

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2408458
<b>Decision Date:</b>	8/12/2024	<b>Hearing Date:</b>	07/10/2024
<b>Hearing Officer:</b>	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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Orthodontics
<b>Decision Date:</b>	8/12/2024	<b>Hearing Date:</b>	07/10/2024
<b>MassHealth's Rep.:</b>	Dr. David Cabeceiras	<b>Appellant's Rep.:</b>	Pro se with mother
<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

Through a notice dated May 20, 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 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).

### 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. 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 a total score of 22 or higher for approval. Appellant's orthodontist recorded a score of 13 points based on HLD measurements. 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 with no autoqualifying conditions identified (Exhibit 1, p. 2). Dr. Cabeceiras examined Appellant's dentition at hearing and testified that he scored 13 HLD points and found no autoqualifying conditions. 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's mother testified that Appellant is made fun of at school and speaks with a lisp. Appellant's mother presented a letter from Appellant's physician in support of orthodontic treatment that references social challenges and impacted self-esteem, confidence and speech, and concludes that Appellant would benefit from orthodontic treatment (Exhibit 4).

Dr. Cabeceiras reviewed the physician letter and testified that the requirements for approval through a medical necessity narrative are not met.

## 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 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.
2. A letter of medical necessity was not included with the prior authorization request.
3. A DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 14 HLD points with no autoqualifying conditions identified.
4. Dr. Cabeceiras examined Appellant's dentition at hearing and scored 13 HLD points and found no autoqualifying conditions.
5. A letter from Appellant's physician in support of orthodontic treatment references social

challenges and impacted self-esteem, confidence and speech, and concludes that Appellant would benefit from orthodontic treatment.

## 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. Further, requirements for approval based on a medical necessity narrative are also outlined on the HLD form (Exhibit 1, p. 4). 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 and did not identify any autoqualifying conditions. A DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 14 HLD points with no autoqualifying conditions identified. Dr. Cabeceiras examined Appellant’s dentition at hearing and scored 13 HLD points and found no autoqualifying conditions. Because each orthodontist scored below the required 22 points on the HLD index, and no autoqualifying conditions were identified, Appellant does not have a handicapping malocclusion as defined above.

Dr. Cabeceiras reviewed the narrative from Appellant’s physician which is a brief letter linking Appellant’s dental issues to social challenges which have impacted her self-esteem, confidence and speech (Exhibit 4). Dr. Cabeceiras correctly determined that the letter submitted does not meet the requirements for an approval based on a medical necessity narrative because the required level of diagnostic detail is not included in the letter, nor is there evidence of a handicapping malocclusion as required.<sup>1</sup>

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<sup>1</sup> See Exhibit 1, p. 4 and 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>. The Dental Manual states that Providers may establish that comprehensive orthodontic treatment is medically necessary by submitting a medical necessity narrative and supporting documentation, where applicable. **The narrative must establish that comprehensive orthodontic treatment is medically necessary to treat a**

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)). Appellant can be reevaluated for comprehensive orthodontics and submit a new prior authorization request 6 months after the last evaluation.

The appeal is DENIED.

## Order for MassHealth

None.

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handicapping malocclusion, including to correct or significantly ameliorate i. a severe skeletal deviation affecting the patient's mouth and/or underlying dentofacial structures; ii. a diagnosed mental, emotional, or behavioral condition caused by the patient's malocclusion; iii. a diagnosed nutritional deficiency and/or a substantiated inability to eat or chew caused by the patient's malocclusion; iv. a diagnosed speech or language pathology caused by the patient's malocclusion; or v. a diagnosed condition caused by the overall severity of the patient's malocclusion. Providers may submit a medical necessity narrative (along with the required completed HLD) in any case where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. Providers must submit this narrative in cases where the patient does not have an autoqualifying condition or meet the threshold score on the HLD, but where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. The medical necessity narrative must clearly demonstrate why comprehensive orthodontic treatment is medically necessary for the patient. If any part of the requesting provider's justification of medical necessity involves a mental, emotional, or behavioral condition; a nutritional deficiency; a speech or language pathology; or the presence of any other condition that would typically require the diagnosis, opinion, or expertise of a licensed clinician other than the requesting provider, then the narrative and any attached documentation must i. clearly identify the appropriately qualified and licensed clinician(s) who furnished the diagnosis or opinion substantiating the condition or pathology (e.g., general dentist, oral surgeon, physician, clinical psychologist, clinical dietitian, speech therapist); ii. describe the nature and extent of the identified clinician(s) involvement and interaction with the patient, including dates of treatment; iii. state the specific diagnosis or other opinion of the patient's condition furnished by the identified clinician(s); iv. document the recommendation by the clinician(s) to seek orthodontic evaluation or treatment (if such a recommendation was made); v. discuss any treatments for the patient's condition (other than comprehensive orthodontic treatment) considered or attempted by the clinician(s); and vi. provide any other relevant information from the clinician(s) that supports the requesting provider's justification of the medical necessity of comprehensive orthodontic treatment. The medical necessity narrative must be signed and dated by the requesting provider and submitted on the office letterhead of the provider. If applicable, any supporting documentation from the other involved clinician(s) must also be signed and dated by such clinician(s), and appear on office letterhead of such clinician(s). The requesting provider is responsible for coordinating with the other involved clinician(s) and is responsible for compiling and submitting any supporting documentation furnished by other involved clinician(s) along with the medical necessity narrative.

## 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

MassHealth Representative: DentaQuest 1, MA