

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2500463
Decision Date:	3/10/2025	Hearing Date:	2/3/2025
Hearing Officer:	Cynthia Kopka	Record Open to:	3/7/2025

Appearance for Appellant:



Appearance for MassHealth:

Dr. Katherine Moynihan



*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:	Dental services – orthodontia
Decision Date:	3/10/2025	Hearing Date:	2/3/2025
MassHealth's Rep.:	Dr. Moynihan	Appellant's Rep.:	Parent
Hearing Location:	Tewksbury	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

By notice dated December 9, 2025, MassHealth denied Appellant's prior authorization request for comprehensive orthodontic treatment. Exhibit 1. Appellant filed this appeal in a timely manner on January 7, 2025. Exhibit 2. 130 CMR 610.015(B). Challenging the denial of a request for assistance is a valid basis 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(C), in determining that Appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

Appellant, a minor under the age of [REDACTED] was represented at hearing by a parent/legal guardian. The MassHealth representative, a licensed orthodontist, appeared for MassHealth on behalf of DentaQuest. DentaQuest is the third-party contractor that administers and manages the dental program available to MassHealth members. Below is a summary of each party's testimony and the information submitted for hearing.

Appellant's orthodontic provider ("the provider") submitted a request for prior authorization of comprehensive orthodontic treatment on behalf of Appellant. The provider completed an Orthodontics Prior Authorization Form and a MassHealth Handicapping Labio-Lingual Deviations (HLD) Form and submitted these documents with supporting photographs and X-rays to DentaQuest. Exhibit 4.

MassHealth will only provide coverage for comprehensive orthodontic treatment for members who have a handicapping malocclusion as provided by regulation. A handicapping malocclusion exists when the applicant has either (1) dental discrepancies that result in a score of 22 or more points on the HLD Form, as detailed in the MassHealth Dental Manual, or (2) evidence of one of a group of exceptional or handicapping dental conditions.¹ If such a handicapping condition exists, as explained in both the MassHealth Dental Manual and the HLD Forms within Exhibit 4, this creates an alternative and independent basis for approval of the prior authorization request for comprehensive orthodontics, regardless of the actual HLD score. Alternatively, a provider can submit a narrative and supporting documentation detailing how comprehensive orthodontic treatment is medically necessary.

The provider submitted documents indicating an HLD score of 28 for Appellant and an autoqualifying condition of overjet greater than 9 mm. Exhibit 4 at 11. The provider did not submit a medical necessity narrative with the request. The provider's score is broken down as follows:

¹ Per Exhibit 4, MassHealth will approve a prior authorization request for comprehensive orthodontics, regardless of whether the HLD score is 22 or more, if there is evidence of any one of the following exceptional or handicapping conditions: (1) cleft lip, cleft palate, or other cranio-facial anomaly; (2) impinging overbite with evidence of occlusal contact into the opposing soft tissue; (3) impactions where eruption is impeded but extraction is not indicated (excluding third molars), (4) severe traumatic deviations – this refers to accidents affecting the face and jaw rather than congenital deformity. Do not include traumatic occlusions or crossbites; (5) overjet greater than 9 millimeters (mm.); (6) reverse overjet greater than 3.5 mm.; (7) crowding of 10 mm. or more, in either the maxillary or mandibular arch (excluding third molars). Includes the normal complement of teeth; (8) spacing of 10 mm. or more, in either the maxillary or mandibular arch (excluding third molars). Includes the normal complement of teeth; (9) anterior crossbite of 3 or more maxillary teeth per arch; (10) posterior crossbite of 3 or more maxillary teeth per arch; (11) two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant; (12) lateral open bite: 2 mm. or more, of 4 or more teeth per arch; or (13) anterior open bite, 2 mm. or more, of 4 or more teeth per arch.

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm.	9	1	9
Overbite in mm.	5	1	5
Mandibular Protrusion in mm.	2	5	10
Anterior Open Bite in mm.	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding – if crowding exceeds 3.5 mm. in each arch, score each arch.	Maxilla: Mandible:	Flat score of 5 for each	0
Labio-Lingual Spread, in mm. (anterior spacing)	1	1	1
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	1	3	3
Total HLD Score			28

The MassHealth representative testified that upon initial review of the documents, DentaQuest found an HLD score of 9 with no exceptional condition. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm.	3	1	3
Overbite in mm.	4	1	4
Mandibular Protrusion in mm.	0	5	0
Anterior Open Bite in mm.	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding – if crowding exceeds 3.5 mm. in each arch, score each arch.	Maxilla: Mandible:	Flat score of 5 for each	0
Labio-Lingual Spread,	2	1	2

in mm. (anterior spacing)			
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			9

Id. at 7. Having found an HLD score below the threshold of 22, no autoqualifying conditions, and no medical necessity, MassHealth denied Appellant's prior authorization request. Exhibit 1.

After an in-person examination performed with parental permission, the MassHealth representative testified that she did not find the autoqualifying condition of overjet greater than 9 mm. The MassHealth representative calculated the HLD score as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm.	8	1	8
Overbite in mm.	4	1	4
Mandibular Protrusion in mm.	0	5	0
Anterior Open Bite in mm.	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding – if crowding exceeds 3.5 mm. in each arch, score each arch.	Maxilla: Mandible:	Flat score of 5 for each	0
Labio-Lingual Spread, in mm. (anterior spacing)	2	1	2
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			14

The MassHealth representative testified that Appellant does not have an impacted (or blocked) tooth as reported on the provider's form. While the MassHealth representative agreed that the

tooth appears blocked, it does not meet MassHealth's definition of an impaction, which is that it is stuck under the bone. Appellant's tooth is through the bone and in the mouth, but not descended. The MassHealth representative testified that she could see the tooth. Additionally, the MassHealth representative testified that based on Appellant's "true bite," she did not measure mandibular protrusion, which is when Appellant's bottom jaw bites forward. The MassHealth representative testified that Appellant appears to move his jaw forward as a posture, similar to slouching in a chair.

Appellant's parent argued that Appellant's provider's score is more credible because the provider sees Appellant frequently and MassHealth only examined him once. Appellant's parent noted that Appellant does push his lower jaw forward and may also be a tooth grinder. Appellant's parent did not agree with MassHealth's definition of impacted tooth, as Appellant has a tooth that is not coming down.

Appellant's parent testified that Appellant constantly corrects his jawline and bite, which may be a cause of or related to chronic migraines that Appellant has had since he was a young child. Appellant is constantly pushing his jaw forward, and the source of his migraines has not been identified. Additionally, Appellant has a diagnosis of sleep apnea and has had his tonsils and adenoids removed. Regardless of these procedures, Appellant still has the sleep apnea diagnosis.

Appellant's parent disagreed that insurance should dictate treatment and care. Appellant's provider told Appellant's parent that Appellant needs jaw surgery to correct the issue. However, Appellant's parent would rather not have Appellant go through an invasive surgical procedure and be exposed to anesthesia to correct his jaw when braces are the cheaper and less invasive option.

The MassHealth representative testified that there is a third possibility for approval through a medical necessity narrative from another treating physician. The MassHealth representative testified that there was nothing in the record indicating what surgery was being recommended or what the surgery would address. The MassHealth representative made several attempts to explain the medical necessity narrative at hearing. Appellant's parent argued that obtaining a medical necessity letter would require more appointments for Appellant. Appellant's parent expressed doubt that Appellant's neurologist at [REDACTED] would be willing to write a letter stating that the position of the Appellant's jaw and discomfort is causing strain. The MassHealth representative suggested that the sleep specialist could write a letter in support, and Appellant's parent argued that it would mean having to make another appointment.

The MassHealth representative testified that she has to abide by the law and can offer suggestions at hearing for other means of qualifying for treatment. Appellant's parent argued that she is not trying to be above the law. The MassHealth representative offered again to explain the medical necessity narrative as a way of qualifying. Appellant's parent argued that obtaining a medical necessity narrative would require her to book more appointments and miss more work. The MassHealth representative stated that the alternative is to pay for the braces out of pocket.

Appellant's parent testified that she will have to pay for the braces out of pocket because she is not on MassHealth because she chooses not to work. Appellant's parent works hard to take care of her child, and a lot of people do not. Appellant's parent argued that MassHealth is losing money to everyone who does not deserve the insurance.

Appellant testified that she is frustrated with the medical system telling people what they can and cannot have. Appellant had to miss school for the hearing when he has already had to miss school for his headaches, only to be told he does not qualify for treatment that will benefit him.

Appellant's parent argued that she had no time to prepare for the hearing at the time she received the appeal letter to set up any appointments for additional support. Appellant's parent argued that no doctor will write a letter without an appointment because everything is about money. Appellant argued that it is a failed system, as she pays out of pocket for almost all of Appellant's medications because MassHealth does not pay. Appellant's parent argued that she is a single parent who lost a day's pay because an insurance entity told her that her child does not meet the insurance standard, as opposed to the dental standard. Appellant's parent reiterated that the provider sees Appellant all the time and therefore should dictate the treatment plan.

The hearing record was held open through February 21, 2025 to allow Appellant's parent time to reach out to medical providers for a medical letter in support. Exhibit 5. In response, Appellant's parent wrote that Appellant's specialists are deferring to the expertise of the dental office. Appellant's parent wrote that her concerns are valid due to the variation of scoring of the three orthodontists who reviewed Appellant's records. Appellant argued that orthodontic treatment is less invasive than surgery.

Appellant's parent asserted that the record included references to possible jaw surgery. Exhibit 5. The only reference to surgery in the hearing record was a note written on the prior authorization form which stated "also presented ortho + surg" on the treatment objectives. Exhibit 4 at 9. There was nothing provided by the orthodontist regarding the recommended surgery, what the surgery would address, or whether orthodontic treatment would obviate the need for surgery.

Findings of Fact

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

1. The provider requested prior authorization for comprehensive orthodontic treatment and submitted an Orthodontics Prior Authorization Form, an HLD Form, photographs and X-rays. Exhibit 4.
2. The provider submitted documents indicating an HLD score of 28 for Appellant and an autoqualifying condition of overjet greater than 9 millimeters. The provider did not submit

a medical necessity narrative. *Id.* at 11.

3. On December 9, 2024, MassHealth denied Appellant's prior authorization request and Appellant timely appealed the denial to the Board of Hearings. Exhibits 1 and 2.
4. The MassHealth representative found an HLD score of 14 with no exceptional handicapping dental condition.
5. Appellant does not have greater than 9 millimeters of overjet.
6. Appellant does not have evidence of mandibular protrusion when aligning his bite correctly.
7. The treatment objectives submitted by Appellant's provider includes a note that states "also presented ortho + surg." *Id.* at 9.
8. The hearing record was held open through February 21, 2025 for Appellant's parent to submit additional evidence. Exhibit 5.
9. Appellant's parent did not provide a medical necessity letter or other evidence during the record open period.

Analysis and Conclusions of Law

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.² Specifically, 130 CMR 420.431(C)(3) states, in relevant part:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime for a member younger than [REDACTED] 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*.

According to MassHealth's Dental Program Office Reference Manual (ORM) Section 3.7, MassHealth approves prior authorization requests for comprehensive orthodontic treatment when

² The Dental Manual is available in MassHealth's Provider Library, on its website.

- 1) the member has one of the “auto qualifying” conditions described by MassHealth in the HLD Index;
- 2) the member meets or exceeds the threshold score designated by MassHealth on the HLD index; or
- 3) comprehensive orthodontic treatment is medically necessary for the member, as demonstrated by a medical necessity narrative and supporting documentation submitted by the requesting provider.

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. The HLD allows for the identification of certain autoqualifying conditions and provides a single score, based on a series of measurements, which represent the presence, absence, and degree of handicap. MassHealth will authorize treatment for cases with verified autoqualifiers or verified scores of 22 and above.

Appendix D provides instructions on how to score each condition. Mandibular protrusion is scored “exactly as measured from the buccal groove of the first mandibular molar to the MB cusp of the first maxillary molar. The measurement in millimeters is entered on the form and multiplied by 5.”

Here, Appellant does not have a verified score of 22 points. While Appellant’s provider found an autoqualifying condition, MassHealth’s sworn testimony and the hearing officer’s observation of the physical examination supports that Appellant has only 8 millimeters of overjet. The provider’s score of an autoqualifying condition was awarded in error. Additionally, MassHealth testified credibly that Appellant did not have evidence of a mandibular protrusion when his bite was aligned. Appellant’s parent testified that Appellant pushes his jaw forward, which indicates that Appellant’s jaw is not naturally in protrusion. Based on the testimony and the provided record, Appellant’s provider awarded 15 points in error.

Appendix D of the Dental Manual also includes the instructions for submitting a medical necessity narrative. It states the following:

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 handicapping malocclusion, including to correct or significantly ameliorate

- i. a severe 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 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 condition in which the overall severity or impact of the patient's malocclusion is not otherwise apparent.

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...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 the 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 hearing record was held open to allow Appellant's parent the opportunity to submit evidence that orthodontic treatment would be medically necessary to address another medical condition. Appellant's parent did not submit a medical necessity narrative. Additionally, the hearing record did not contain evidence of the proposed jaw surgery and its relation to orthodontic care.

Accordingly, 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.

Cynthia Kopka
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA