

Office of Medicaid  
**BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403049
Decision Date:	04/12/2024	Hearing Date:	April 01, 2024
Hearing Officer:	Brook Padgett		

Appellant Representatives:



MassHealth Representative:

Dr. Katherine Moynihan



*Commonwealth of Massachusetts*  
*Executive Office of Health and Human Services*  
*Office of Medicaid*  
*Board of Hearings*  
100 Hancock Street, 6<sup>th</sup> floor  
Quincy, MA 02171

## APPEAL DECISION

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Orthodontic Coverage 130 CMR 420.431
<b>Decision Date:</b>	04/12/2024	<b>Hearing Date:</b>	April 01, 2024
<b>MassHealth Rep.:</b>	Dr. Moynihan	<b>Appellant Rep.:</b>	Mother
<b>Hearing Location:</b>	Tewksbury		

### 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 January 21, 2024 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 February 28, 2024. (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 which is authorized only when there is evidence of a severe and handicapping malocclusion. The orthodontist testified 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 representative testified that according to the prior authorization request, the Appellant's dental provider reported a HLD Index score of 10 and a review by the orthodontists at DentaQuest prior to the hearing determined a score of 12. The orthodontic consultant further stated that her own measurements taken from the Appellant at hearing also yielded an overall score of 12. MassHealth 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 has an HDL score below 22, the evidence indicates she does not have a severe and handicapping malocclusion and as a result the request for orthodontic treatment was 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 indicated the orthodontist suggested the Appellant could use braces so they wanted to explore the possibility. The Appellant stated she did not like the spaces between her teeth and wanted braces to rectify the issue.

MassHealth responded that the Appellant can be re-evaluated every six months until she is 22 but she does not meet the MassHealth criteria at this time.

## Findings of Fact

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

1. On January 21, 2024 the Appellant, through her dental provider, requested prior authorization of 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.

(Exhibit 4).

4. The Appellant's dental provider determined that the Appellant has an overall HLD index score of 10. (Exhibit 4).
5. The MassHealth orthodontic consultant agency DentaQuest determined that the Appellant has an overall HLD index score of 12. (Exhibit 4).
6. On January 21, 2024 the Appellant's prior authorization request was denied. (Exhibit 1).
7. The MassHealth orthodontic consultant calculated an HLD index score of 12 after examining the Appellant at the hearing. (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)).<sup>1</sup>

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 instance the Appellant's orthodontist calculated a HLD index score of 10, the MassHealth consultant DentaQuest calculated a HLD index score of 12 and after review of the Appellant at the hearing the testifying orthodontist determined a score of 12. Because the Appellant's own dental provider as well as MassHealth and the testifying consultant all calculate the Appellant's HLD index score below 22, the clinical information indicates the Appellant does not have a severe and handicapping malocclusion and the Appellant does not meet MassHealth criteria for orthodontia.

The Appellant does not meet the requirements of 130 CMR 420.431(E) and therefore the denial of the prior authorization request is correct. This appeal is DENIED.

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<sup>1</sup> 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).

## **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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Brook Padgett  
Hearing Officer  
Board of Hearings

cc: MassHealth representative: DentaQuest, PO Box 9708, Boston, MA 02114-9708