

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304829
Decision Date:	8/30/2023	Hearing Date:	07/31/2023
Hearing Officer:	Christopher Jones		

Appearance for Appellant:

 Mother

Appearance for MassHealth:

Dr. Harold Kaplan

Interpreter:

Zully Rodriguez - ITI



*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:	Prior Authorization – Orthodontia
Decision Date:	8/30/2023	Hearing Date:	07/31/2023
MassHealth’s Rep.:	Dr. Harold Kaplan	Appellant’s Rep.:	Mother
Hearing Location:	Remote	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 May 30, 2023, MassHealth denied the appellant's prior authorization request for orthodontia. (See Exhibit 1.) The appellant filed this appeal in a timely manner on June 14, 2023. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth denied the appellant’s prior authorization request for orthodontia.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that that comprehensive orthodontia was not medically necessary.

Summary of Evidence

The appellant’s provider submitted a prior authorization request on the appellant’s behalf seeking MassHealth coverage for comprehensive orthodontic treatment. Along with photographs and x-rays, the provider submitted a Handicapping Labio-Lingual Deviations (“HLD”) Form. The appellant’s orthodontist identified the appellant as having an “impinging overbite with evidence of

occlusal contact into the opposing soft tissue” but otherwise found an HLD Score of 21. (Exhibit 4, pp. 6, 8-15.)

DentaQuest, MassHealth’s dental contractor, reviewed the submitted images determined that the appellant’s HLD Score was 17 and they did not agree that she automatically qualified due to an impinging overbite. (Exhibit 4, p. 16.) At the hearing, Dr. Kaplan testified that MassHealth only pays for orthodontia when the member’s bite is sufficiently severe to be considered handicapping. MassHealth uses the HLD Score to measure various aspects of a person’s bite to determine if the member has a “handicapping malocclusion.” This scale looks at characteristics of a bite to measure how the teeth work. Many children may need orthodontic care but do not meet MassHealth’s definition of a physically handicapping bite.

Dr. Kaplan reviewed the submitted images and was unable to find more than 22 points on the HLD Scale. Further, he testified that the submitted images showed the appellant’s upper palate was not inflamed and appeared perfectly healthy. Therefore, he agreed that the appellant did not qualify as having an impinging overbite.

The appellant’s mother testified through an interpreter that her daughter’s lower teeth were very crooked, and her upper teeth had spaces in between them. She acknowledged that, as far as she knows, the appellant’s lower teeth do not impinge upon her upper palate. She was told that braces would make her daughter’s teeth better. She did not understand why MassHealth was denying her daughter’s braces. She was informed that the appellant could be reevaluated for braces every six months, and if anything changed, she may be approved in the future.

Findings of Fact

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

1. The appellant’s provider submitted a prior authorization request for comprehensive orthodontic treatment with photographs and x-rays. The submitted HLD Form found an automatic qualifying condition, “impinging overbite with evidence of occlusal contact into the opposing soft tissue” but otherwise found an HLD Score of 21. (Exhibit 4, pp. 6, 8-15.)
2. MassHealth denied comprehensive orthodontia, finding only 17 points on the HLD scale. (Exhibit 4, pp. 3-5, 7, 16.)
3. The appellant does not have at least 22 points on the HLD Scale, and she does not have an impinging overbite. (Exhibit 4; Testimony by Dr. Kaplan and the appellant’s representative.)

Analysis and Conclusions of Law

MassHealth covers orthodontic services when it determines them to be medically necessary. (130 CMR 420.431.) Medical necessity for dental and orthodontic treatment must be shown in

accordance with the regulations governing dental treatment, 130 CMR 420.000, and the MassHealth Dental Manual.¹ (130 CMR 450.204.) Pursuant to 130 CMR 420.431(C)(3), MassHealth “pays for comprehensive orthodontic treatment ... 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 regulations do not speak directly to what conditions qualify as “severe and handicapping” except to specifically cover “comprehensive orthodontic treatment for members with cleft lip, cleft palate, cleft lip and palate, and other craniofacial anomalies to the extent treatment cannot be completed within three years.” (130 CMR 420.431(C)(3).)

The HLD Form 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 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 eruption is impeded but extraction is not indicated (excluding third molars)”; “Severe Traumatic Deviations – This refers to accidents affecting the face and jaw rather than congenital deformity. Do not include traumatic occlusions or crossbites”; “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). Includes the normal complement of teeth”; “Spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd molars). Includes the normal complement of teeth”; “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: 2 mm or more; of 4 or more teeth per arch”; and “Anterior open bite: 2 mm or more; of 4 or more teeth per arch.” The HLD Form also allows medical providers to explain how orthodontia is medically necessary, despite not satisfying the dental criteria otherwise captured on the form.

All of the orthodontists to review the appellant’s teeth agree that her HLD Score was below 22 points. Further, the submitted images do not show any damage to the appellant’s upper palate, and the appellant’s mother agreed that her lower teeth are not impinging into her upper palate. Therefore, the appellant does not qualify for MassHealth payment at this time, and this appeal is DENIED.

¹ 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 July 31, 2023.) Additional guidance is at the MassHealth Dental Program Office Reference Manual (“ORM”). (Available at <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>, last visited July 31, 2023.)

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.

Christopher Jones
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 2, MA