

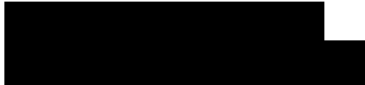
Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2504962
Decision Date:	06/20/2025	Hearing Date:	05/07/2025
Hearing Officer:	Kimberly Scanlon		

Appearances for Appellant:



Appearances for MassHealth:

Dr. David Cabeceiras, D.M.D.
Kara Gonzalez, Appeals Representative



*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:	06/20/2025	Hearing Date:	05/07/2025
MassHealth's Reps.:	Dr. Cabeceiras; Kara Gonzalez	Appellant's Reps.:	██████
Hearing Location:	Charlestown MassHealth Enrollment Center - Room 2	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 March 12, 2025, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment. (130 CMR 420.431; Exhibit 1). The appellant filed this appeal in a timely manner on March 25, 2025. (130 CMR 610.015(B); Exhibit 2). Denial of a request for prior authorization is valid grounds for appeal. (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 denying the appellant's prior authorization request for comprehensive orthodontic treatment.

Summary of Evidence

The appellant is a minor MassHealth member who was represented at the hearing by his parents. MassHealth was represented virtually at the hearing by Dr. David Cabeceiras, an orthodontic consultant from BeneCare, the MassHealth dental contractor and Kara Gonzalez, a BeneCare appeals representative.

The appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and X-rays, on or about March 5, 2025. (Exhibit 5, p. 4). As required, his orthodontic provider completed the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form. The HLD Form requires a total score of 22 or higher for approval, unless the appellant has one of the conditions that warrant automatic approval of comprehensive orthodontic treatment. The appellant's orthodontic provider did not use the HLD scoring. Rather, he found the presence of one autoqualifying condition, namely, an impinging overbite with evidence of occlusal contact into the opposing soft tissue. (Exhibit 5, p. 9). The appellant's orthodontic provider did not indicate that a medical necessity narrative was submitted. (Exhibit 5, p. 10).

When BeneCare evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the autoqualifying condition did not apply to the appellant and as such, used the HLD scoring system. (Exhibit 5, p. 7). The HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm.	4	1	4
Overbite in mm.	6	1	6
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 ¹	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

¹ The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

Total HLD Score			12
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Because it found an HLD score below the threshold of 22 and no autoqualifying conditions applicable, MassHealth denied the appellant's prior authorization request on March 12, 2025.

At the hearing, Dr. Cabeceiras completed an HLD form based on a review of the X-rays and photographs submitted. He did not see any evidence of any autoqualifying conditions. Dr. Cabeceiras explained that the autoqualifying condition of an impinging overbite with evidence of occlusal contact into the opposing soft tissue does not apply to the appellant because for this autoqualifying condition to be applicable, there must be evidence that when he closes his mouth and bites down, his teeth touch the roof of his mouth. As an example, Dr. Cabeceiras demonstrated with a clay model where the appellant's teeth would need to touch into opposing soft tissue for this autoqualifier to apply. He explained that here, there is no evidence according to the documentation that was submitted on behalf of the appellant that his teeth contact the opposing soft tissue. Rather, the appellant's lower teeth meet his upper teeth when he bites down, according to the documentation.

Dr. Cabeceiras agreed with the measurements provided by MassHealth and also calculated a total HLD score of 12 points. Dr. Cabeceiras testified that based on the HLD Form, the appellant does not currently meet the criteria necessary for approval. He advised the appellant's parents that the appellant may be re-examined every six months by his orthodontic provider, and he 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.

The appellant's parents testified that the appellant requires orthodontic treatment because of the way his teeth have grown in. Additionally, the appellant is being teased at school, he no longer smiles, he is showing symptoms of depression and has been diagnosed with anxiety. Dr. Cabeceiras inquired whether the appellant is currently being seen by a medical provider; the appellant's parents responded affirmatively. Dr. Cabeceiras explained that another option for the appellant's parents to consider is to have his medical provider write a letter establishing that it is medically necessary for the appellant to have orthodontic treatment due to his diagnosis, in accordance with the Medical Necessity Narrative. (See, Exhibit 5, p. 10). The appellant's orthodontist can then resubmit his request, including the medical necessity narrative, and note on his request that a medical necessity narrative was submitted. *Id.* Dr. Cabeceiras explained that medical necessity is a third option that BeneCare will consider when determining whether it can approve the request for orthodontic treatment. He suggested that if the appellant were to appeal a subsequent dental denial notice, to bring him to the next hearing so that BeneCare can conduct an in-person

examination of his mouth.

Findings of Fact

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

1. On or about March 5, 2025, the appellant's orthodontic provider submitted a prior authorization request to MassHealth for comprehensive orthodontic treatment on behalf of the appellant.
2. The appellant's provider completed a Handicapping Labio-Lingual Deviations Form for the appellant and found that an autoqualifying condition of an impinging overbite with evidence of occlusal contact into the opposing soft tissue was present.
3. BeneCare evaluated the appellant's prior authorization request on behalf of MassHealth, and its orthodontists determined that there were no conditions warranting automatic approval of comprehensive orthodontic treatment.
4. Benecare used the HLD scoring system and calculated an HLD score of 12 points.
5. 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.
6. On or about March 12, 2025, MassHealth notified the appellant that the prior authorization request submitted on his behalf was denied.
7. On March 25, 2025, the appellant filed a timely appeal of the denial notice.
8. At the hearing, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and X-rays and found a HLD score of 12. He did not see any evidence of any autoqualifying conditions.
9. The appellant's bottom teeth meet his upper teeth when he bites down and closes his mouth. His teeth do not come into contact with the opposing soft tissue, according to the photographs and x-rays that were submitted by the appellant's provider.
10. The appellant does not presently have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment.
11. The appellant's orthodontic provider did not indicate that a medical necessity narrative

was submitted.

Analysis and Conclusions of Law

Per 130 CMR 420.431(C)(3), 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.

(130 CMR 420.431(C)).

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 10 mm. or more in either the maxillary or mandibular arch (excluding 3rd molars); spacing of 10 mm. 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 2 mm. or more of 4 or more teeth per arch.

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).

In the present case, the appellant's orthodontic provider found that an autoqualifying condition exists in the appellant's mouth. Specifically, the appellant's orthodontic provider found an impinging overbite with evidence of occlusal contact into the opposing soft tissue. After reviewing the provider's submission, MassHealth did not find that this autoqualifying condition applied and calculated an HLD score of 12. Upon reviewing the prior authorization documentation, Dr. Cabeceiras did not find that this autoqualifying condition was present and also calculated an HLD score of 12.

As Dr. Cabeceiras explained, for this autoqualifier to be applicable, there must be evidence of

occlusal contact into the opposing soft tissue. Here, according to the x-rays and photographs submitted by the appellant's orthodontic provider, there is no evidence of occlusal contact into the appellant's opposing soft tissue. I have reviewed the paperwork, x-rays, and photographs that were submitted by the appellant's provider and find that Dr. Cabeceiras' measurements and testimony are credible and his determination of the overall HLD score and the lack of autoqualifiers is consistent with the evidence.

Because the appellant's HLD score falls below the necessary 22 points and he does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment, the appeal is denied.²

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

MassHealth Representative: BeneCare 2, Attn: Jessica Lusignan

² This denial does not preclude the appellant's orthodontic provider from re-submitting prior authorization requests for comprehensive orthodontic treatment on behalf of the appellant every 6 months upon reexamination until he reaches the age of 21. Additionally, this denial does not preclude the appellant's parents from discussing with the appellant's medical provider whether orthodontic treatment is medically necessary, as discussed at the hearing.