

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2503404
Decision Date:	05/20/2025	Hearing Date:	04/22/2025
Hearing Officer:	Emily Sabo		

Appearances for Appellant:



Appearances for MassHealth:

Dr. Benjamin Gamm, BeneCare; Loan Ngo,
Appeals Representative, BeneCare



*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:	Dental Services; Orthodontic Services
Decision Date:	05/20/2025	Hearing Date:	04/22/2025
MassHealth's Rep.:	Benjamin Gamm; Loan Ngo	Appellant's Rep.:	
Hearing Location:	Quincy Harbor South 1	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 February 6, 2025, MassHealth denied the Appellant's request for prior authorization for comprehensive orthodontic treatment. 130 CMR 420.431 and Exhibit 5. The Appellant filed this appeal in a timely manner on February 27, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's request for coverage of comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that the Appellant does not meet the MassHealth requirements for coverage of comprehensive orthodontic treatment.

Summary of Evidence

The Appellant is a minor, and she and her mother both appeared at the hearing. The Appellant's mother verified the Appellant's identity. On January 28, 2025, the Appellant's orthodontist submitted a request for prior authorization for comprehensive orthodontic treatment on behalf of the Appellant. As part of this request, the Appellant's orthodontist completed an Orthodontics Prior Authorization form and a MassHealth Handicapping Labio-Lingual Deviations (HLD) form, and submitted these, along with photographs and X-rays of the Appellant's mouth. Exhibit 5. The Appellant's orthodontist wrote that the Appellant "needs orthodontic treatment because she has a constricted maxilla that is causing severe anterior crowding, cross-bite and open-bite. She will need an expander with distalizer (Pendex) to make space to resolve crowding and to distalize to Class I occlusion with OB and OJ." *Id.* at 12. The Appellant's pediatrician also submitted a letter stating, "It is medically necessary for her to get braces as her teeth/mouth are currently negatively impacting her day to day life. She can't close her mouth completely, interferes with her sleep and socially she is made fun of for her appearance." *Id.* at 13.¹

At the hearing, MassHealth was represented by an orthodontist consultant with BeneCare, the contracted agent of MassHealth that makes dental prior authorization determinations, and a BeneCare appeals representative. The MassHealth orthodontist representative testified that MassHealth only covers the cost of orthodontic treatment if there is a severe problem (a handicapping malocclusion). To determine whether there is a handicapping malocclusion, an HLD form is completed by both the orthodontic provider and MassHealth. The HLD form lists 13 auto qualifiers and 9 characteristics with corresponding numerical values. The MassHealth representative testified that for MassHealth to authorize payment for orthodontic treatment, MassHealth would need to find that an individual has an HLD score of at least 22 points, or an auto qualifying condition.

The Appellant's orthodontist indicated that the Appellant had two auto qualifying conditions: crowding of 10 millimeters or more on an arch (excluding third molars), and an anterior crossbite of three or more teeth on the maxilla (upper jaw). *Id.* at 8. The Appellant's orthodontist did not calculate an HLD score. *Id.* Prior to the hearing and based on a review of her photos and X-rays, MassHealth calculated that the Appellant had an HLD score of 11, based on 1 point for overjet, 1 point for overbite, 5 points for anterior crowding, 4 points for labio-lingual spread, and no auto qualifying conditions. *Id.* at 7. At the hearing, the MassHealth representative examined the Appellant's teeth, after obtaining permission from her parent, and testified that he calculated an HLD score of 17 points, based on 3 points for overjet, 1 point for overbite, 2 points for anterior open bite, 5 points for anterior crowding in the upper arch, and 6 points for labio-lingual spread. He testified that the Appellant did not have an auto qualifying condition because she does not have crowding of 10 millimeters or more on an arch, and she does not have a crossbite of three or more teeth on the maxilla (upper jaw). He explained that only two of her teeth are in crossbite.

¹ At the time of the prior authorization submission in this matter, DentaQuest was the third-party contractor which reviewed prior authorization requests for dental treatment on behalf of MassHealth members. As of April 1, 2025, BeneCare is now the dental contractor which performs this function on behalf of MassHealth.

Therefore, the MassHealth representative testified that he would uphold the denial for treatment because the appellant does not have a handicapping malocclusion.

The Appellant's mother testified that the Appellant had previously had a hearing before the Board of Hearings and withdrew the appeal after the hearing. The Appellant's mother testified that she thought the letter from the Appellant's pediatrician would be sufficient to demonstrate that braces were medically necessary. The Appellant's mother testified that the Appellant has a wrinkle in her chin and has some bleeding where her teeth are crooked. The Appellant's mother testified that the Appellant asks about braces weekly. The Appellant's mother testified that the Appellant's mouth stays open when she sleeps. The Appellant's mother testified that she is concerned about her daughter being teased, and that braces would benefit the Appellant's physical and emotional needs. The Appellant testified that sometimes her teeth hurt and her gums bleed.

Findings of Fact

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

1. The Appellant's orthodontic provider submitted a request for comprehensive orthodontic treatment on behalf of the Appellant (Testimony; Exhibit 5).
2. The Appellant's orthodontic provider completed an Orthodontic Prior Authorization form and an HLD form and submitted these to DentaQuest, along with photographs and X-rays of the Appellant's mouth (Exhibit 5).
3. The Appellant's orthodontic provider indicated that the Appellant had had two auto qualifying conditions: crowding of 10 millimeters or more on an arch, and an anterior crossbite of three or more teeth on the maxilla. The Appellant's orthodontic provider did not calculate an HLD score (Exhibit 5 at 8).
4. Prior to the hearing, MassHealth calculated an HLD score of 11 points and no auto qualifying conditions (Exhibit 5 at 7).
5. Based on his examination of the Appellant, the MassHealth representative calculated an HLD score of 17 points and no auto qualifying conditions, because she did not have crowding of 10 millimeters or more on an arch, or a crossbite involving three or more teeth on the maxilla (Testimony).
6. An HLD score of 22 is the minimum score indicative of a handicapping malocclusion (Testimony).
7. The Appellant's pediatrician submitted a letter stating "It is medically necessary for her to get

braces as her teeth/mouth are currently negatively impacting her day to day life. She can't close her mouth completely, interferes with her sleep and socially she is made fun of for her appearance." (Exhibit 5 at 13).

Analysis and Conclusions of Law

As a rule, MassHealth and its dental program pays only for medically necessary services to eligible MassHealth members and may require that such medical necessity be established through a prior authorization process. See 130 CMR 420.410; 130 CMR 450.204. The MassHealth regulations at 130 CMR 420.410(A)(3) state:

The provider must not start a service that requires prior authorization until the provider has requested and received written prior authorization from the MassHealth agency. The MassHealth agency may grant prior authorization after a procedure has begun if, in the judgment of the MassHealth agency

- (a) the treatment was medically necessary;
- (b) the provider discovers the need for additional services while the member is in the office and undergoing a procedure; and
- (c) it would not be clinically appropriate to delay the provision of the service.

130 CMR 420.410(A)(3).

In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq, covered services for certain dental treatments, including orthodontia, are subject to the relevant limitations of 130 CMR 420.421 through 130 CMR 420.456. The MassHealth regulations at 130 CMR 420.431 provide service descriptions and limitations for orthodontic services. As relevant to comprehensive orthodontic requests, the regulation provides:

130 CMR 420.431: Service Descriptions and Limitations: Orthodontic Services

(A) General Conditions. The MassHealth agency pays for orthodontic treatment, subject to prior authorization, service descriptions and limitations as described in 130 CMR 420.431. The provider must seek prior authorization for orthodontic treatment and begin initial placement and insertion of orthodontic appliances and partial banding or full banding and brackets prior to the member's 21st birthday.

(B) Definitions.

- (1) Pre-orthodontic Treatment Examination. Includes the periodic observation of the member's dentition at intervals established by the orthodontist to determine when orthodontic treatment should begin.

(2) Interceptive Orthodontic Treatment. Includes treatment of the primary and transitional dentition to prevent or minimize the development of a handicapping malocclusion and therefore, minimize or preclude the need for comprehensive orthodontic treatment.

(3) Comprehensive Orthodontic Treatment. Includes a coordinated diagnosis and treatment leading to the improvement of a member's craniofacial dysfunction and/or dentofacial deformity which may include anatomical and/or functional relationship. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances. Comprehensive orthodontics may incorporate treatment phases, including adjunctive procedures to facilitate care focusing on specific objectives at various stages of dentofacial development.

(4) Orthodontic Treatment Visits. Periodic visits which may include, but are not limited to, updating wiring, tightening ligatures or otherwise evaluating and updating care while undergoing comprehensive orthodontic treatment.

(C) Service Limitations and Requirements.

...

(3) Comprehensive Orthodontics. 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. Upon the completion of orthodontic treatment, the provider must take post treatment photographic prints and maintain them in the member's dental record. The MassHealth agency pays for the office visit, radiographs and a record fee of the pre-orthodontic treatment examination (alternative billing to a contract fee) when the MassHealth agency denies a request for prior authorization for comprehensive orthodontic treatment or when the member terminates the planned treatment. The payment for a pre-orthodontic treatment consultation as a separate procedure does not include models or photographic prints. The MassHealth agency may request additional consultation for any orthodontic procedure. Payment for comprehensive orthodontic treatment is inclusive of initial placement, and insertion of the orthodontic fixed and removable appliances (for example: rapid palatal expansion (RPE) or head gear), and records. Comprehensive orthodontic treatment may occur in phases, with the anticipation that full banding must occur during the treatment period. The payment for comprehensive orthodontic treatment covers a maximum period of three calendar years. The MassHealth agency pays for orthodontic treatment as long as the member remains eligible for MassHealth, if initial placement and insertion of fixed or removable orthodontic appliances begins before the member reaches 21 years of age. Comprehensive orthodontic care should commence when the first premolars and first permanent molars have

erupted. It should only include the transitional dentition in cases with craniofacial anomalies such as cleft lip or cleft palate. Comprehensive treatment may commence with second deciduous molars present. Subject to prior authorization, the MassHealth agency will pay for more than one comprehensive orthodontic treatment for members with cleft lip, cleft palate, cleft lip and palate, and other craniofacial anomalies to the extent treatment cannot be completed within three years.

130 CMR 420.431(A); (B); (C)(3).

Medical Necessity

The MassHealth agency does not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

(A) 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 the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007: Potential Sources of Health Care, or 517.007: Utilization of Potential Benefits.

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

(C) A provider's opinion or clinical determination that a service is not medically necessary does not constitute an action by the MassHealth agency.

(D) Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.

(E) Any regulatory or contractual exclusion from payment of experimental or unproven services

refers to any service for which there is insufficient authoritative evidence that such service is reasonably calculated to have the effect described in 130 CMR 450.204(A)(1).

130 CMR 450.204.

Appendix D of the Dental Manual contains the authorization form for comprehensive orthodontic treatment.² As indicated by the paper record, MassHealth testimony, and the relevant regulations, appendices and manuals (including the HLD Authorization form), MassHealth approves comprehensive orthodontic treatment only when the member meets one of the three following requirements:

1. the member has an auto qualifying condition as described by MassHealth in the HLD index;³
2. the member meets or exceeds the threshold score (currently 22 points) listed by MassHealth on the HLD index;⁴ or
3. comprehensive orthodontic treatment is medically necessary for the member, as demonstrated by a medical necessity narrative letter and supporting documentation submitted by the requesting provider.⁵ Usually this involves a severe medical condition that can include atypical or underlying health concerns, which may be either dental or non-dental.

The instructions for the medical necessity narrative and supporting documentation states:

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 skeletal 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 a 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 diagnosed condition caused by the overall severity of the patient's

² Appendix D of the Dental Manual is available at <https://www.mass.gov/doc/appendix-d-authorization-form-for-comprehensive-orthodontic-treatment-0/download>.

³ Found on page D-5 of Appendix D of the Dental Manual.

⁴ Found on page D-6 of Appendix D of the Dental Manual.

⁵ Found on page D-3 of Appendix D of the Dental Manual.

malocclusion.

Providers may submit a medical necessity narrative (along with the required completed HLD) in any case where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. Providers must submit this narrative in cases where the patient does not have an autoqualifying condition or meet the threshold score on the HLD, but where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. 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; a 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 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.

The medical necessity narrative must be signed and dated by the requesting provider and submitted on the office letterhead of the provider. If applicable, any supporting documentation from the other involved clinician(s) must also be signed and dated by such clinician(s), and appear on office letterhead of such clinician(s). The requesting provider is responsible for coordinating with the other involved clinician(s) and is responsible for compiling and submitting any supporting documentation furnished by other involved clinician(s) along with the medical necessity narrative.

Appendix D of the Dental Manual at D-3 and D-4.

I credit the MassHealth representative's testimony that the Appellant does not have a crossbite or three or more teeth, or crowding of 10 millimeters or more, and so find that she does not have an auto qualifying condition. I also find, based on MassHealth's testimony at the hearing and the evidence in the record, that the Appellant has an HLD score of less than 22 points. Exhibit 5.

Regarding the letter from the Appellant's pediatrician, I find that the Appellant has not demonstrated that comprehensive orthodontic treatment is medically necessary. I am sorry for the hardships that the Appellant is experiencing, but the record does not demonstrate that comprehensive orthodontia is reasonably calculated to address her health conditions. Exhibit 5; 130 CMR 420.431; 130 CMR 450.204(A)(1). Additionally, the record evidence does not support that "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 the MassHealth agency," or discuss less costly treatments considered or attempted. Appendix D of the Dental Manual; 130 CMR 450.204(A)(2). Therefore, the Appellant has not established that MassHealth erred in denying the request.

This appeal is denied.⁶

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.

⁶ This denial does not preclude the Appellant or the Appellant's orthodontist from submitting a new prior authorization request to MassHealth every six months upon re-examination, until the Appellant reaches the age of 21. This can include additional information regarding medical necessity.

Emily Sabo
Hearing Officer
Board of Hearings

MassHealth Representative: BeneCare 1, Attn: Jessica Lusignan