

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2177577
<b>Decision Date:</b>	11/26/2021	<b>Hearing Date:</b>	11/10/2021
<b>Hearing Officer:</b>	Cynthia Kopka		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Dr. David Cabeceiras



*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 – orthodontia
<b>Decision Date:</b>	11/26/2021	<b>Hearing Date:</b>	11/10/2021
<b>MassHealth’s Rep.:</b>	Dr. Cabeceiras	<b>Appellant’s Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South	<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

By notice dated September 10, 2021, MassHealth denied Appellant's prior authorization request for comprehensive orthodontic treatment. Exhibit 1. Appellant filed this appeal in a timely manner on October 4, 2021. Exhibit 2. 130 CMR 610.015(B). Challenging the denial of a request for assistance is a valid basis for appeal. 130 CMR 610.032.

## Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for comprehensive orthodontic treatment.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431(E), in determining that Appellant is ineligible for comprehensive orthodontic treatment.

## Summary of Evidence

Appellant, an adult under the age of 21, appeared at hearing remotely. The MassHealth representative, a licensed orthodontist, appeared remotely for MassHealth on behalf of DentaQuest. DentaQuest is the third-party contractor that administers and manages the dental program available to MassHealth members. Below is a summary of each party’s testimony and the information

submitted for hearing.

Appellant's orthodontic provider ("the provider") submitted a request for prior authorization of comprehensive orthodontic treatment on behalf of Appellant. The provider completed an Orthodontics Prior Authorization Form and a MassHealth Handicapping Labio-Lingual Deviations (HLD) Form and submitted these documents with supporting photographs and x-rays to DentaQuest. Exhibit 4.

MassHealth will only provide coverage for comprehensive orthodontic treatment for members who have a "severe and handicapping" malocclusion as provided by regulation. A severe and handicapping malocclusion exists when the applicant has either (1) dental discrepancies that result in a score of 22 or more points on the HLD Form, as detailed in the MassHealth Dental Manual, or (2) evidence of one of a group of exceptional or handicapping dental conditions.<sup>1</sup> If such a handicapping condition exists, as explained in both the MassHealth Dental Manual and the HLD Forms within Exhibit 4, this creates an alternative and independent basis for approval of the prior authorization request for comprehensive orthodontics, regardless of the actual HLD score. Alternatively, a provider can submit a narrative and supporting documentation detailing how comprehensive orthodontic treatment is medically necessary.

The provider submitted documents indicating an HLD score of 9 for Appellant with no exceptional handicapping dental condition. The provider declined to submit a medical necessity narrative. Exhibit 4. The MassHealth representative testified that upon initial review of the documents, DentaQuest found an HLD score of 11 with no exceptional condition. Exhibit 4. At hearing, the MassHealth representative testified that based on his review of the submitted request, he found an HLD score of 11 and no exceptional condition.

Appellant testified that she had been approved for braces in 2017<sup>2</sup> but was not able to get treatment because she was diagnosed with multiple sclerosis (MS) around the same time. Appellant's neurologist wrote that Appellant was not able to have braces due to her need for regular MRIs. The neurologist wrote that Appellant would require an orthodontic treatment option that limits metal so she can continue to receive regular MRIs. Exhibit 2 at 3. Appellant tried Invisalign to fix her teeth but was not satisfied with the results, as she continued to have an overbite and spacing. Appellant wrote in her request for hearing that her dentition has affected her psychologically. *Id.* at 2.

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<sup>1</sup> Per Exhibit 4, MassHealth will approve a prior authorization request for comprehensive orthodontics, regardless of whether the HLD score is 22 or more, if there is evidence of any one of the following seven exceptional or handicapping conditions: (1) a cleft palate, (2) a deep impinging overbite, (3) an anterior impaction, (4) a severe traumatic deviation, (5) an overjet greater than 9 millimeters (mm), (6) a reverse overjet greater than 3.5 mm or (7) severe maxillary crowding greater than 8 mm.

<sup>2</sup> Per the MassHealth Dental Program Office Reference Manual (ORM), Section 16.3, an initial prior authorization for comprehensive orthodontics expires three (3) years from the date of authorization.

## Findings of Fact

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

1. The provider requested prior authorization for comprehensive orthodontic treatment and submitted an Orthodontics Prior Authorization Form, an HLD Form, photographs and x-rays. Exhibit 4.
2. The provider calculated an HLD score of 9 for Appellant and did not identify an exceptional handicapping dental condition. The provider declined to submit a medical necessity narrative. Exhibit 4.
3. On September 10, 2021, MassHealth denied Appellant's prior authorization request and Appellant timely appealed the denial to the Board of Hearings. Exhibits 1 and 2.
4. The MassHealth representative found an HLD score of 11 with no exceptional handicapping dental condition.
5. Appellant's neurologist wrote that Appellant was not able to have braces due to her need for regular MRIs. The neurologist wrote that Appellant would require an orthodontic treatment option that limits metal so she can continue to receive regular MRIs. Exhibit 2 at 3.

## Analysis and Conclusions of Law

Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment codified at 130 CMR 420.000 and in the MassHealth Dental Manual.<sup>3</sup> Specifically, 130 CMR 420.431(E)(1) states, in relevant part:

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*.

Per Appendix D of the MassHealth *Dental Manual*. MassHealth approves prior-authorization requests for comprehensive orthodontic treatment when

- (1) the member has one of the "autoqualifying" conditions described by MassHealth in the Handicapping Labio-Lingual Deviations (HLD) Form;
- (2) the member meets or exceeds the threshold score designated by MassHealth on the HLD Form; or

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<sup>3</sup> The Dental Manual is available in MassHealth's Provider Library, on its website.

(3) comprehensive orthodontic treatment is otherwise medically necessary for the member, as demonstrated by a medical-necessity narrative and supporting documentation submitted by the requesting provider.

Appendix D of the *Dental Manual* includes the HLD form, which is described as a quantitative, objective method for evaluating prior authorization requests for comprehensive orthodontic treatment. The HLD allows for the identification of certain autoqualifying conditions and provides a single score, based on a series of measurements, which represent the presence, absence, and degree of handicap. MassHealth will authorize treatment for cases with verified autoqualifiers or verified scores of 22 and above.

Here, Appellant does not have a verified score of 22 points or an autoqualifying condition to qualify for treatment. Accordingly, this appeal is denied.

Appellant's provider did not include a medical necessity narrative. Appellant's neurologist letter did not speak to the medical necessity for orthodontic treatment itself, but rather discussed limitations to the treatment that would be necessary given her MS. If Appellant is affected psychologically by her dentition, she may resubmit a request for braces with an accompanying letter of medical necessity by a treating provider outlining her psychological need for braces.

## **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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Cynthia Kopka  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 2, MA