

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2312160
Decision Date:	3/26/2024	Hearing Date:	January 17, 2024
Hearing Officer:	Brook Padgett	Record Open:	March 20, 2024

Appellant representative:



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:	3/26/2024	Hearing Date:	January 17, 2024
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 November 01, 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 November 27, 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 prior authorization request 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 posterior crossbite of 3 or more maxillary teeth per arch. He stated that while the Appellant could benefit from orthodontic care there was no evidence the Appellant's had a posterior crossbite of 3 or more maxillary teeth per arch. The consulted indicated a review by the orthodontists at DentaQuest prior to the hearing also found no posterior crossbite auto qualifier and determined an HLD score of 17. The consultant stated his own measurements yielded an overall score of 18. The 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. MassHealth concluded that because the Appellant does not have an auto qualifier condition and 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 as evidence Appellant's dental history and claim form, Orthodontics Prior Authorization form, HLD form, oral photographs, and DentaQuest Determination. (Exhibit 4).

The Appellant's representative argued that the Appellant needs braces and that the orthodontist told her that the braces are medically necessary. The representative stated the Appellant's treating orthodontist stated the Appellant had 3 or more maxillary teeth in crossbite so she automatically qualifies for coverage. The representative requested the record remain

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.

open so that she could obtain a narrative from the treating orthodontist confirming the Appellant met the auto qualifier criteria.

At the Appellant's representative's request the record was extended until February 20, 2024 to provide additional evidence of a posterior crossbite of 3 or more maxillary teeth per arch. (Exhibit 5).

On February 19, 2024, the Appellant's representative requested additional time to provide the evidence as the treating orthodontist was no longer practicing and a new orthodontist needed additional time to review the case and submit a narrative. (Exhibit 6).

At the Appellant's representative's request, the record was extended to March 20, 2024. (Exhibit 7).

No additional documentation was submitted prior to the close of the record open period on March 20, 2024.

Findings of Fact

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

1. On October 31, 2023, the Appellant, through her dental provider, requested prior authorization for full orthodontic treatment. (Exhibit 4).
2. The Appellant's dental provider determined that the Appellant met the MassHealth criteria with an auto qualifier for posterior crossbite of 3 or more maxillary teeth per arch. (Exhibit 4).
3. The MassHealth orthodontic consultant agency DentaQuest determined that the Appellant did not have a posterior crossbite of 3 or more maxillary teeth per arch to meet the requirement of an auto qualifier. (Testimony).
4. MassHealth employs a system of comparative measurements known as the HLD index as a determinant of a severe and handicapping malocclusion. (Exhibit 4).
5. A HLD index score of 22 or higher can denote a severe and handicapping malocclusion.
6. The MassHealth orthodontic consultant agency DentaQuest determined the Appellant had an overall HLD index score of 17. (Exhibit 4).
7. MassHealth orthodontic consultant calculated an HLD index score of 18. (Testimony).
8. No additional evidence was submitted during the record open period.

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

MassHealth will cover orthodontic treatment “only” for members who have a "severe and handicapping malocclusion." To obtain approval for full orthodontic treatment an applicant must submit proof of an auto qualifier or a minimum HLD index score of 22 which indicates a severe and handicapping malocclusion. In this case, the Appellant’s orthodontist indicated the Appellant met the requirement by meeting an auto qualifier for posterior crossbite of 3 or more maxillary teeth per arch. The MassHealth consultant and DentaQuest both reviewed the Appellant's x-rays and determined she did not meet the auto qualifier criteria as there was no evidence of a posterior crossbite of 3 or more maxillary teeth per arch. Further DentaQuest calculated a HLD index score of 17 and after review of the Appellant at the hearing the testifying orthodontist determined an HLD score of 18 which is below the required score of 22 for a severe and handicapping malocclusion.

Although the record was left open and subsequently extended to allow the Appellant to provide additional evidence to demonstrate the Appellant met the criteria to receive full orthodontic treatment, no additional evidence was submitted for review. While the evidence indicates the Appellant's dental condition may benefit from orthodontic treatment 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.

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*.

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