

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2407159
<b>Decision Date:</b>	6/24/2024	<b>Hearing Date:</b>	06/12/2024
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**  
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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Orthodontics
<b>Decision Date:</b>	6/24/2024	<b>Hearing Date:</b>	06/12/2024
<b>MassHealth's Rep.:</b>	Dr. David Cabeceiras	<b>Appellant's Rep.:</b>	Mother
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center		

### 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 April 8, 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 May 2, 2024 (130 CMR 610.015 and Exhibit 2). Denial of a request for prior authorization is valid grounds 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, 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 in the Commonwealth of Massachusetts. Dr. Cabeceiras testified that Appellant's orthodontist submitted the Handicapping Labio-Lingual Deviations (HLD) Form which requires for approval a total score of 22 or higher, or identification of an autoqualifying condition. Appellant's orthodontist did not record HLD measurements and identified an anterior crossbite of 3 or more maxillary teeth per arch which is an autoqualifying condition. 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 14 HLD points and did not identify any autoqualifying conditions (Exhibit 1, p. 4). Dr. Cabeceiras testified that from the photographs submitted he scored only 15 HLD points. Dr. Cabeceiras further testified that maxillary anterior crossbite exists when upper teeth are behind the lower teeth and added that photographs definitively show that Appellant has only two anterior upper teeth in crossbite (Exhibit 1, p. 8). Dr. Cabeceiras added that measuring Appellant's teeth in-person would not change the determination because Appellant's orthodontist did not submit HLD measurements and scores, and the photographs submitted with the prior authorization request show only 2 maxillary anterior teeth in crossbite. Therefore, Dr. Cabeceiras upheld the denial.

Appellant's mother testified that Appellant has primary insurance that might cover orthodontics, and she will consider resubmitting a prior authorization request with HLD scoring included.

## Findings of Fact

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

1. Appellant's orthodontist submitted the Handicapping Labio-Lingual Deviations (HLD) Form which requires for approval a total score of 22 or higher, or identification of an autoqualifying condition.
2. Appellant's orthodontist did not record HLD measurements and identified an anterior crossbite of 3 or more maxillary teeth per arch which is an autoqualifying condition.
3. A letter of medical necessity was not included with the prior authorization request.
4. A DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 14 HLD points and did not identify any autoqualifying conditions.
5. Maxillary anterior crossbite exists when upper top teeth are behind the lower teeth.

6. Photographs show that Appellant has two anterior upper teeth in crossbite (Exhibit 1, p. 8).

## 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 [REDACTED] 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.<sup>1</sup> Here, Appellant’s orthodontic provider submitted the Handicapping Labio-Lingual Deviations (HLD) Form without HLD scoring and identified an anterior crossbite of 3 or more maxillary teeth per arch which is an autoqualifying condition. A letter of medical necessity was not submitted with the prior authorization request. A DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 14 HLD points with no autoqualifying conditions identified (Exhibit 1, p. 4). Dr. Cabeceiras testified that he scored only 15 HLD points. Dr. Cabeceiras defined anterior crossbite and testified that photographs show that Appellant has only two anterior upper teeth in crossbite (Exhibit 1, p. 8). Dr. Cabeceiras is a licensed orthodontist, and his testimony is credible and corroborated by the DentaQuest reviewing orthodontist, and the observable evidence in the hearing record. Thus, the appeal is DENIED.

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] (130 CMR 420.421(C)(1)). Appellant can be reevaluated for comprehensive orthodontics and submit a new prior authorization request 6 months after the last evaluation.

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<sup>1</sup> 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>.

## **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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Thomas J. Goode  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA