

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2500875
Decision Date:	4/14/2025	Hearing Date:	02/10/2025
Hearing Officer:	Marc Tonaszuck	Record Open to:	02/28/2025

Appearance for Appellant:



Appearance for MassHealth:

Dr. David Cabeceiras, 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 – Orthodontic Services
<b>Decision Date:</b>	4/14/2025	<b>Hearing Date:</b>	02/10/2025
<b>MassHealth’s Rep.:</b>	Dr. David Cabeceiras, DentaQuest	<b>Appellant’s Rep.:</b>	Mother
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<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 01/01/2025, MassHealth denied the appellant’s request for prior authorization of comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibit 4). A timely appeal was filed on the appellant’s behalf<sup>1</sup> on 01/14/2025 (see 130 CMR 610.015(B); Exhibit 2). Denial of a request for prior approval is a valid basis for appeal (see 130 CMR 610.032).

A fair hearing was held before the Board of Hearings on 02/10/2025. The appellant’s representative requested an opportunity to submit additional documentation to the hearing record. Her request was granted, and the record remained open until 02/17/2025 for her submission and until 02/28/2025 for DentaQuest’s response (Exhibit 5). The appellant made a submission during the record open; however, the DentaQuest representative did not (Exhibit 6).

### Action Taken by MassHealth

MassHealth denied the appellant’s request for prior authorization of comprehensive orthodontic

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<sup>1</sup> The appellant is a minor child who was represented in these proceedings by her mother.

treatment.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431(C), in determining that the appellant is ineligible for comprehensive orthodontic treatment.

## Summary of Evidence

The appellant is a minor MassHealth member. She was represented at the fair hearing by her mother, who appeared in person. MassHealth was represented at hearing by Dr. David Cabeceiras from DentaQuest, an orthodontic consultant from DentaQuest, the MassHealth dental contractor, who appeared virtually.

The appellant's provider, [REDACTED] submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and X-rays on 12/09/2024. As required, the provider completed the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form, which requires a total score of 22 or higher for approval or that the appellant has one of the conditions that warrant automatic approval of comprehensive orthodontic treatment. The provider indicated that the appellant has an HLD score of 15, as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	7	1	7
Overbite in mm	3	1	3
Mandibular Protrusion in mm	0	5	0
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: 5 Mandible: X	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	4	1	4
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 <sup>rd</sup> molars)	0	3	0
<b>Total HLD Score</b>			<b>15</b>

The appellant's orthodontist did not identify any automatic qualifying condition, nor did he include a medical necessity narrative.

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 9. The DentaQuest HLD Form reflects the following scores:

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

DentaQuest did not find an automatic qualifying condition. Because it found an HLD score below the threshold of 22 and no autoqualifier, MassHealth denied the appellant's prior authorization request on 01/01/2025.

At hearing, Dr. Cabeceiras testified that he reviewed the materials submitted with the PA, including the photographs, X-rays and all written materials. He testified that the appellant has an HLD score of 9 points, as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	2	1	2
Overbite in mm	4	1	4
Mandibular Protrusion in mm	0	5	0
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: 0 Mandible: 0	Flat score of 5 for each	0

Labio-Lingual Spread, in mm (anterior spacing)	3	1	3
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 <sup>rd</sup> molars)	0	3	0
<b>Total HLD Score</b>			<b>9</b>

The MassHealth orthodontist testified that all three orthodontists, including the orthodontist chosen by the appellant, found an HLD Index score less than 22 points. There is no dispute amount the orthodontists that the appellant's malocclusion does not meet the criteria for MassHealth payment of comprehensive orthodontia.

The appellant's mother testified the appellant has difficult eating and talking. She also suffers from seizures. She has an over-extending jaw which "triggered her epilepsy." The mother concluded that the appellant has "pain" due to the way her teeth come together.

The hearing officer asked the appellant if she had any medical documentation showing the medical necessity of the comprehensive orthodontia. She responded that she would like an opportunity to submit the letter from the appellant's physician. Her request was granted, and the record remained open in this matter until 02/17/2025 for her submission and until 02/28/2025 for MassHealth's response (Exhibit 5).

On [REDACTED] 2025, the appellant submitted a letter from her physician that states:

[The appellant] is a patient of mine at [REDACTED]. She has a history of epilepsy and speech delays. Her seizures are triggered by dental pain and her speech delays are negatively impacted by her malocclusion. For both reasons, it is medically necessary that she be fitted with braces to treat her malocclusion and improve both her speech impairment and seizures.

(Exhibit 6.)

The DentaQuest orthodontist did not respond to the appellant's submission.

## Findings of Fact

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

1. On 12/09/2024, the appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth (Exhibit 4).

2. The provider completed a Handicapping Labio-Lingual Deviations Form for the appellant, calculated an HLD score of 15 points. He did not indicate that any automatic qualifying conditions exist (Exhibit 4).
3. The provider did not include a medical necessity narrative with the prior authorization request (Exhibit 4).
4. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 9 points, with no automatic qualifying condition (Exhibit 4).
5. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more (Testimony).
6. On 01/01/2025, MassHealth notified the appellant that the prior authorization request was denied (Exhibits 1 and 4).
7. On 01/14/2025, the appellant filed a timely appeal of the denial (Exhibit 2).
8. On 02/10/2025, a fair hearing took place before the Board of Hearings (Exhibit 3).
9. At the fair hearing, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and X-rays. MassHealth found an HLD score of 9 points (Testimony).
10. The appellant's HLD score is below 22 (Testimony).
11. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (e.g., cleft palate, severe maxillary anterior crowding greater than 8 mm, impinging overbite, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, or reverse overjet greater than 3.5 mm) (Testimony).
12. At the fair hearing, the appellant's representative requested an opportunity to submit medical necessity documentation in support of the request for comprehensive orthodontia. Her request was granted, and the record remained open for her submission until 02/17/2025 and until 02/28/2025 for MassHealth/DentaQuest's response (Exhibit 5).
13. On [REDACTED] 2025, the appellant submitted a letter from her dentist that states:

[The appellant] is a patient of mine at [REDACTED]. She has a history of epilepsy and speech delays. Her seizures are triggered by dental pain and her speech delays are negatively impacted by her malocclusion. For both reasons, it

is medically necessary that she be fitted with braces to treat her malocclusion and improve both her speech impairment and seizures.

(Exhibit 6.)

14. MassHealth/DentaQuest did not submit any documentation to oppose the form or the contents of the appellant's submission.

## **Analysis and Conclusions of Law**

130 CMR 420.431(C) states, in relevant part, as follows:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime under the age of 21 and only when the member has a handicapping malocclusion. The MassHealth agency determines whether a malocclusion is handicapping based on the clinical standards for medical necessity as 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 severe and handicapping malocclusion. MassHealth will also approve a prior authorization request, without regard for the HLD numerical score, if there is evidence of a cleft palate, impinging overbite, impactions, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, crowding or spacing greater than 10 mm, anterior or posterior crossbite of three or more teeth on either arch, two or more congenitally missing teeth, or lateral open bite greater than 2 mm of four or more teeth ("automatic qualifying condition" or "autoqualifier").

The appellant's provider documented that the appellant has an HLD score of 15. Upon receipt of the PA request and after reviewing the provider's submission, MassHealth found an HLD score of 9 and no automatic qualifying condition. As a result, MassHealth denied the request for comprehensive orthodontics. The appellant appealed to the Board of Hearings and a fair hearing took place, at which MassHealth was represented by an orthodontist.

In his testimony at the fair hearing, the MassHealth orthodontist testified he reviewed the prior authorization documents. As a result of his review of the documents, the MassHealth orthodontist testified that he found an HLD score of 9 points and no automatic qualifying condition. None of the orthodontists who reviewed this case, including an orthodontist chosen by the appellant, could find an HLD score of at least 22 points or an automatic qualifying condition.

At the fair hearing, the appellant's representative requested time to submit additional medical necessity documentation in support of the request for comprehensive orthodontia. Her request was granted, and, during the record open period, she submitted a letter from a physician that states the appellant has medical problems that will be alleviated by comprehensive orthodontia. MassHealth did not oppose or otherwise respond to the appellant's submission.

The appellant's submission meets the requirements of showing that there are medical conditions present that are not considered as part of the HLD Index score, and that those medical conditions can be made better with comprehensive orthodontia. MassHealth did not object to the submission, or the information contained in it. Accordingly, the letter submitted shows the appellant has met the medical necessity requirements for comprehensive orthodontia. Thus, this appeal is approved.

## **Order for MassHealth**

Rescind denial notice dated 01/01/2025. Approve the appellant's request for comprehensive orthodontia. Inform appellant of the approval.

## **Implementation of this Decision**

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, Division of Medical Assistance, at the address on the first page of this decision.

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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

MassHealth Representative: DentaQuest 1, MA