

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2503382
<b>Decision Date:</b>	04/18/2025	<b>Hearing Date:</b>	4/16/2025
<b>Hearing Officer:</b>	David Jacobs		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Dr. David Cabeceiras, BeneCare  
Melinda Riggs, Appeal 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization - Orthodontics
<b>Decision Date:</b>	04/18/2025	<b>Hearing Date:</b>	4/16/2025
<b>MassHealth's Rep.:</b>	Dr. David Cabeceiras, Melinda Riggs	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	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 February 4, 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 February 27, 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 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 virtually for MassHealth on behalf of BeneCare, 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 BeneCare on behalf of the appellant on January 17, 2025. This request included the appellant's X-rays, photographs, and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) Form (Exhibit 5).

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 BeneCare, 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 22, and indicated on the HLD form that the appellant auto-qualifies for treatment because he has a posterior crossbite of three or more teeth (Exhibit 5). The Provider's HLD Form reflects the following scores:

Conditions Observed	Score
Overjet in mm	5
Overbite in mm	5
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)	3
Posterior Unilateral Crossbite	4

Posterior impactions or congenitally missing posterior teeth	0
<b>Total HLD Score</b>	<b>22</b>

(Exhibit 5). When BeneCare initially evaluated this prior authorization request on behalf of MassHealth, its orthodontist determined that the appellant has an HLD score of 19, and no auto-qualifying conditions. The BeneCare HLD Form reflects the following scores:

<b>Conditions Observed</b>	<b>Score</b>
Overjet in mm	3
Overbite in mm	4
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)	3
Posterior Unilateral Crossbite	4
Posterior impactions or congenitally missing posterior teeth	0
<b>Total HLD Score</b>	<b>19</b>

(Exhibit 5). 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 (Exhibits 1 and 5).

At hearing, the MassHealth representative testified that based on careful review of the x-rays and photographs he also found an HLD score of 19, primarily because he measured less overjet and overbite than the provider. Moreover, he found only two teeth in crossbite, less than the three required for the auto-qualifying condition.

The appellant mother appeared on the appellant's behalf. She testified that her son had a surgically removed tooth which is causing his other teeth to be pushed to the front. This condition causes him pain when he chews his food. Moreover, he is bullied at school for his teeth, and it is affecting his self-esteem.

## **Findings of Fact**

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

1. On January 17, 2025, 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 22 and an auto-qualifying condition of a posterior crossbite of three or more teeth.
3. On February 4, 2025, MassHealth denied the appellant's prior authorization request, as BeneCare found an HLD score of 19, no auto-qualifying conditions, and no submitted medically necessity narrative.
4. On February 27, 2025, the appellant timely appealed the denial to the Board of Hearings.
5. During the hearing, the MassHealth representative testified that he found an HLD score of 19 based on finding less of an overjet and overbite than the provider.
6. The appellant has 3 mm of overjet and a 4 mm overbite.
7. The MassHealth representative did not find an auto-qualifying condition of a posterior crossbite of three or more teeth because he only found two teeth in crossbite.
8. The appellant has two posterior teeth in crossbite.
9. The appellant experiences pain while eating due to his teeth. He is also bullied at school and claims that his teeth are affecting his self-esteem.

## **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,<sup>1</sup> (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

---

<sup>1</sup> 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).

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.

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. He has failed to do so.

The MassHealth representative's sworn testimony is that his review of the appellant's records results in a HLD score below the required 22 points. He credibly explained that he found insufficient overjet and overbite to receive the points necessary to reach 22. He measured these areas on the submitted photos and x-rays and found 3 mm of overjet and a 4 mm overbite. Furthermore, he credibly explained that he did not find an auto-qualifying condition of a posterior crossbite of three or more teeth as he found only two teeth in crossbite. These findings are consistent with Benecare's findings when it completed the first review of the appellant's records (Exhibit 5). The weight of these two conclusions is more persuasive than the appellant's provider's findings. The appellant's mother testified that the appellant experiences pain when he eats due to his teeth, he is bullied at school for his teeth, and it affects his self-esteem. 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, nor was he found to have an auto-qualifying condition. The appellant may have an argument for medical necessity for his bullying and self-esteem issues. However, he would need documentation from a medical professional to support such an argument (Appendix D of the *Dental Manual*). No such documentation was submitted by the appellant.

Thus, as the consulting orthodontist persuasively argued the appellant does not have 22 points, no auto-qualifying conditions, and there is no documentation from a medical professional to support an argument of medical necessity, the appellant is not considered to have a condition that requires coverage by MassHealth for comprehensive orthodontic treatment.

The appeal is DENIED.

If the appellant's dental condition should worsen or his 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: BeneCare 1, MA