

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2404963
Decision Date:	6/12/2024	Hearing Date:	06/12/2024
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se with mother

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

Appeal Decision:	Denied	Issue:	Orthodontics
Decision Date:	6/12/2024	Hearing Date:	06/12/2024
MassHealth's Rep.:	Dr. David Cabeceiras	Appellant's Rep.:	Pro se with mother
Hearing Location:	Remote	Aid Pending:	No

Authority

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

Jurisdiction

Through a notice dated February 29, 2024, MassHealth denied Appellant's request for prior authorization of comprehensive orthodontic treatment (130 CMR 420.431 and Exhibit 1). Appellant filed this appeal in a timely manner on March 28, 2024 (130 CMR 610.015 and Exhibit 2). Denial of a request for prior authorization is valid grounds for appeal (130 CMR 610.032). A virtual hearing was scheduled for May 8, 2024 and was rescheduled by the Board of Hearings and held virtually on June 12, 2024.

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, in denying Appellant's prior authorization request for comprehensive orthodontic services.

Summary of Evidence

MassHealth was represented by Dr. David Cabeceiras, an orthodontic consultant from the MassHealth contractor DentaQuest who appeared virtually. Dr. Cabeceiras testified that he is a licensed orthodontist. Appellant's orthodontic provider submitted the Handicapping Labio-Lingual Deviations (HLD) Form which requires a total score of 22 or higher for approval. Appellant's orthodontist recorded a score of 13 points based on HLD measurements and did not identify any autoqualifying conditions (Exhibit 1, p. 13). A letter of medical necessity was not included with the prior authorization request. Dr. Cabeceiras testified that a DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 11 HLD points with no autoqualifying conditions identified (Exhibit 1, p. 7). Dr. Cabeceiras testified that he carefully reviewed the photographs and X-rays and concurred with the DentaQuest determination. Dr. Cabeceiras upheld the denial of payment for orthodontics because Appellant's HLD score is below 22 points, and no autoqualifying conditions are present.

Appellant appeared virtually with her mother, who testified that she feels Appellant needs braces to correct an overbite, and that her older son also needed braces.

Findings of Fact

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

1. Appellant's orthodontic provider submitted the Handicapping Labio-Lingual Deviations (HLD) Form which requires a total score of 22 or higher for approval and recorded a score of 13 points based on HLD measurements and did not identify any autoqualifying conditions. A letter of medical necessity was not included with the prior authorization request.
2. A DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 11 HLD points with no autoqualifying conditions identified.
3. Based on photographs and X-rays, Dr. Cabeceiras concurred with the DentaQuest determination.

Analysis and Conclusions of Law

Regulation 130 CMR 420.431(C)(3) states in relevant part:

The MassHealth agency pays for comprehensive orthodontic treatment only once per member under age ■ per lifetime and only when the member has a

handicapping malocclusion. The MassHealth agency determines whether a malocclusion is handicapping based on the clinical standards described in Appendix D of the *Dental Manual*.

Appendix D of the *Dental Manual* is the “Handicapping Labio-Lingual Deviations Form” (HLD), which is described as a quantitative, objective method for measuring malocclusion. The HLD index provides a single score based on a series of measurements that represent the degree to which a case deviates from normal alignment and occlusion. MassHealth has determined that a score of 22 or higher signifies a handicapping malocclusion. The HLD index also includes conditions that are listed as autoqualifiers that result in approval without HLD scores.¹ Here, Appellant’s orthodontic provider submitted the Handicapping Labio-Lingual Deviations (HLD) Form which requires a total score of 22 or higher for approval and recorded a score of 13 points based on HLD measurements and did not identify any autoqualifying conditions. A letter or medical necessity was not submitted with the prior authorization request. A DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 11 HLD points with no autoqualifying conditions identified. Based on photographs and X-rays, Dr. Cabeceiras concurred with the DentaQuest determination. Because all clinical evidence and testimony in the hearing record shows an HLD score below the required 22 points, and no autoqualifying conditions identified, the appeal must be DENIED.

However, the MassHealth agency pays for a pre-orthodontic treatment examination for members younger than [REDACTED] years of age, once per six (6) months per member, and only for the purpose of determining whether orthodontic treatment is medically necessary and can be initiated before the member’s [REDACTED] birthday (130 CMR 420.421(C)(1)). Thus, Appellant can be reevaluated for comprehensive orthodontics, and submit a new prior authorization request 6 months after the last evaluation.

Order for MassHealth

None.

¹ See the MassHealth Dental Manual, Transmittal DEN 111, 10/15/2021 available at: <https://www.mass.gov/doc/appendix-d-authorization-form-for-comprehensive-orthodontic-treatment-0/download>.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA