

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



|                         |                |                       |            |
|-------------------------|----------------|-----------------------|------------|
| <b>Appeal Decision:</b> | DENIED         | <b>Appeal Number:</b> | 2503977    |
| <b>Decision Date:</b>   | 04/17/2025     | <b>Hearing Date:</b>  | 04/14/2025 |
| <b>Hearing Officer:</b> | Sharon Dehmand |                       |            |

**Appearance for Appellant:**



**Appearance for MassHealth:**

Dr. David Cabeceiras, 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

|                           |                                                   |                          |                                                                                     |
|---------------------------|---------------------------------------------------|--------------------------|-------------------------------------------------------------------------------------|
| <b>Appeal Decision:</b>   | DENIED                                            | <b>Issue:</b>            | Dental Services;<br>Orthodontic Services                                            |
| <b>Decision Date:</b>     | 04/17/2025                                        | <b>Hearing Date:</b>     | 04/14/2025                                                                          |
| <b>MassHealth's Rep.:</b> | Dr. David Cabeceiras                              | <b>Appellant's Rep.:</b> |  |
| <b>Hearing Location:</b>  | Taunton MassHealth<br>Enrollment Center<br>Room 1 | <b>Aid Pending:</b>      | 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 4, 2025, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment. See 130 CMR 450.204 and Exhibit 1. The appellant filed this appeal in a timely manner on March 11, 2025. See 130 CMR 610.015(B) and Exhibit 2. Denial of a request for prior authorization is a valid basis for appeal to the Board of Hearings. See 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment.

### Issue

Whether MassHealth was correct, pursuant to 130 CMR 420.431(C), in determining that the appellant is ineligible for comprehensive orthodontic treatment.

## Summary of Evidence

All parties appeared in person. MassHealth was represented by a licensed orthodontist and an administrator from BeneCare, the MassHealth dental contractor. The appellant appeared with her parent who verified their identities. The following is a summary of the testimony and evidence provided at the 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 February 26, 2025. This request included the appellant's X-rays, photographs, and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) Form.

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. 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. If the applicant meets any of these qualifications, MassHealth, through BeneCare, will approve a request for prior authorization for comprehensive orthodontic treatment.

According to the prior authorization (PA) request, the appellant's provider submitted an HLD form that did not allege any auto-qualifying condition and reflected a score of 9. See Exhibit 5, p.9. The appellant's provider did not submit a "medical necessity" narrative with the request. The provider's HLD form reflecting the score of 9 is detailed below:

| Conditions Observed                                   | Raw Score   | Multiplier      | Weighted Score |
|-------------------------------------------------------|-------------|-----------------|----------------|
| Overjet in mm                                         | 0           | 1               | 4 <sup>1</sup> |
| Overbite in mm                                        | 0           | 1               | 5              |
| 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 <sup>2</sup>                        | Maxilla: No | Flat score of 5 | 0              |

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<sup>1</sup> The provider only indicated the weighted score, not the raw score.

<sup>2</sup> 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.

|                                                              |               |                       |          |
|--------------------------------------------------------------|---------------|-----------------------|----------|
|                                                              | Mandible: Yes | for each <sup>3</sup> |          |
| Labio-Lingual Spread, in mm (anterior spacing)               | 0             | 1                     | 0        |
| Posterior Unilateral Crossbite                               | No            | Flat score of 4       | 0        |
| Posterior impactions or congenitally missing posterior teeth | 2             | 3                     | 0        |
| <b>Total HLD Score</b>                                       |               |                       | <b>9</b> |

When BeneCare initially evaluated this prior authorization request on behalf of MassHealth, its orthodontists 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. See Exhibit 5, p.7. The BeneCare HLD Form reflects the following scores:

| Conditions Observed                                          | Raw Score                    | Multiplier                  | Weighted Score |
|--------------------------------------------------------------|------------------------------|-----------------------------|----------------|
| Overjet in mm                                                | 0                            | 1                           | 2 <sup>4</sup> |
| Overbite in mm                                               | 0                            | 1                           | 5              |
| 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: No<br>Mandible: Yes | Flat score of 5<br>for each | 5              |
| Labio-Lingual Spread, in mm (anterior spacing)               | 0                            | 1                           | 2              |
| Posterior Unilateral Crossbite                               | No                           | Flat score of 4             | 0              |
| Posterior impactions or congenitally missing posterior teeth | 0                            | 3                           | 0              |
| <b>Total HLD Score</b>                                       |                              |                             | <b>14</b>      |

Because BeneCare found an HLD score below the threshold of 22, no auto-qualifying conditions, and no medical necessity, it denied the appellant's prior authorization request on March 4, 2025. See Exhibit 1.

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<sup>3</sup> The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

<sup>4</sup> It appears that the BeneCare reviewer only indicated the weighted score and not the raw score in their assessment.

In preparation for the hearing, the MassHealth orthodontic consultant completed an HLD Form based on a review of the photographs and X-rays submitted by the provider and also examined the appellant in person. He determined that the appellant's overall HLD score was 16, as detailed below:

| Conditions Observed                                          | Raw Score                    | Multiplier               | Weighted Score |
|--------------------------------------------------------------|------------------------------|--------------------------|----------------|
| Overjet in mm                                                | 0                            | 1                        | 4              |
| Overbite in mm                                               | 0                            | 1                        | 5              |
| Mandibular Protrusion in mm                                  | 0                            | 5                        | 0              |
| Anterior Open Bite in mm                                     | 0                            | 4                        | 0              |
| Ectopic Eruption (# of teeth, excluding third molars)        | 0                            | 3                        | 0              |
| Anterior Crowding                                            | Maxilla: No<br>Mandible: Yes | Flat score of 5 for each | 5              |
| Labio-Lingual Spread, in mm (anterior spacing)               | 0                            | 1                        | 2              |
| Posterior Unilateral Crossbite                               | No                           | Flat score of 4          | 0              |
| Posterior impactions or congenitally missing posterior teeth | 0                            | 3                        | 0              |
| <b>Total HLD Score</b>                                       |                              |                          | <b>16</b>      |

The MassHealth orthodontic consultant testified that MassHealth only provides coverage for comprehensive orthodontic treatment when there is a severe and handicapping malocclusion. He agreed with the appellant's provider that the HLD score is well below the threshold required by MassHealth. Thus, the MassHealth orthodontic consultant agreed with MassHealth's denial of the request for comprehensive orthodontic treatment.

The appellant's mother testified that the appellant is being made fun of by his peers at school because of his teeth. She added that this is a source of great stress for him. The MassHealth orthodontic consultant asked whether he had been seen by a medical professional regarding his stress. Both the appellant and his mother responded in the negative.

## Findings of Fact

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

1. The appellant is under 21 years of age. (Testimony and Exhibit 4).

2. On February 26, 2025, the appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth. (Testimony, Exhibit 5).
3. The appellant's provider completed an HLD form finding an overall score of 9. (Testimony and Exhibit 5).
4. The appellant's provider did not find an auto-qualifying condition, and did not allege or provide a medical necessity narrative. (Exhibit 5).
5. MassHealth provides coverage for comprehensive orthodontic treatment only when there is a severe and handicapping malocclusion. (Testimony).
6. An HLD score of 22 or higher denotes a severe and handicapping malocclusion. (Testimony).
7. When BeneCare initially evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 14. (Testimony and Exhibit 5).
8. BeneCare also did not find evidence of an automatic qualifying condition. (Exhibit 5).
9. On March 4, 2025, MassHealth notified the appellant that the prior authorization request had been denied. (Exhibit 1).
10. On March 11, 2025, the appellant filed a timely appeal of the denial. (Exhibit 2).
11. A fair hearing was conducted on April 14, 2025, and all parties appeared in person. (Exhibit 3).
12. At the hearing, the MassHealth orthodontic consultant reviewed the provider's submissions and examined the appellant's teeth, finding an HLD score of 16. (Testimony).
13. The MassHealth orthodontic consultant did not find any condition that would qualify as an automatic qualifying condition. (Testimony).
14. There is no dispute between parties that the appellant's HLD score is below 22. (Testimony and Exhibit 5).
15. There was no other documentation or evidence of medical necessity for the comprehensive orthodontic treatment provided to MassHealth. (Exhibit 5).

## **Analysis and Conclusions of Law**

At the outset it should be noted that MassHealth pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. See 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.

See 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 within the MassHealth *Dental Manual*. Regulation 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*.

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>5</sup> (2) the member meets

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<sup>5</sup> Auto-qualifying conditions include the following: cleft lip, cleft palate, or other craniofacial anomalies; impinging overbite: impinging overbite with evidence of occlusal contact into the opposing soft tissue; impactions: impactions (excluding third molars) that are impeding eruption in the maxillary and mandibular arches; severe traumatic deviations: traumatic deviations refer to accidents impacting the face, jaws, and teeth rather than congenital deformity; overjet greater than 9mm: this is recorded with the patient in the centric occlusion and measured from the labial of the lower incisor to the labial of the upper incisor; reverse overjet greater than 3.5mm: this is recorded with the patient in the centric occlusion and measured from the labial of the lower incisor to the labial of the upper incisor; crowding or spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd molars); anterior or posterior crossbite of 3 or more teeth per arch; two or more congenitally missing teeth (excluding 3rd molars); lateral or anterior (of incisors) open bite 2 mm or more. See Appendix D at D-2 and D-5.

or exceeds the threshold score designated by MassHealth on the HLD Form,<sup>6</sup> 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.<sup>7</sup> See generally, Appendix D of the *Dental Manual*. In such circumstances, MassHealth will approve payment for comprehensive orthodontic treatment. See 130 CMR 420.431(C)(3).

When requesting prior authorization for comprehensive orthodontic treatment, the provider submits, among other things, a completed HLD form which documents the results of applying the clinical standards described in Appendix D of the *Dental Manual*. For MassHealth to pay for orthodontic treatment, the appellant's malocclusion must be severe and handicapping as indicated by an automatic qualifier on the HLD index or a minimum HLD index score of 22. See *Id.* As such, the appellant bears the burden of showing that she has an HLD score of 22 or higher, an auto-qualifying condition, or that the treatment is otherwise medically necessary – a burden that the appellant has not met in this case. See *Craven v. State Ethics Comm'n*, 390 Mass. 191, 200 (1983)("[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings").

In this case, there is no dispute that the HLD score is well below 22. The appellant's provider found an HLD score of 9 and the MassHealth orthodontic consultant found an HLD score of 16; both well below the threshold of 22. As such, I find that the appellant has not met her burden of showing that she has an HLD score of 22 or higher. See 130 CMR 420.431(C)(3).

Additionally, neither the appellant's provider nor the MassHealth orthodontic consultant alleged an auto-qualifying condition. There was no other documentation or evidence that

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<sup>6</sup> 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." See 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.

<sup>7</sup>Comprehensive orthodontic treatment is deemed medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate one of the following: a severe deviation affecting the patient's mouth and/or underlying dentofacial structures; a diagnosed mental, emotional, or behavioral condition caused by the patient's malocclusion; a diagnosed nutritional deficiency and/or a substantiated inability to eat or chew caused by the patient's malocclusion; a diagnosed speech or language pathology caused by the patient's malocclusion; or a diagnosed condition caused by overall severity of the patient's malocclusion. See Appendix D at D-3.

treatment is otherwise medically necessary. Accordingly, I find that the appellant does not have any of the auto-qualifying conditions, and that there is no evidence that treatment is otherwise medically necessary as set forth in Appendix D of the *Dental Manual*.

For the foregoing reasons, 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.

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Sharon Dehmand, Esq.  
Hearing Officer  
Board of Hearings

MassHealth Representative: BeneCare, Attn: Jessica Lusignan