

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2305521
Decision Date:	9/19/2023	Hearing Date:	August 29, 2023
Hearing Officer:	Brook Padgett		

Appellant Representatives:

 (mother)

MassHealth Representative:

Dr. Carl Perlmutter, 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:	Orthodontic Coverage 130 CMR 420.431
Decision Date:	9/19/2023	Hearing Date:	August 29, 2023
MassHealth Rep.:	Dr. Perlmutter, DMD	Appellant Rep.:	Mother
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 May 30, 2023 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 July 07, 2023. (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 orthodontist testified full orthodontic treatment is authorized only when there is evidence of a severe and handicapping malocclusion. The orthodontist stated 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 consultant further stated an individual can also be approved for orthodontic care if they meet an auto qualifier.¹

The consultant testified that according to the prior authorization request, the Appellant's dental provider reported the Appellant required orthodontic care because of the auto qualifier of impaction. He stated that while the Appellant has some crowding there was no evidence the Appellant's teeth were impacted to where eruption is impeded. The consultant indicated a review by the orthodontists at DentaQuest prior to the hearing also found no auto qualifier of impaction and determined an HLD score of 11 and his own measurements yielded an overall score of 15. The consultant noted and 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, she does not have a severe and handicapping malocclusion and as a result the request for orthodontic treatment is 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 argued that the Appellant needs braces and his teeth are getting worse. She stated the Appellant is very self-conscious about her front tooth that is behind her lower teeth. She never smiles and is bullied because of the way her teeth cross. The representative argued the Appellant has difficulty eating because her teeth are all crooked. She explained that the orthodontist instructed the Appellant to continually push the tooth with her fingers to try to bring it into alignment but it would take a long time.

¹ Cleft Lip, Cleft Palate or Cranio-Facial Anomaly Severe Traumatic Deviations; crowding of 10 mm or more, in either the maxillary or mandibular arch; deep impinging overbite with evidence of occlusal contact into the opposing soft tissue; overjet - 9 mm or greater; reverse overjet - greater than 3.5mm; **impactions where eruption is impeded but extraction is not indicated**; anterior crossbite of 3 or more maxillary teeth per arch; posterior crossbite of 3 or more maxillary teeth per arch; congenitally missing teeth - 2 or more of at least 1 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. (*Emphasis added*).

MassHealth responded that the Appellant does not have enough points to be approved for full braces however she does not require full braces to fix her upper front tooth that is growing behind her front bottom teeth. The consultant indicated the Appellant can be fitted with a retainer for significantly less money than full braces which will slowly bring that front tooth into alignment.

Findings of Fact

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

1. On May 23, 2023, the Appellant, through her dental provider, requested prior authorization for 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.
4. The Appellant's dental provider determined that the Appellant met the MassHealth criteria with an auto qualifier for impaction. (Exhibit 4).
5. The MassHealth orthodontic consultant agency DentaQuest determined that the Appellant did not have an impaction to meet the requirement of an auto qualifier. (Testimony).
6. The MassHealth orthodontic consultant agency DentaQuest determined the Appellant had an overall HLD index score of 11. (Exhibit 4).
7. MassHealth orthodontic consultant calculated an HLD index score of 15. (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)).²

² 130 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).

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 indicated the Appellant met the requirement by meeting an auto qualifier for impaction which is an automatic approval. The MassHealth consultant and DentaQuest both reviewed the Appellant's x-rays and determined there was no impaction which impedes eruption. Further DentaQuest calculated a HLD index score of 11 and after review of the Appellant at the hearing the testifying orthodontist determined an HLD score of 15. As a result the Appellant has not presented sufficient clinical evidence to demonstrate she has a severe and handicapping malocclusion at this time.

The Appellant does not meet the requirements of 130 CMR 420.431(E) and therefore the MassHealth denial of her prior authorization request is correct and this appeal is denied. The Appellant can reapply for orthodontic services until she is 21 years old.

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