

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2417633
Decision Date:	2/12/2025	Hearing Date:	12/23/2024
Hearing Officer:	Thomas Doyle	Record Open to:	N/A

Appearance for Appellant:
Pro se

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:	Prior Authorization - Orthodontics
Decision Date:	2/12/2025	Hearing Date:	12/23/2024
MassHealth's Rep.:	Dr. David Cabeceiras	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South 7	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 November 5, 2024, MassHealth denied appellant's prior authorization for comprehensive orthodontic treatment. (Ex.1). The appellant filed this appeal in a timely manner on November 18, 2024 (130 CMR 610.015(B); Ex. 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied appellant's request for approval of the prior authorization for comprehensive orthodontic treatment.

Issue

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

Summary of Evidence

Appellant is a [REDACTED] MassHealth member who appeared pro se at hearing. MassHealth was represented by Dr. David Cabeceiras, a board-certified orthodontist and consultant from DentaQuest, the entity that has contracted with MassHealth agency to administer and run the agency's dental program for MassHealth members.

Dr. Cabeceiras testified that MassHealth does not cover orthodontics for every single child who is a MassHealth member with dental insurance. By law, the agency can only cover requests and pay for treatment for full orthodontics when the bad bite or "malocclusion" meets a certain high standard. It is not enough to say that the appellant has imperfect teeth, or that the member and their family has been told by a dentist that the patient would generally need or benefit from braces. Instead, to obtain approval, the bite or condition of the teeth must have enough issues or discrepancies that it falls into the group of malocclusions with the most severe or handicapping issues.

Appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment, together with X-rays and photographs. Appellant's dental provider completed the Handicapping Labio-Lingual Deviations (HLD) form and found a score of 16. (Ex. 4, p. 10). Dr. Cabeceiras testified that, on the HLD point scale, 22 points are needed for approval. Dr. Cabeceiras testified that he found a score of 17 on the scale. (Testimony). DentaQuest reached a score of 15. (Ex. 4, p. 4).

Regardless of point total, it is also possible to qualify for orthodontic treatment if appellant has a condition deemed an automatic qualifier. Here, appellant's provider found an automatic qualifier of an impinging overbite with evidence of occlusal contact into the opposing soft tissue was present. After conducting an in-person examination of appellant's mouth at hearing, Dr. Cabeceiras testified he did not find an impinging overbite automatic qualifier was present. He stated appellant's bite is deep but it is not touching the opposing soft tissue. Evidence submitted by DentaQuest also shows, in their review, no automatic qualifier was found. (Testimony; Ex. 4, p. 4).

It is additionally possible to qualify for comprehensive orthodontic treatment if that treatment is medically necessary for appellant. For appellant's particular conditions to be evaluated to see if those conditions support a Medical Necessity determination, evidence, in the form of a Medical Necessity Narrative letter and supporting documentation, must be submitted by appellant's requesting provider. Generally, this involves a severe medical condition that can include atypical or underlining health concerns which may be either dental or non-dental. Here, the appellant's orthodontic provider did not provide a Medical Necessity Narrative, nor was any additional supporting documentation submitted. (Ex. 4, p. 11-12).

Appellant testified that it hurts when he closes his mouth and he is experiencing a lot of pain when he bites down.

Findings of Fact

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

1. Appellant is a [REDACTED] MassHealth member who had a request for full or comprehensive braces denied by MassHealth. (Testimony; Ex. 1; Ex. 4, p. 1-3).
2. Neither the initial DentaQuest review nor the review testified to by Dr. Cabeceiras found evidence of 22 or more points on the HLD scale. (Ex. 4, p. 4; Testimony).
3. Appellant's provider submitted an HLD score of 12 points. (Ex. 4, p. 10).
4. Neither Dr. Cabeceiras nor DentaQuest found an auto qualifier was present. (Testimony; Ex. 4, p. 4).
5. Appellant's orthodontic provider did not submit documentation related to whether treatment is medically necessary in accordance with the instructions on the latter pages of the HLD form. (Ex. 4, p. 11).

Analysis and Conclusions of Law

As a rule, the MassHealth agency 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 450.204; 130 CMR 420.410. In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq.,¹ covered services for certain dental treatments, including orthodontia, are subject to the relevant limitations of 130 CMR 420.421 through 420.456. See 130 CMR 420.421 (A) through (C).

130 CMR 420.431 contains the description and limitation for orthodontic services. As to comprehensive orthodontic requests, that regulation reads in relevant part as follows:

420.431: Service Descriptions and Limitations: Orthodontic Services

¹ 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program Office Reference Manual publication as a source of additional explanatory guidance beyond the regulations. It is noted that references in the regulations to the "*Dental Manual*" include the pertinent state regulations, the administrative and billing instructions (including the HLD form), and service codes found in related subchapters and appendices. See <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>.

(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. ...

(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 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**. ...

(**Bolded** emphasis added.)

Appendix D of the Dental Manual contains the current HLD Authorization Form found in Exhibit 4. As indicated by the paper record, the 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;
- (2) the member meets or exceeds the threshold score (currently 22 points) listed by MassHealth on the HLD Index; or
- (3) comprehensive orthodontic treatment is medically necessary for the member, as demonstrated by a medical necessity narrative letter and supporting documentation submitted by the requesting provider. Usually this involves a severe medical condition that can include atypical or underlining health concerns which may be either dental or non-dental.

In this case, appellant’s orthodontist indicated the presence of an automatic qualifier condition, namely an impinging overbite. (Ex. 4, p. 10). However, Dr. Cabeceiras testified after his in-person examination of appellant’s mouth, that, even though appellant has an overbite, it is not an impinging overbite because there is no evidence of occlusal contact into the opposing soft tissue. Therefore, he found no auto qualifying condition to be present. (Testimony). DentaQuest, in its review, also found no auto qualifier present. (Ex. 4, p. 14). I credit the testimony of Dr. Cabeceiras because his in-person examination, assessment, testimony, and explanation about how the overbite was not severe enough to satisfy the condition of an impinging overbite was logical and consistent with the evidence and his presence subjecting him to cross-examination gave his opinion greater weight.

Turning to the HLD scores to see if appellant’s bad bite or malocclusion is severe enough to qualify as a handicapping malocclusion, the MassHealth standard requires a current score of 22 on the HLD index. (Testimony). In this case, appellant’s orthodontist found a score of 16 points. (Ex. 4, p. 10). In his testimony, Dr. Cabeceiras found an HLD score of 17. (Testimony). The review by

DentaQuest obtained a score of 15. (Ex. 4, p. 4). The record is clear that none of the three reviewing dentists who completed an HLD review, including the appellant's own orthodontic provider, found a score of 22 or more points needed for approval.

This appeal is denied.

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.

Thomas Doyle
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 2, MA