

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2501624
Decision Date:	4/9/2025	Hearing Date:	March 03, 2025
Hearing Officer:	Brook Padgett	Record Open:	April 03, 2025

Appellant Representative:



MassHealth Representative:

Dr. David Cabeceiras, DMD

Interpreter:



*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 Services; 130 CMR 420.431
Decision Date:	4/9/2025	Hearing Date:	March 03, 2025
MassHealth Rep.:	D. Cabeceiras, DMD	Appellant Rep.:	Father
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 January 06, 2025: MassHealth has denied your request for full orthodontic treatment. (130 CMR 420.431(E)(1); Exhibit 1).

The Appellant filed this appeal timely on January 24, 2025. (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 an HLD Index score of 28, and a review by the orthodontists at DentaQuest prior to the hearing determined a score of 17. The orthodontic consultant further stated that his own measurements yielded an overall score of 20. The consultant indicated the biggest difference in scoring was in the area of Anterior Crowding. The Appellant's orthodontist indicated Anterior Crowding exceeded 3.5 mm in both the Maxilla and Mandible arch for a total of 10 points, whereas he and DentaQuest each found evidence of 3.5 mm of crowding only in the Maxilla arch for 5 points. 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. Further, the provider did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment, nor was there a medical necessity narrative submitted. MassHealth concluded that because the Appellant has an HDL score below 22 the evidence indicates the Appellant does not have a severe and handicapping malocclusion, 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 father testified with the aid of an interpreter and stated his main concern was that the Appellant has a twisted tooth in the front of his mouth. The Appellant's father stated the Appellant is teased at school and he never smiles.

MassHealth responded that orthodontia could correct the problem, but MassHealth will not pay for braces if they are only for aesthetic purposes and are not a medical necessity. The Appellant does not have an automatic qualifier so he needs to obtain a score of 22. Although he is very close with a HLD score of 20, the Appellant is ineligible at this time.

The record was left open for the Appellant's representative to contact the Appellant's

orthodontist to recalculate the HLD score and present any additional information such as measurements or x-rays to justify his HLD score of 28. (Exhibit 4).

The Appellant responded within the record open period by submitting a statement from the Appellant's orthodontist that the Appellant has a "severely rotated maxillary left central incisor (#9). This severely rotated tooth has an overjet of >9mm. The severe rotation of this tooth puts [the Appellant] at increased risk for dental trauma and damage to permanent dentition. Please approve [the Appellant] for comprehensive orthodontic treatment so this can be corrected." The orthodontist also submitted the previously submitted DentaQuest HLD form which calculated a 17, but with the addition of a 7 for Overjet rather than 5, (Exhibit 6) and a photo of the appellant's mouth. (Exhibit 7)..

MassHealth reviewed the additional information and responded that the material submitted does not meet the criteria to overturn the denial. (Exhibit 8).

Findings of Fact

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

1. On December 30, 2024 the Appellant, through his dental provider, requested prior authorization full orthodontic treatment. (Exhibit 4).
2. On January 07, 2025 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 denotes a severe and handicapping malocclusion. (Exhibit 4).
5. The Appellant's dental provider determined that the Appellant has an overall HLD index score of 28. (Exhibit 4).
6. The MassHealth orthodontic consultant agency DentaQuest determined that the Appellant has an overall HLD index score of 17. (Exhibit 4).
7. After examining the Appellant's x-rays and evidence the MassHealth orthodontic consultant calculated an HLD index score of 20. (Testimony).
8. The provider did not find any of the auto qualifying conditions, nor was a medical necessity narrative submitted. (Exhibit 3).

9. The Provider submitted a narrative stating the Appellant has a severely rotated maxillary left central incisor (#9) with an overjet of >9mm, a DentaQuest HLD score sheet with a 7 next to the Overjet score and a photo of the appellant's mouth. (Exhibit 6 and 7).
10. MassHealth determined the additional information did not alter their decision. (Exhibit 8).

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

MassHealth will also approve a prior authorization request, without regard for the HLD numerical score, if there is evidence of one of the following auto qualifiers: a cleft palate, deep impinging overbite, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, or severe maxillary anterior crowding, greater than 8 mm.

When requesting prior authorization for orthodontic treatment, a provider must submit, among other things, a completed HLD Index recording form with the results of the clinical standards described in Appendix D of the *Dental Manual* (See 130 CMR 420.431(E)(1)). The minimum HLD index score, which indicates a severe and handicapping malocclusion is 22² (See Exhibit 4).

In this case, the Appellant's treating orthodontist calculated an overall HLD Index score of 28. The consultant at DentaQuest, after reviewing the oral photographs and other submitted documentation, calculated an overall HLD Index score of 17. The MassHealth orthodontic consultant who reviewed the initial submissions and examined the Appellant's records calculated

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).

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 2½ 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.

a score of 20.³

The scoring of the DentaQuest reviewer and the MassHealth orthodontist consultant, show a divergence from the HLD scoring by the Appellant's provider. All three orthodontists calculated a similar score except for Overjet where the provider scored 9 mm, DentaQuest scored 5 mm and the consultant 7 mm; and Anterior Crowding where the provider measured 3.5 mm in both the upper and lower arch (maxilla and mandible) for a score of 10 points; however neither MassHealth reviewer nor the DentaQuest consultant determined there was crowding in the lower (mandible) and both measured 3.5 mm in the upper arch (maxilla) for a score of 5. As a result neither MassHealth nor the consultant found the Appellant to have an HLD Index score of greater than 22 indicating a severe and handicapping malocclusion.

To clarify the discrepancy the record was left open for the Appellant's orthodontist to provide further evidence through pictures, measurements, or x-rays to verify his HLD score of 28. The Appellant's orthodontist submitted a narrative indicating the Appellant has a severely rotated maxillary left central incisor (#9) with an overjet of >9mm, a DentaQuest HLD score sheet with the Appellant's orthodontists adding a 7 next to the DentaQuest Overjet score of 5 and a photo of the appellant's mouth. Unfortunately, the picture was not clear enough to be of any evidentiary use and there was no documentation provided to verify that the overjet is more than was measured and assessed by DentaQuest, or to confirm an anterior crowding score of 10 (3.5 mm in both arches). After review of the Appellant's additional submission there is a lack of evidence that the Appellant meets the criteria to be approved of full orthodontic services. Without such evidence the Appellant's HLD score remains below the 22 needed for approval of full orthodontic care.

While the Appellant's dental condition may benefit from orthodontic treatment, the requirements of 130 CMR 420.431(E) is clear and unambiguous, MassHealth will cover orthodontic treatment "only" for members who have a "severe and handicapping malocclusion." Neither of the MassHealth reviewers found the Appellant to have an HLD Index score at the level indicating a severe and handicapping malocclusion and the Appellant's provider did not provide sufficient evidence that MassHealth erred in their evaluation of the Appellant's condition as it related to the HLD scoring.

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.

³	<u>Provider</u>	<u>DentaQuest</u>	<u>MassHealth Consultant</u>
Overjet	9	5	7
Overbite	4	4	4
Anterior Crowding	10	5	5
Labio Lingual Spread	5	3	4
	28	17	20

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