

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** DENIED

**Appeal Number:** 2179382

**Decision Date:** 3/09/2022

**Hearing Date:** 01/12/2022

**Hearing Officer:** Kenneth Brodzinski

**Appearance for Appellant:**



**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>	Orthodontia
<b>Decision Date:</b>	3/09/2022	<b>Hearing Date:</b>	01/12/2022
<b>MassHealth's Rep.:</b>	Dr. David Cabeceiras	<b>Appellant's Rep.:</b>	██████
<b>Hearing Location:</b>	Chelsea		

## Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

## Jurisdiction

Through notice dated November 16, 2021, MassHealth denied Appellant's request for prior authorization for comprehensive orthodontic treatment (Exhibit A). Appellant filed this appeal in a timely manner on December 9, 2021 (see 130 CMR 610.015(B) and Exhibit A). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

## Action Taken by the Division

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

## Issue

The appeal issue is whether MassHealth acted correctly and pursuant to regulation in denying Appellant's request for comprehensive orthodontic treatment.

## Summary of Evidence

Both parties appeared by telephone.

The MassHealth representative, a practicing orthodontist, testified that Appellant's request for comprehensive orthodontic treatment was considered in light of the written information provided in the prior authorization request form (Exhibit B) and oral photographs submitted by Appellant's dental provider. The information was then applied to a standardized HLD Index that is used to make an objective determination as to whether Appellant has a "*handicapping malocclusion*." The MassHealth representative testified that the HLD Index uses objective measurements taken from the subject's teeth to generate an overall numeric score. The MassHealth representative testified that a handicapping malocclusion typically reflects a minimum score of 22. He further testified that according to the prior authorization request, Appellant's dental provider reported an overall score of 17 (Exhibit B).

The MassHealth representative testified that MassHealth's agent DentaQuest reviewed the request and found that it was missing critical information and did not proceed to determine the score. The MassHealth representative did not know what specifically was missing.

The MassHealth representative testified that using the oral photographs submitted with the request, he obtained an HLD score of 16.

Appellant's mother asked to have the scoring explained, which was done. Appellant's mother testified that about three weeks prior to receiving the denial letter, she received a call from Appellant's orthodontist who told her that the treatment had been approved. Shortly thereafter, the braces were put on. Then she received the denial notice. Appellant's mother explained that she did not understand the discrepancy and why the orthodontist believed that the treatment had been approved. The hearing officer questioned Appellant's mother as to whether she ever received a notice from MassHealth that Appellant's orthodontic treatment had been approved. Appellant's mother testified that she never received such a notice; she had only been told by Appellant's orthodontist.

## Findings of Fact

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

1. Appellant seeks prior authorization for comprehensive orthodontic treatment.
2. Appellant's dental provider determined that Appellant has an overall HLD index score of 17.
3. Using measurements taken from Appellant's oral photographs, the MassHealth

representative, who is a practicing orthodontist, also determined that Appellant had an overall HLD index score of 16.

4. Appellant's prior authorization request does not evidence that he has a "handicapping malocclusion" at this time.

## Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)).

Regulations at 130 CMR 420.431(C)(3) state in pertinent part:

*Service Descriptions and Limitations: Orthodontic Services:*

*Comprehensive Orthodontics. The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime younger than 21 years old and **only** when the member has a **handicapping malocclusion**. The MassHealth agency determines whether a malocclusion is handicapping based on clinical standards for medical necessity as described in Appendix D of the Dental Manual. Upon the completion of orthodontic treatment, the provider must take post treatment photographic prints and maintain them in the member's dental record.*

(Emphasis supplied).

Appendix D of the MassHealth Dental Manual requires an HLD score of 22 and/or the existence of an auto qualifier to evidence the existence of a handicapping malocclusion.

While Appellant would benefit from orthodontic treatment, the above-cited regulation is clear and unambiguous. MassHealth will cover orthodontic treatment "**only**" for recipients who have a "*handicapping malocclusion*." Both Appellant's own orthodontist and the MassHealth representative reached scores below 22 (17 and 16 respectively).

Appellant has not met his burden. At hearing, Appellant's mother discussed how Appellant's orthodontist started treatment before the subject denial of November 16, 2021 issued. Why the orthodontist did this remains unclear, but the salient fact is Appellant's mother offered no objective information or documentation and presented no evidence that would support the reversal of MassHealth's determination.

For the foregoing reasons, the appeal is DENIED.

If Appellant's dental condition should worsen as he grows older, and his dental provider

believes a handicapping malocclusion can be documented, a new prior authorization request can be filed at that time as long as Appellant is under the age of 21.

## **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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Kenneth Brodzinski  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 2, MA