

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2412414
<b>Decision Date:</b>	11/1/2024	<b>Hearing Date:</b>	09/18/2024
<b>Hearing Officer:</b>	Emily Sabo		

**Appearances for Appellant:**



**Appearance for MassHealth:**

Dr. Harold Kaplan, DentaQuest



*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>	Dental Services; Comprehensive Orthodontic Treatment
<b>Decision Date:</b>	11/1/2024	<b>Hearing Date:</b>	09/18/2024
<b>MassHealth's Rep.:</b>	Dr. Harold Kaplan	<b>Appellant's Reps.:</b>	Pro se & Mother
<b>Hearing Location:</b>	Quincy Harbor South 1	<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 July 29, 2024, MassHealth denied the Appellant's request for prior authorization for comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibit 5). The Appellant filed this appeal in a timely manner on August 12, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the Appellant's request for coverage of comprehensive orthodontic treatment.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that the Appellant does not meet the MassHealth requirements for coverage of comprehensive orthodontic treatment.

### Summary of Evidence

The Appellant is a minor, and she and her mother both appeared at the hearing. The Appellant's mother verified the Appellant's identity. On July 19, 2024, the Appellant's orthodontist submitted a request for prior authorization for orthodontic treatment on behalf of the Appellant. As part of this request, the Appellant's orthodontist completed an Orthodontics Prior Authorization form and a MassHealth Handicapping Labio-Lingual Deviations (HLD) form, and submitted these, along with photographs and x-rays of the Appellant's mouth. Exhibit 5. The Appellant's orthodontist indicated that she would not be submitting a medical necessity narrative. *Id.* at 12.

At the hearing, MassHealth was represented by an orthodontist consultant with DentaQuest, the contracted agent of MassHealth that makes dental prior authorization determinations. The MassHealth representative testified that MassHealth only covers the cost of orthodontic treatment if there is a severe problem (a handicapping malocclusion). To determine whether there is a handicapping malocclusion, an HLD form is completed by both the orthodontic provider and MassHealth. The HLD form lists 13 auto qualifiers and 9 characteristics with corresponding numerical values. The MassHealth representative testified that for MassHealth to authorize payment for orthodontic treatment, MassHealth would need to find that an individual has an HLD score of at least 22 points, or an auto qualifying condition.

The Appellant's orthodontist indicated that the Appellant had an auto qualifying condition of an impinging overbite and, apart from this asserted auto qualifying condition, calculated an HLD score of 14. *Id.* at 11. Prior to the hearing, DentaQuest calculated that the Appellant had an HLD score of 12 and no auto qualifying conditions. *Id.* at 7. At the hearing, the MassHealth representative examined the Appellant's teeth and testified that he calculated an HLD score of 18 points. The MassHealth representative testified that he found no auto qualifying conditions. He explained that the Appellant has an overbite, but it is not impinging because it is not damaging her opposing gum tissue. The MassHealth representative testified that he would uphold the denial for treatment because it is not a handicapping malocclusion.

The Appellant's mother testified that she is concerned that the Appellant's jaw is locking and that the Appellant is unable to eat. The Appellant's mother also testified that she would like the problem to be fixed before it becomes a more severe problem for her daughter.

## **Findings of Fact**

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

1. The Appellant's orthodontic provider submitted a request for orthodontic treatment on behalf of the Appellant (Testimony; Exhibit 5).
2. The Appellant's orthodontic provider completed an Orthodontic Prior Authorization form and an HLD form and submitted these to DentaQuest, along with photographs and x-rays of the

Appellant's mouth (Exhibit 5).

3. The Appellant's orthodontic provider indicated that the Appellant had an impinging overbite and calculated an HLD score of 14 (Exhibit 5 at 11).
4. DentaQuest calculated an HLD score of 12 points and no auto qualifying conditions (Exhibit 5 at 7).
5. Based on his hands-on examination of the Appellant, the MassHealth representative calculated an HLD score of 18 points and no auto qualifying conditions (Testimony).
6. An HLD score of 22 is the minimum score indicative of a handicapping malocclusion (Testimony).
7. The Appellant's orthodontic provider did not submit a medical necessity narrative indicating that treatment is medically necessary (Exhibit 5 at 12).
8. The Appellant's overbite is not damaging her opposing gum tissue (Testimony).

## **Analysis and Conclusions of Law**

As a rule, MassHealth and its dental program pays only for medically necessary services to eligible MassHealth members and may require that such medical necessity be established through a prior authorization process. See 130 CMR 420.410; 130 CMR 450.204. The MassHealth regulations at 130 CMR 420.410(A)(3) state:

The provider must not start a service that requires prior authorization until the provider has requested and received written prior authorization from the MassHealth agency. The MassHealth agency may grant prior authorization after a procedure has begun if, in the judgment of the MassHealth agency

- (a) the treatment was medically necessary;
- (b) the provider discovers the need for additional services while the member is in the office and undergoing a procedure; and
- (c) it would not be clinically appropriate to delay the provision of the service.

130 CMR 420.410(A)(3).

In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq., covered services for certain dental treatments, including orthodontia, are subject to the relevant limitations of 130 CMR 420.421 through 130 CMR 420.456. The MassHealth regulations at 130

CMR 420.431 provide service descriptions and limitations for orthodontic services. As relevant to comprehensive orthodontic requests, the regulation provides:

#### 420.431: Service Descriptions and Limitations: Orthodontic Services

(A) General Conditions. The MassHealth agency pays for orthodontic treatment, subject to prior authorization, service descriptions and limitations as described in 130 CMR 420.431. The provider must seek prior authorization for orthodontic treatment and begin initial placement and insertion of orthodontic appliances and partial banding or full banding and brackets prior to the member's [REDACTED] birthday.

#### (B) Definitions.

(1) Pre-orthodontic Treatment Examination. Includes the periodic observation of the member's dentition at intervals established by the orthodontist to determine when orthodontic treatment should begin.

(2) Interceptive Orthodontic Treatment. Includes treatment of the primary and transitional dentition to prevent or minimize the development of a handicapping malocclusion and therefore, minimize or preclude the need for comprehensive orthodontic treatment.

(3) Comprehensive Orthodontic Treatment. Includes a coordinated diagnosis and treatment leading to the improvement of a member's craniofacial dysfunction and/or dentofacial deformity which may include anatomical and/or functional relationship. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances. Comprehensive orthodontics may incorporate treatment phases, including adjunctive procedures to facilitate care focusing on specific objectives at various stages of dentofacial development.

(4) Orthodontic Treatment Visits. Periodic visits which may include, but are not limited to, updating wiring, tightening ligatures or otherwise evaluating and updating care while undergoing comprehensive orthodontic treatment.

#### (C) Service Limitations and Requirements.

...

(3) Comprehensive Orthodontics. The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime for a member younger than [REDACTED] 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. The MassHealth agency pays for the office visit, radiographs and a record fee of the pre-orthodontic treatment examination (alternative billing to a contract fee) when the MassHealth agency

denies a request for prior authorization for comprehensive orthodontic treatment or when the member terminates the planned treatment. The payment for a pre-orthodontic treatment consultation as a separate procedure does not include models or photographic prints. The MassHealth agency may request additional consultation for any orthodontic procedure. Payment for comprehensive orthodontic treatment is inclusive of initial placement, and insertion of the orthodontic fixed and removable appliances (for example: rapid palatal expansion (RPE) or head gear), and records. Comprehensive orthodontic treatment may occur in phases, with the anticipation that full banding must occur during the treatment period. The payment for comprehensive orthodontic treatment covers a maximum period of three calendar years. The MassHealth agency pays for orthodontic treatment as long as the member remains eligible for MassHealth, if initial placement and insertion of fixed or removable orthodontic appliances begins before the member reaches ■ years of age. Comprehensive orthodontic care should commence when the first premolars and first permanent molars have erupted. It should only include the transitional dentition in cases with craniofacial anomalies such as cleft lip or cleft palate. Comprehensive treatment may commence with second deciduous molars present. Subject to prior authorization, the MassHealth agency will pay for more than one comprehensive orthodontic treatment for members with cleft lip, cleft palate, cleft lip and palate, and other craniofacial anomalies to the extent treatment cannot be completed within three years.

130 CMR 420.431(A); (B); (C)(3).

Appendix D of the Dental Manual contains the authorization form for comprehensive orthodontic treatment.<sup>1</sup> As indicated by the paper record, MassHealth testimony, and the relevant regulations, appendices and manuals (including the HLD Authorization form), MassHealth approves comprehensive orthodontic treatment only when the member meets one of the three following requirements:

1. the member has an auto qualifying condition as described by MassHealth in the HLD index;<sup>2</sup>
2. the member meets or exceeds the threshold score (currently 22 points) listed by MassHealth on the HLD index;<sup>3</sup> or
3. comprehensive orthodontic treatment is medically necessary for the member, as demonstrated by a medical necessity narrative letter and supporting documentation

---

<sup>1</sup> Appendix D of the Dental Manual is available at <https://www.mass.gov/doc/appendix-d-authorization-form-for-comprehensive-orthodontic-treatment-0/download>.

<sup>2</sup> Found on page D-5 of Appendix D of the Dental Manual.

<sup>3</sup> Found on page D-6 of Appendix D of the Dental Manual.

submitted by the requesting provider.<sup>4</sup> Usually this involves a severe medical condition that can include atypical or underlying health concerns, which may be either dental or non-dental.

The instructions for scoring the auto qualifying condition of impinging overbite state: “Impinging Overbite with evidence of occlusal contact into the opposing soft tissue.” Dental Manual, D-5.

The Appellant’s orthodontist did not submit a medical necessity narrative letter and supporting documentation. None of the three reviewing dentists, including the Appellant’s own orthodontist, found that the Appellant had a score of 22 or more points that is needed for approval on the HLD scale. The Appellant’s orthodontist indicated that the Appellant had an auto qualifying condition of an impinging overbite. The DentaQuest and MassHealth review indicated that the Appellant did not have an impinging overbite. I credit the MassHealth representative’s testimony that the Appellant’s overbite is not impinging because it is not damaging her opposing gum tissue. Accordingly, the Appellant has not demonstrated that she has a handicapping malocclusion.

Therefore, MassHealth was correct in denying the request, pursuant to 130 CMR 420.431. This appeal is denied.<sup>5</sup>

## **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

---

<sup>4</sup> Found on page D-3 of Appendix D of the Dental Manual.

<sup>5</sup> This denial does not preclude the Appellant or the Appellant’s orthodontist from submitting a new prior authorization request to MassHealth every six months upon re-examination, until the Appellant reaches the age of 18. I also note that the Appellant is welcome to include information from her medical provider on her jaw condition, including a narrative and supporting documentation, that orthodontic treatment is medically necessary, in her next prior authorization request.

receipt of this decision.

---

Emily Sabo  
Hearing Officer  
Board of Hearings

MassHealth Representative: DentaQuest 1, MA