

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2504344
Decision Date:	5/6/2025	Hearing Date:	05/05/2025
Hearing Officer:	Scott Bernard		

Appearances for Appellant:




Appearances for MassHealth:

Dr. David Cabaceiras; Loan Ngo (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:	Orthodontics
Decision Date:	5/6/2025	Hearing Date:	05/05/2025
MassHealth's Reps.:	Dr. David Cabaceiras; Loan Ngo	Appellant's Reps.:	
Hearing Location:	Taunton 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 March 3, 2025, MassHealth denied the appellant's prior authorization (PA) request for comprehensive orthodontic treatment because MassHealth determined that, based on the submitted documentation, the request did not meet MassHealth regulatory requirements. (See 130 CMR 420.431, 450.204 and Exhibit (Ex.) 1, pp. 3-4; Ex. 4, pp. 3-5). The appellant filed this appeal in a timely manner on March 17, 2025. (See 130 CMR 610.015(B) and Ex. 1, p. 1). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's PA request for comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that the appellant did not qualify for comprehensive orthodontic treatment.

Summary of Evidence

MassHealth was represented by a licensed orthodontist (the MassHealth representative) as well as a representative from Benecare, the agent responsible for administering MassHealth's orthodontic program. The appellant, a minor, was present and was represented by her father.

The MassHealth representative stated the following. MassHealth generally does not pay for orthodontic services unless the patient has a malocclusion that is considered severe, disfiguring, or handicapping. (Testimony). The key question is not whether the appellant needs treatment, but whether her condition meets MassHealth's threshold for coverage. (Testimony). To determine this, MassHealth uses the Handicapping Labio-Lingual Deviations (HLD) index, which assigns points to various dental conditions based on their severity. (Testimony). The more abnormal the condition, the higher the point value. (Testimony). A total HLD score of at least 22 points is required for MassHealth to authorize payment for orthodontic treatment. (Testimony). Based on his assessment, the treating orthodontist determined that the appellant's HLD score was 19. (Ex. 4, p. 10). The initial MassHealth reviewer determined, based on photographs and x-rays the treating orthodontist submitted, that the HLD score was 16. (Ex. 4, p. 6).

At the hearing, the MassHealth representative examined the appellant's teeth, and stated that based on his assessment the HLD score was 18. (Testimony). The MassHealth representative stated that the appellant can continue to submit requests for orthodontic treatment every six months until she is 21 years old. (Testimony).

The appellant's father stated the following. The appellant has now requested MassHealth to pay for orthodontic treatment on six occasions. (Testimony). The appellant's father stated that she needs the treatment, that the treatment is very expensive, and payment for the treatment is beyond his means. (Testimony).

Findings of Fact

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

1. MassHealth generally does not pay for orthodontic services unless the patient has a malocclusion that is considered severe, disfiguring, or handicapping. (Testimony).
2. The key question is not whether the appellant needs treatment, but whether her condition meets MassHealth's threshold for coverage. (Testimony).
3. To determine this, MassHealth uses the HLD index, which assigns points to various dental conditions based on their severity. (Testimony).
4. The more abnormal the condition, the higher the point value. (Testimony).

5. A total HLD score of at least 22 points is required for MassHealth to authorize payment for orthodontic treatment. (Testimony).
6. Based on his assessment, the treating orthodontist determined that the appellant's HLD score was 19. (Ex. 4, p. 10).
7. The initial MassHealth reviewer determined, based on photographs and x-rays the treating orthodontist submitted, that HLD score was 16. (Ex. 4, p. 6).
8. The MassHealth representative who examined the appellant's teeth at the hearing determined that the HLD score should be 18. (Testimony).
9. The appellant can submit another request for orthodontic treatment in six months and may continue to do so every six months until she is 21 years old. (Testimony).

Analysis and Conclusions of Law

130 CMR 420.431(B)(3) defines comprehensive orthodontic treatment as follows:

Comprehensive Orthodontic Treatment. 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. Comprehensive orthodontic treatment includes the transitional and adult dentition.

130 CMR 420.431(C)(3) describes the eligibility requirements for comprehensive orthodontic treatment, as follows:

(3) Comprehensive Orthodontics. The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime under the age of 21 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...

The MassHealth agency pays for the office visit, radiographs and a record fee of the preorthodontic 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 and any adjustments (treatment visits) occurring in the calendar month of 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 (3) 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 age 21...

Appendix D of the MassHealth Dental Manual is the Authorization Form for Comprehensive Orthodontic Treatment, MassHealth Handicapping Labio-Lingual Deviations Index, 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 an HLD score of 22 or higher signifies a severe and handicapping malocclusion. MassHealth also approves prior authorization requests for comprehensive orthodontic treatment when the member has one of the “auto qualifying” conditions described by MassHealth in the HLD Index.

The record establishes, by a preponderance of the evidence, that the appellant does not currently meet the criteria for comprehensive orthodontic treatment. The treating orthodontist reported an HLD score of 19, the initial MassHealth reviewer determined the HLD score to be 16, and, following an in-person examination during the hearing, the MassHealth representative testified that the appellant’s HLD score is 18. Given that all of the orthodontists who assessed the appellant’s condition measured below the threshold HLD score of 22, the record does not support approval of comprehensive orthodontic treatment at this time.

For the above stated reasons, the 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.

Scott Bernard
Hearing Officer
Board of Hearings

BeneCare 1, Attn: Jessica Lusignan