

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2503513
Decision Date:	6/9/2025	Hearing Date:	05/21/2025
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:



Appearance for MassHealth:

Dr. John Fraone, Orthodontic Consultant,
BeneCare
Jennifer Laramée, 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:	Orthodontic Services
Decision Date:	6/9/2025	Hearing Date:	05/21/2025
MassHealth's Rep.:	Dr. John Fraone; Jennifer Laramée	Appellant's Rep.:	Mother
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 February 19, 2025, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibit 1). The appellant filed this appeal in a timely manner on March 3, 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 whose mother appeared on her behalf at hearing. MassHealth was represented at hearing by Dr. John Fraone, the orthodontic consultant from BeneCare, the MassHealth dental contractor, and Jennifer Laramée, the appeals representative from BeneCare.

The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and x-rays, on February 10, 2025. 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 did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment. The provider's HLD Form indicates that she found a total score of 26, broken down as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	3	1	3
Mandibular Protrusion in mm	1	5	5
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding ¹	Maxilla: n/a Mandible: x	Flat score of 5 for each ²	5
Labio-Lingual Spread, in mm (anterior spacing)	4	1	4
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	2	3	6
Total HLD Score			26

The appellant's provider also indicated that he submitted a Medical Necessity Narrative without additional supporting documentation. The appellant's prior authorization request included a chart created by the orthodontist. The chart stated that pursuant to the medical necessity statute, 130 CMR 450.204, a service is medically necessary if:

¹ The HLD Form instructs the user to record the more serious (i.e., higher score) of either the ectopic eruption or the anterior crowding, but not to count both scores.

² The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

- (A) 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
- (B) 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.

The chart then stated that in the appellant, the service is reasonably calculated to prevent the worsening of a condition that causes malfunction, and there is no other medical service comparable in effect, available, suitable, or more conservative or less costly. The chart stated that the appellant's harmful condition was "crowding (non-cleansable)" which would lead to the harmful effect of gum and bone infirmity. The chart repeated that there were no other medical service options comparable in effect, available, suitable, or more conservative or less costly. The chart included a medical necessity narrative signed by the appellant's treating orthodontist that stated:

Based on these checked off harmful conditions, harmful effects, and since there is no other medical service option, I am hereby certifying that this patient meets the threshold for coverage under The Medical Necessity Statute, which defines this service as Medically Necessary.

When BeneCare initially evaluated this prior authorization request on behalf of MassHealth, its orthodontists also did not find any of the conditions that would warrant automatic approval of comprehensive orthodontic treatment and determined that the appellant has an HLD score of 14. The BeneCare HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	4	1	4
Overbite in mm	2	1	2
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: x	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	3	1	3
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			14

Having found an HLD score below the threshold of 22, no autoqualifying conditions, and no medical necessity, MassHealth denied the appellant's prior authorization request on February 19, 2025.

Since the appellant was not present at hearing for an in-person evaluation, Dr. Fraone based his evaluation on the review of the x-rays and photographs. He determined that the appellant's overall HLD score was 13, as calculated below³:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	2	1	2
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: x	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	3	1	3
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			13

Dr. Fraone explained that the appellant's orthodontist measured and scored conditions that are not present in the appellant's mouth. The appellant's molars are in the correct position, so she cannot be scored for mandibular protrusion, as her orthodontist did. Additionally, her upper molars are not erupted yet, so there are no posterior impactions at this time. Dr. Fraone did not consider the chart submitted by the appellant's orthodontist sufficient to support medical necessity for orthodontic treatment.

The appellant's mother testified that kids can be very mean and her daughter is being teased about her teeth, making her feel very insecure.

The process of including a medical necessity narrative from a qualified professional such as a therapist, school counselor, pediatrician, or psychologist to address the appellant's mental or emotional health was explained for future prior authorization requests. The appellant's mother was advised that the appellant may be re-examined every six months and has until the age of 21 to

³ At hearing, he mistakenly stated his score was 18, but that was based on adding his measurements incorrectly. Whether his score was 13 or 18, however, is irrelevant as both are under the needed 22 points.

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. The appellant is a MassHealth member under the age of 21 (Testimony and Exhibit 4).
2. 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 on February 10, 2025 (Exhibit 4).
3. The provider calculated an HLD score of 26, did not find any auto-qualifying conditions, and indicated he submitted medical necessity narrative without supporting documentation (Exhibit 4).
4. The medical necessity narrative, in the form of a chart created by the appellant's provider, came from the treating orthodontist and stated that the appellant presented with the harmful condition of crowding and "[b]ased on these checked off harmful conditions, harmful effects, and since there is no other medical service option, I am hereby certifying that this patient meets the threshold for coverage under The Medical Necessity Statute, which defines this service as Medically Necessary." (Exhibit 5).
5. When BeneCare evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 14 and no conditions warranting automatic approval of comprehensive orthodontic treatment (Exhibit 5).
6. 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).
7. On February 19, 2025, MassHealth notified the appellant that the prior authorization request had been denied (Exhibits 1 and 4).
8. On March 3, 2025, the appellant timely appealed the denial to the Board of Hearings (Exhibit 2).
9. At hearing, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and x-rays and found an HLD score of 13. He also did not see any evidence

of any autoqualifying conditions. (Testimony).

10. The appellant's HLD score is below 22.
11. 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).

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 found an overall HLD score of 26. After reviewing the provider's submission, MassHealth found an HLD score of 14. Upon review of the prior authorization documents at hearing, Dr. Fraone found an HLD score of 13. All orthodontists agreed that the appellant did not have any autoqualifying condition present in the mouth.

As Dr. Fraone explained, the appellant's provider did not accurately measure and score certain conditions in the mouth. The appellant's provider should not have scored 5 points for the mandibular protrusion which, since the appellant's molars are in the correct position, is not present in the appellant's mouth. Additionally, there are no posterior impactions because the upper molars have not erupted yet. As such, the appellant's provider should not have scored 6 points for that. Dr. Fraone's measurements and testimony are credible and his determination of the overall HLD score and the lack of autoqualifiers is consistent with the evidence. Thus, the appellant's HLD score falls below the necessary 22 points and she does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment.

I find the appellant's provider's medical necessity narrative unpersuasive and insufficient to establish medical necessity. Pursuant to 130 CMR 420.431, the MassHealth regulations governing orthodontic treatment, MassHealth pays for comprehensive orthodontic treatment **"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)(3) (emphasis added). A handicapping malocclusion is more severe than just a malocclusion, or bad bite. The appellant's provider ignores the governing regulation 130 CMR 420.431. Though the regulation's service limitation suggests coverage for only handicapping malocclusions, the appellant's provider wants to ignore the service limitation and allow for comprehensive orthodontic treatment for all bites, regardless of the scope of severity for the malocclusion.

Pursuant to 130 CMR 420.431 and Appendix D of the Dental Manual, the medical necessity narrative from the appellant's treating orthodontist is insufficient to establish the medical

necessity of comprehensive orthodontic treatment. There is no discussion of any other treatments considered or any other information to support the justification of medical necessity. The narrative does not clearly demonstrate why comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate any of the five conditions listed above in Appendix D. Instead, the appellant's provider submitted a self-serving statement that disregarded 130 CMR 420.431, Appendix D, and the HLD score, and would essentially make any condition in the mouth necessitate comprehensive orthodontic treatment.

While the appellant's mother's testimony regarding her daughter being teased and feeling insecure about her teeth is credible, it is not sufficient to establish medical necessity. As mentioned at hearing, there needs to be a medical necessity narrative (with supporting documentation where applicable) from a qualified, licensed professional who can speak to, among other requirements listed in Appendix D of the Dental Manual, the diagnosed emotional or mental condition, whether it is caused by the malocclusion, and whether comprehensive orthodontic treatment is medically necessary to correct or significantly ameliorate that emotional or mental condition.

As the appellant does not qualify for comprehensive orthodontic treatment under the HLD guidelines and has not established medical necessity, 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

MassHealth Representative: BeneCare 1, Attn: Jessica Lusignan