

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2502157
Decision Date:	4/16/2025	Hearing Date:	04/10/2025
Hearing Officer:	Alexandra Shube		

Appearances for Appellant:



Pro se

Appearance for MassHealth:

Dr. Geraldine Garcia-Rogers



*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:	4/16/2025	Hearing Date:	04/10/2025
MassHealth's Rep.:	Dr. Garcia-Rogers	Appellant's Reps.:	Mother; Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center	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 December 30, 2024, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibits 1 and 5). The appellant filed this appeal in a timely manner on February 4, 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 correct, pursuant to 130 CMR 420.431, in determining that the appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

The appellant is a minor MassHealth member who appeared in-person at hearing with her mother. MassHealth was represented at hearing by Dr. Geraldine Garcia-Rogers, a board-certified pediatric dentist and the orthodontic consultant from BeneCare, the MassHealth dental contractor.

The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and x-rays, on December 2, 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 he found a posterior crossbite of three or more maxillary teeth per arch, a condition that warrants automatic approval of comprehensive orthodontic treatment. As he found an autoqualifying condition, the provider did not score the remainder of the HLD Form.

When BeneCare evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined there was no posterior crossbite of three or more maxillary teeth per arch or any other autoqualifying condition. BeneCare found that the appellant had an HLD score of 12. The BeneCare 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: n/a Mandible: n/a	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	2	1	2
Posterior Unilateral Crossbite	1	Flat score of 4	4
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			12

Because it found an HLD score below the threshold of 22 and no autoqualifying condition, MassHealth denied the appellant's prior authorization request on December 30, 2024.

At hearing, Dr. Garcia-Rogers completed an in-person examination of the appellant. Based on the examination, as well as a review of the x-rays and photographs, Dr. Garcia-Rogers agreed with BeneCare's HLD score of 12. She did not see any evidence of any autoqualifying conditions. Dr. Garcia-Rogers explained that to meet the autoqualifying condition of posterior crossbite, there must be at least three teeth per arch in crossbite. The appellant only has one molar in crossbite, so she does not meet the criteria for the autoqualifying condition of posterior crossbite of three or more maxillary teeth per arch.

Dr. Garcia-Rogers explained that in the photographs submitted by the appellant's provider, the appellant was in crossbite with her baby teeth. Her baby teeth are gone now, and even in the photograph, it wasn't possible to tell how many of the baby teeth were in crossbite; however, baby teeth and teeth not fully formed should not be scored. She testified that she examined the appellant's bite for a posterior crossbite in both centric occlusion and centric relation, but neither bite showed a posterior crossbite of three or more maxillary teeth per arch.

The appellant's mother explained that the appellant has chronic health conditions, including cerebral palsy. She had a stroke when she was born and it has affected the growth of her whole left side. She has difficulty controlling the left side of her body. She also struggles to control her tongue and mouth. The growth of the upper part of her jaw is a concern and she had to have teeth extracted to make room. Her orthodontist has proposed an expander prior to braces.

The process of including a medical necessity narrative in future prior authorization requests was explained. Dr. Garcia-Rogers advised the appellant that she may be re-examined every six months and has until the age of 21 to be treated. Because the appellant's HLD score is below 22 and there were no autoqualifiers present, the appellant does not have a handicapping malocclusion and MassHealth will not pay for comprehensive orthodontic treatment at this time.

Findings of Fact

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

1. On December 2, 2024, the appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth (Exhibit 5).
2. The provider completed a Handicapping Labio-Lingual Deviations Form for the appellant and indicated he found a posterior crossbite of three or more maxillary teeth per arch, a condition that warrants automatic approval of comprehensive orthodontic treatment. He did not calculate an HLD score. (Exhibit 5).

3. When BeneCare evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant did not have a posterior crossbite of three or more maxillary teeth per arch, or any other autoqualifying condition, and calculated an HLD score of 12 (Exhibit 5).
4. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more or has one of the conditions that warrant automatic approval of comprehensive orthodontic treatment (Testimony).
5. On December 30, 2024, MassHealth notified the appellant that the prior authorization request had been denied (Exhibits 1 and 5).
6. On February 4, 2025, the appellant filed a timely appeal of the denial (Exhibit 2).
7. At hearing, a MassHealth orthodontic consultant examined the appellant in person, reviewed the provider's paperwork, photographs, and x-rays, and agreed with BeneCare's HLD score, finding an HLD score of 12. She did not see any evidence of a posterior crossbite of three or more maxillary teeth per arch or any other autoqualifying condition. (Testimony).
8. The appellant has one tooth in posterior crossbite (Testimony and Exhibit 5).
9. The appellant's HLD score is below 22.
10. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (cleft palate; impinging overbite with evidence of occlusal contact into the opposing soft tissue; impaction where eruption is impeded but extraction is not indicated (excluding third molars); severe traumatic deviation; overjet greater than 9 mm; reverse overjet greater than 3.5 mm; crowding of 10mm or more in either the maxillary or mandibular arch (excluding 3rd molars); spacing of 10mm or more in either the maxillary or mandibular arch (excluding 3rd molars); anterior crossbite of 3 or more maxillary teeth per arch; posterior crossbite of 3 or more maxillary teeth per arch; two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant; lateral open bite 2mm or more of 4 or more teeth per arch; anterior open bite 2mm or more of 4 or more teeth per arch).
11. The appellant did not submit a medical necessity narrative.

Analysis and Conclusions of Law

130 CMR 420.431(C)(3) states, in relevant part, as follows:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, 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.**

(Emphasis added).

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 handicapping malocclusion.

MassHealth will also approve a prior authorization request, without regard for the HLD numerical score, if there is evidence of one of the following automatic qualifying conditions: cleft palate; impinging overbite with evidence of occlusal contact into the opposing soft tissue; impaction where eruption is impeded but extraction is not indicated (excluding third molars); severe traumatic deviation; overjet greater than 9 mm; reverse overjet greater than 3.5 mm; crowding of 10mm or more in either the maxillary or mandibular arch (excluding 3rd molars); spacing of 10mm or more in either the maxillary or mandibular arch (excluding 3rd molars); anterior crossbite of 3 or more maxillary teeth per arch; **posterior crossbite of 3 or more maxillary teeth per arch**; two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant; lateral open bite 2mm or more of 4 or more teeth per arch; or anterior open bite 2mm or more of 4 or more teeth per arch. (Emphasis added).

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, nutritional deficiency, a speech or language pathology, or the presence of any other 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.

(Appendix D; emphasis added).

While a MassHealth member may benefit from orthodontic treatment, the regulations 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 autoqualifying condition, or that the treatment is otherwise medically necessary. She has failed to do so here.

The appellant's provider indicated he found an autoqualifier of posterior crossbite of three or more maxillary teeth per arch and did not calculate an HLD score. After reviewing the provider's submission, BeneCare, on behalf of MassHealth, found an HLD score of 12 and no

autoqualifiers. Upon review of the prior authorization documents and an examination of the appellant at hearing, Dr. Garcia-Rogers found no autoqualifiers and agreed with BeneCare's HLD score of 12.

Dr. Garcia-Rogers' measurements and testimony are credible and her determination of the overall HLD score and the lack of autoqualifiers is consistent with the evidence. The appellant has only one tooth in posterior crossbite. As a result, the appellant does not have enough teeth to meet the threshold for the autoqualifying condition of posterior crossbite of three or more maxillary teeth per arch.

All the appellant's HLD scores fall below the necessary 22 points. The appellant also does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment.

Additionally, there was no medical necessity narrative to consider. While the appellant's mother's testimony regarding her chronic health conditions is credible, it is not sufficient to establish medical necessity. There needs to be a medical necessity narrative (with supporting documentation where applicable) from a qualified, licensed professional who can speak to the requirements listed in Appendix D of the Dental Manual, including whether a diagnosed condition is caused by the malocclusion and whether comprehensive orthodontic treatment is medically necessary to correct or significantly ameliorate that condition.

As the appellant does not qualify for comprehensive orthodontic treatment under the HLD guidelines, MassHealth was correct in determining that she does not have a handicapping malocclusion. 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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc: MassHealth Representative: BeneCare 1, Attn: Jessica Lusignan