

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2416895
Decision Date:	01/10/2025	Hearing Date:	01/06/2025
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:



Appearance for MassHealth:

Dr. David Cabeceiras, DMD, 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

Appeal Decision:	Denied	Issue:	Prior Authorization; Orthodontic Services
Decision Date:	01/10/2025	Hearing Date:	01/06/2025
MassHealth's Rep.:	Dr. David Cabeceiras	Appellant's Rep.:	
Hearing Location:	Taunton MassHealth Enrollment Center Room 2	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 September 19, 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 November 1, 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 father appeared at the hearing. The Appellant's father verified the Appellant's identity. On September 13, 2024, the Appellant's orthodontist submitted a request for prior authorization for comprehensive 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 he 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 comprehensive 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 comprehensive 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 did not have an auto qualifying condition and calculated an HLD score of 6. *Id.* at 11. Prior to the hearing, DentaQuest calculated that the Appellant had an HLD score of 13 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 13 points, based on 3 points for overbite, 5 points for overjet, 2 points for labio-lingual spread, and 3 points for a congenitally missing posterior tooth. The MassHealth representative testified that he found no auto qualifying conditions. The MassHealth representative testified that he found no auto qualifying conditions. He explained the main issue he sees is that the Appellant has an unstable tooth in her mouth, but that it is a baby tooth and will eventually come out. The MassHealth representative testified that he would uphold the denial for treatment because the appellant does not have a handicapping malocclusion.

Findings of Fac

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

1. The appellant is a MassHealth member under the age of 21. Exhibit 4.
2. The appellant's provider requested prior authorization for comprehensive orthodontic treatment and submitted an Orthodontics Prior Authorization From, an HLD Form,

photographs, and X-rays. Exhibit 5.

3. The provider calculated an HLD score of 6, did not find an auto-qualifying condition, and declined to submit a medical necessity narrative. *Id.* at 9-15.
4. On September 19, 2024, MassHealth denied the appellant's prior authorization request, as DentaQuest found an HLD score of 13. Exhibit 1, Exhibit 5 at 4.
5. The appellant timely appealed the denial to the Board of Hearings on November 1, 2024. Exhibit 2.
6. The MassHealth representative testified to finding an HLD score of 13 with no auto-qualifying handicapping dental condition.

Analysis and Conclusions of Law

MassHealth pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. See 130 CMR 420.410(A)(1). A service is "medically necessary" if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to MassHealth.

130 CMR 450.204(A). Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment codified at 130 CMR 420.000 and in the MassHealth *Dental Manual*. Specifically, 130 CMR 420.431(C)(3) states, in relevant part:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, only once per member per lifetime for a member 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*.

Those clinical standards for medical necessity are met when (1) the member has one of the “auto-qualifying” conditions described by MassHealth in the HLD Form,¹ (2) the member meets or exceeds the threshold score designated by MassHealth on the HLD Form, or (3) comprehensive orthodontic treatment is otherwise medically necessary for the member, as demonstrated by a medical-necessity narrative and supporting documentation submitted by the requesting provider. *See generally*, Appendix D of the *Dental Manual*. In such circumstances, MassHealth will approve payment for comprehensive orthodontic treatment. 130 CMR 420.431(C)(3).

Appendix D of the *Dental Manual* includes the HLD form, which is described as “a quantitative, objective method for evaluating [prior authorization] requests for comprehensive orthodontic treatment.” Appendix D at D-1. The HLD form allows for the identification of those auto-qualifying conditions and also provides the method for discerning a single score, “based on a series of measurements, which represent the presence, absence, and degree of handicap.” *Id.* MassHealth will authorize treatment for cases with verified auto-qualifiers or verified scores of 22 and above. *Id.* at D-2.

Providers may also establish that comprehensive orthodontic treatment is medically necessary by submitting a medical necessity narrative that establishes that comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate certain medical or dental conditions. *Id.* at D-3-4.

While a MassHealth member may benefit from orthodontic treatment, the regulations clearly limit eligibility for such treatment to patients with handicapping malocclusions. 130 CMR 420.431(C)(3). As such, the appellant bears the burden of showing that she has an HLD score of 22 or higher, an auto-qualifying condition, or that the treatment is otherwise medically necessary. She has failed to do so.

In this case, the appellant’s provider found an overall HLD score of 14. The MassHealth initial reviewer found an HLD score of 13, and the MassHealth hearing representative’s examination yielded a score of 13. Each of these scores are below the threshold of 22. Further, the provider did not allege, and nor did MassHealth find, that the appellant has any of the auto-qualifying conditions or that treatment is otherwise medically necessary as set forth in Appendix D of the *Dental Manual*. Therefore, the appellant has not demonstrated that she meets the MassHealth

¹ Auto-qualifying conditions include cleft palate, severe traumatic deviation, severe maxillary or mandibular crowding or spacing, deep impinging overbite, anterior impaction, overjet greater than 9 mm, or reverse overjet greater than 3.5 mm, anterior or posterior crossbite of 3 or more maxillary teeth per arch, 2 or more of at least one congenitally missing tooth per quadrant, and anterior or lateral open bite of 2mm or more or 4 or more teeth per arch. Appendix D at D-2 and D-5.

criteria for approval of comprehensive orthodontic treatment. MassHealth's denial of the prior authorization request was proper. The appeal is DENIED.

If the appellant's dental condition worsens or her orthodontist is able to provide the necessary documentation to demonstrate that the treatment is medically necessary, a new prior authorization request can be filed at that time, provided she has not yet reached 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.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA