

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** Denied

**Appeal Number:** 2303532

**Decision Date:** 6/2/2023

**Hearing Date:** 05/24/2023

**Hearing Officer:** Alexis Demirjian

**Appearance for Appellant:**

 Appellant's Mother

**Appearance for MassHealth:**

Dr. David Cabaceiras,  
DentaQuest Consultant

**Interpreter:**

Sheri Langfield



*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 for Comprehensive Orthodontic Treatment
<b>Decision Date:</b>	6/2/2023	<b>Hearing Date:</b>	05/24/2023
<b>MassHealth's Rep.:</b>	Dr. Cabaceiras	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Remote - Telephonic	<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 March 23, 2022, MassHealth denied the Appellant's prior authorization for comprehensive orthodontic treatment because MassHealth determined that the Appellant did not meet the clinical criteria required to pay for the treatment. (Exhibit 3). The Appellant filed a timely appeal on April 27, 2023, and as a minor appellant, was represented by her mother in these proceedings. (see 130 CMR 610.015(B) and Exhibit 2). Denial of services are valid grounds for appeal before the Board of Hearings. (see 130 CMR 610.032).

## Action Taken by MassHealth

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

## Issue

Whether MassHealth correctly determined that the Appellant is not eligible for comprehensive orthodontic treatment pursuant to 130 CMR 420.431(C).

## Summary of Evidence

The Appellant is a minor MassHealth member whose mother appeared at hearing via telephone. MassHealth was represented at hearing by an orthodontic consultant from DentaQuest, the MassHealth dental contractor.

The MassHealth orthodontic consultant testified that MassHealth utilizes a formula called the Handicapping Labio-Lingual Deviations Index (HLD). The HLD is a comprehensive formula that includes all the conditions that may exist in the mouth and assigns points to the condition(s) based on how much they deviate from the norm. Additionally, the HLD allows for the identification of certain auto qualifying conditions and if a person has one of these auto qualifying conditions MassHealth will also pay for comprehensive orthodontic treatment.

MassHealth utilizes the HLD Index to determine whether there is a severe and handicapping malocclusion. A severe and handicapping malocclusion reflects a minimum cumulative score of 22 or an auto-qualifying condition. MassHealth submitted into evidence: HLD MassHealth Form, the HLD Index. (Exhibit 4).

The MassHealth orthodontic consultant testified that the Appellant's orthodontic provider submitted a prior authorization request on the Appellant's behalf based on an examination. The Appellant's orthodontic provider submitted oral photographs and written information with the request for the prior authorization. The Appellant's orthodontist applied the HLD Index to determine whether the Appellant has a severe and handicapping malocclusion. The MassHealth orthodontic consultant testified that according to the prior authorization request, the Appellant's orthodontic provider reported that the Appellant had a HLD score of 22. The provider noted that there was no auto-qualifying condition indicated on the HLD Index form. The provider's score is as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	1	1	1
Overbite in mm	1	1	1
Mandibular Protrusion in mm	2	5	10
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: 5 Mandible: 5	Flat score of 5 for each	10
Labio-Lingual Spread, in mm (anterior spacing)	0	1	0
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>22</b>

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontist determined that the Appellant had an HLD score of 20. 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	1	5	5
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: 0 Mandible: 5	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>20</b>

DentaQuest did not find an automatic qualifying condition. Because it found an HLD score below the threshold of 22 and no autoqualifying condition, MassHealth denied the Appellant's prior authorization request on March 29, 2023.

At hearing, the MassHealth orthodontist testified that the Appellant has an HLD score of 20, as

follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	1	1	1
Overbite in mm	1	1	1
Mandibular Protrusion in mm	2	5	10
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: 0 Mandible: 5	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>20</b>

The MassHealth orthodontic consultant testified that he reviewed the materials that were provided to MassHealth with the prior authorization request from the Appellant's orthodontist. After reviewing the photographs and X-rays, the MassHealth orthodontist consultant testified that his review confirmed the DentaQuest reviewer's conclusion, which is that the Appellant's HLD score did not reach the minimum required score of 22.

The MassHealth orthodontic consultant noted that both he and the DentaQuest reviewer found an HLD score of 20. He further opined that the given the closeness of the Appellant's score to 22, the Appellant's HLD score may change in the future, which could result in MassHealth covering comprehensive orthodontic treatment.

MassHealth will pay for an evaluation for comprehensive orthodontic treatment every six months until the Appellant reaches the age of 21.

The Appellant's mother did not contest the MassHealth consultant's testimony.

## Findings of Fact

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

1. The Appellant is under 21 years of age. (Testimony; Exhibit 4)

2. On March 22, 2023, the Appellant's orthodontic provider requested prior authorization for comprehensive orthodontic treatment. (Testimony; Exhibit 4)
3. On March 28, 2023, MassHealth denied the Appellant's prior authorization request. (Exhibit 4).
4. On April 27, 2023, a timely fair hearing request was filed on the Appellant's behalf. (Exhibit 2)
5. MassHealth provides coverage for comprehensive orthodontic treatment only when there is a severe and handicapping malocclusion.
6. An automatic qualifying condition on the HLD Index is a severe and handicapping malocclusion.
7. A HLD Index score of 22 or higher denotes a severe and handicapping malocclusion.
8. The Appellant's orthodontic provider did not allege that the Appellant had an automatic qualifying condition. (Exhibit 4)
9. The MassHealth orthodontic consultant, a licensed orthodontist, reviewed the Appellant's oral photographs and x-rays and determined that the Appellant did not have a HLD score of 22 or above or an automatic qualifying condition. (Testimony; Exhibit 4).
10. The MassHealth orthodontic consultant concluded that the Appellant does not have a severe and handicapping malocclusion. (Testimony)
11. The Appellant's mother did not contest the conclusions made by the MassHealth orthodontic consultant. (Testimony)

## **Analysis and Conclusions of Law**

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

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.<sup>1</sup>

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<sup>1</sup> The Dental Manual and Appendix D are available on MassHealth's website, in the MassHealth Provider Library. (Available at <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>, last visited May 31, 2023.)

When requesting prior authorization for comprehensive orthodontic treatment, the provider submits, among other things, a completed HLD Index recording form which documents the results of applying the clinical standards described in Appendix D of the Dental Manual. For MassHealth to pay for orthodontic treatment, the appellant's malocclusion must be severe and handicapping as indicated by an automatic qualifier on the HLD index or a minimum HLD index score of 22.

The HLD Index is a quantitative and objective method for measuring malocclusions. It is used to add up a single score based on a series of measurements that represent the degree to which a bite deviates from normal alignment and occlusion. MassHealth has made a policy decision that a score of 22 or higher signifies a severe and handicapping malocclusion, ostensibly a medical necessity for orthodontia. Certain exceptional malocclusions are deemed automatically severe and handicapping: cleft lip, cleft palate, or other cranio-facial anomaly, impinging overbite with evidence of occlusal contact into the opposing soft tissue, impactions where eruptions are impeded but extraction is not indicated (excluding third molars), overjet (greater than 9mm), reverse overjet (greater than 3.5mm), crowding of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd molars), spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd 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. See Appendix D, MassHealth Dental Manual.

In this case, the Appellant's orthodontist asserted that the Appellant has an HLD score of 22. After reviewing the provider's submission, DentaQuest found an HLD score of 20 and no automatic qualifying condition. Upon review of the prior authorization documents, at hearing, a different orthodontic consultant found an HLD score of 20 and no automatic qualifying conditions.

After a careful review of the documentary evidence and testimony offered by MassHealth's dental consultant, which was uncontested by the Appellant's mother. The Appellant did not meet the requirements set out by MassHealth for approval for payment of the orthodonture. 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 severe and 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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Alexis Demirjian  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA