

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2501979
Decision Date:	03/18/2025	Hearing Date:	3/10/2025
Hearing Officer:	David Jacobs		

Appearances for Appellant:



Appearance for MassHealth:

Katherine Moynihan, 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 - Orthodontics
Decision Date:	03/18/2025	Hearing Date:	3/10/2025
MassHealth's Rep.:	Dr. Katherine Moynihan	Appellant's Rep.:	
Hearing Location:	Charlestown MEC		

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 January 2, 2025, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (Exhibit 1). The appellant filed this appeal in a timely manner on January 31, 2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior authorization is a valid basis for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

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

Issue

The appeal issue is whether MassHealth was within its discretion in determining that the appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

The appellant's mother appeared in-person on behalf of the appellant, a minor under the age of 21. The MassHealth representative, a licensed orthodontist, appeared in-person for MassHealth on behalf of DentaQuest, the MassHealth dental contractor. Below is a summary of each party's testimony and the information submitted for hearing:

The appellant's orthodontic provider ("the provider") submitted a prior authorization request for comprehensive orthodontic treatment to DentaQuest on behalf of the appellant on December 12, 2024. This request included the appellant's X-rays, photographs, and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) Form (Exhibit 4).

MassHealth will only provide coverage for comprehensive orthodontic treatment for members who have a "severe, handicapping, or deforming" malocclusion. Such a condition 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 a group of exceptional or handicapping dental conditions. If the applicant meets any of these qualifications, MassHealth, through DentaQuest, will approve a request for prior authorization for comprehensive orthodontic treatment. Alternatively, a provider, such as the applicant's primary care physician or pediatrician, can submit a narrative and supporting documentation detailing how the treatment is medically necessary.

In this case, the appellant's provider submitted a HLD score of 23 (Exhibit 4). The Provider's HLD Form reflects the following scores:

Conditions Observed	Score
Overjet in mm	5
Overbite in mm	7
Mandibular Protrusion in mm	0
Open Bite in mm	0
Ectopic Eruption (# of teeth, excluding third molars)	0
Anterior Crowding	5
Labio-Lingual Spread, in mm (anterior spacing)	6
Posterior Unilateral Crossbite	0
Posterior impactions or congenitally missing	0

posterior teeth	
Total HLD Score	23

(Exhibit 4). When DentaQuest initially evaluated this prior authorization request on behalf of MassHealth, its orthodontist determined that the appellant has an HLD score of 19. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Score
Overjet in mm	2
Overbite in mm	4
Mandibular Protrusion in mm	5
Open Bite in mm	0
Ectopic Eruption (# of teeth, excluding third molars)	0
Anterior Crowding	0
Labio-Lingual Spread, in mm (anterior spacing)	8
Posterior Unilateral Crossbite	0
Posterior impactions or congenitally missing posterior teeth	0
Total HLD Score	19

(Exhibit 4). Having found an HLD score below the threshold of 22, no auto-qualifying conditions, and no medical necessity, MassHealth denied the appellant's prior authorization request (Exhibit 4).

At hearing, the MassHealth representative testified that based on careful review of the x-rays and photographs she found an HLD score of 18, primarily because she disagreed with the provider about the amount of overjet and the calculation of labio-lingual spread. She measured these areas in the appellant's mouth and showed the parties that the appellant's overjet is no more than 2 mm (as calculated by the initial DentaQuest reviewer).

The appellant mother appeared on the appellant's behalf. She testified that her son experiences pain while he is eating. She stated that she was concerned that her provider sent an out-of-date x-ray with the prior authorization. The MassHealth representative responded that it seems

MassHealth only used more recent x-rays when evaluating the appellant, but regardless she performed an in-person exam during the hearing that did not rely on submitted x-rays. Furthermore, even if the appellant is experiencing pain while he is eating, MassHealth will only cover braces if the appellant has at least 22 points on the HLD form.

Findings of Fact

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

1. On December 12, 2024, the appellant's provider requested prior authorization for comprehensive orthodontic treatment and submitted an Orthodontics Prior Authorization Form, an HLD Form, photographs, and x-rays.
2. The provider found an HLD score of 23 and no auto-qualifying conditions.
3. On January 2, 2025, MassHealth denied the appellant's prior authorization request, as DentaQuest found an HLD score of 19, no auto-qualifying conditions, and no submitted medically necessity narrative.
4. On January 31, 2025, the appellant timely appealed the denial to the Board of Hearings.
5. During the hearing, the MassHealth representative testified to finding an HLD score of 18 due to finding less of an overjet and labio-lingual spread than the provider.
6. The appellant's overjet measures no more than 2mm.
6. The appellant experiences pain while eating.

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. 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 eligibility for comprehensive orthodontic treatment by submitting a medical necessity narrative from a physician that indicates 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.

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.

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 he has an HLD score of 22 or higher, an auto-qualifying condition, or that the treatment is otherwise medically necessary. The appellant has failed to do so here.

The MassHealth representative's sworn testimony is that her review of the appellant's records results in a HLD score below the required 22 points. She credibly explained, and demonstrated to the parties with a measuring tool, that the appellant's overjet measures no more than 2 mm. With this adjustment, the appellant's HLD score falls below 22 points. The appellant's mother testified that the appellant experiences pain when he eats due to his teeth. However, this testimony is not enough to qualify the appellant for braces as he does not meet the required 22 points on the HLD form. Therefore, the appellant has not demonstrated that he meets the requirements for coverage of comprehensive orthodontic treatment.

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.

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.

David Jacobs
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA