appellant's 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 of the prior authorization request is correct. This appeal is DENIED.

## Order for MassHealth

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<sup>1</sup> 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).

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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Christine Therrien  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 2, MA