

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2407450
Decision Date:	08/02/2024	Hearing Date:	July 29, 2024
Hearing Officer:	Brook Padgett		

Appellant Representatives:

Pro se

MassHealth Representative:

Dr. Harold Kaplan, 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:	130 CMR 420.431 Orthodontic Services
Decision Date:	08/02/2024	Hearing Date:	July 29, 2024
MassHealth Rep.:	Dr. Kaplan, DMD	Appellant Reps.:	Pro se
Hearing Location:	Springfield		

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 April 21, 2024: MassHealth has denied your request for full orthodontic treatment. (130 CMR 420.431(E)(1); Exhibit 1).

The Appellant filed this appeal timely on May 09, 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 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 testified via videoconference and 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 MassHealth consultant 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 15. The orthodontic consultant further stated that his own measurements yielded an overall score of 16. 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 stated her main concern was that she had a congenital missing tooth eye tooth. The Appellant wanted to know if there was anything that could be done to close the gap that was caused by the lack of the eye tooth.

MassHealth responded that orthodontia could correct the problem, but MassHealth will not pay for braces if they are for esthetic purposes and are not a medical necessity.

Findings of Fact

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

1. On April 21, 2024 the Appellant, through her dental provider, requested prior authorization full orthodontic treatment. (Exhibit 4).
2. On May 09, 2024 the Appellant's prior authorization request was denied (Exhibit 1).
3. MassHealth employs a system of comparative measurements known as the HLD index as a determinant of a severe and handicapping malocclusion (Exhibit 4).

4. A HLD index score of 22 or higher can denote a severe and handicapping malocclusion.
5. The Appellant's dental provider determined that the Appellant has an overall HLD index score of 10. (Exhibit 4).
6. The MassHealth orthodontic consultant agency DentaQuest determined that the Appellant has an overall HLD index score of 15. (Exhibit 4).
7. After examining the Appellant the MassHealth orthodontic consultant calculated an HLD index score of 16. (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)).¹

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 calculated a HLD index score of 10, the MassHealth consultant DentaQuest calculated a HLD index score of 15 and after review of the testifying orthodontist determined at score of 16. Because the Appellant's own dental provider as well as MassHealth 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.

¹ 130 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.

Brook Padgett
Hearing Officer
Board of Hearings

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