

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** Denied

**Appeal Number:** 2306992

**Decision Date:** 10/4/2023

**Hearing Date:** 09/18/2023

**Hearing Officer:** Alexis Demirjian

**Appearance for Appellant:**



**Appearance for MassHealth:**

Dr. Harold Kaplan, DentaQuest Consultant



*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; Comprehensive Orthodontic Treatment
<b>Decision Date:</b>	10/4/2023	<b>Hearing Date:</b>	09/18/2023
<b>MassHealth's Rep.:</b>	Dr. Kaplan	<b>Appellant's Rep.:</b>	██████████
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center Room 3	<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 July 27, 2023, MassHealth denied the appellant's request for prior authorization for comprehensive orthodontic treatment. (see 130 CMR 420.431(C) and Exhibit 3). The appellant filed this appeal in a timely manner on August 10, 2023. (see 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior approval is a valid basis for appeal before the Board of Hearings. (See 130 CMR 610.032)

## Action Taken by MassHealth

MassHealth denied the appellant's request for prior approval of comprehensive orthodontic treatment.

## Issue

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

## Summary of Evidence

The appellant is a minor MassHealth member who appeared in person for the scheduled hearing with her mother. MassHealth was represented at hearing by an orthodontic consultant, from DentaQuest, the MassHealth dental contractor.

The MassHealth orthodontic consultant testified that the appellant's provider requested prior authorization for comprehensive orthodontic treatment on July 27, 2023. (See Exhibit 4 and Testimony). The representative stated that MassHealth only provides coverage for comprehensive orthodontic treatment when there is a severe and handicapping malocclusion. (See Testimony.)

The MassHealth orthodontic consultant testified that MassHealth utilizes the HLD Index to determine whether an individual's condition constitutes a severe and handicapping malocclusion. (Id.) The HLD includes a list of all the conditions that may exist in an individual's mouth and assigns points based on how the dentition deviates from the norm, the greater the deviation the greater the score. (Id.) The HLD Index involves taking objective measurements from the subject's teeth to generate an overall numeric score, or to find an auto-qualifying condition. A severe and handicapping malocclusion typically 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. (See Testimony and Exhibit 4). The appellant's orthodontic provider submitted oral photographs, x-rays, and written information with the request for the prior authorization. (Id.)

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 15, which did not reach the minimum score of 22 which is required for MassHealth payment of the orthodonture. (Id.). The provider noted that there was no auto-qualifying condition indicated on the HLD Index form. (Id.).

The MassHealth orthodontic consultant examined the appellant during the hearing. After conducting an examination, the MassHealth orthodontic consultant testified that his examination and review confirmed the appellant's provider's conclusion, which is that the appellant's HLD score did not reach the minimum required score of 22. (Id.). He further testified that at this time

was no evidence in the record to show that a different result is warranted. (Id.). Accordingly, the MassHealth orthodontic consultant upheld MassHealth's denial of the request for comprehensive orthodontic services. (Id.).

The appellant's mother testified that the appellant's orthodontist opined that the appellant needs orthodontic treatment and that the appellant's condition will worsen with time. (See Testimony). The appellant's mother was seeking review of the denial because she was hopeful that MassHealth would cover treatment before the crowding in the appellant's mouth worsens. (Id.)

In response, the MassHealth orthodontic consultant testified that MassHealth will not approve treatment prospectively and MassHealth needs to see objective evidence of the severe and handicapping malocclusion before it will authorize treatment.

He further noted that every six months MassHealth will pay for an evaluation for orthodontic treatment, in that time the appellant's condition may change and the appellant could qualify for MassHealth coverage at that time. The MassHealth orthodontic consultant further opined that after examining the appellant's mouth, it is possible that she may develop an auto-qualifying condition, specifically impaction of her 12-year-old molars.

## **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 July 25, 2023, the appellant's orthodontic provider requested prior authorization for comprehensive orthodontic treatment. (Testimony; Exhibit 4).
3. On July 27, 2023, MassHealth denied the appellant's prior authorization request. (Exhibit 3).
4. On August 10, 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. MassHealth employs a system of comparative measurements known as the HLD Index as a determinant of what constitutes a severe and handicapping malocclusion.
7. An automatic qualifying condition on the HLD Index is a severe and handicapping malocclusion.

8. An HLD Index score of 22 or higher denotes a severe and handicapping malocclusion.
9. The appellant's orthodontic provider examined the appellant and determined that the appellant had an HLD score of 15. (See Exhibit 4; Testimony).
10. The appellant's orthodontic provider did not allege that the appellant had an automatic qualifying condition. (See Testimony; Exhibit 4).
11. After examining the appellant, and using measurements taken therein, the MassHealth representative, a licensed orthodontist, determined that at this time the appellant did not have an HLD score of 22 or above or an automatic qualifying condition. (Testimony; Exhibit 4).
12. Based on a review of the records and an examination, the MassHealth orthodontic consultant concluded that the appellant does not have a severe and handicapping malocclusion. (Testimony).

## **Analysis and Conclusions of Law**

Regulation 130 CMR 420.431(C) 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>

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 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 has made a policy decision that a score of 22 or higher signifies a "severe and handicapping malocclusion," ostensibly a medical necessity

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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 September 18, 2023.) Additional guidance is at the MassHealth Dental Program Office Reference Manual ("ORM"), available at: <https://masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf> (last viewed on September 18, 2023)

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 3<sup>rd</sup> molars), spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding 3<sup>rd</sup> 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.

In this case, the appellant's orthodontist calculated an overall HLD Index score of 15, below the threshold of 22 necessary for MassHealth payment for comprehensive orthodontics. The MassHealth representative testified that he agreed with the appellant's provider in that the HLD score did not reach or exceed a 22 and no auto qualifying conditions exist at this point in time. The appellant's mother did not dispute any of the testimony, except to say that the appellant would benefit from orthodonture. There is nothing in the hearing record to show that the appellant's current situation meets MassHealth criteria for payment of braces.

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