

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2509684
<b>Decision Date:</b>	10/1/2025	<b>Hearing Date:</b>	08/11/2025
<b>Hearing Officer:</b>	Emily Sabo		

**Appearance for Appellant:**



**Appearances for MassHealth:**

Dr. David Cabeceiras, BeneCare consultant;  
Jennifer Laremer, BeneCare Appeals  
Department



*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; Comprehensive Orthodontic Treatment
<b>Decision Date:</b>	10/1/2025	<b>Hearing Date:</b>	08/11/2025
<b>MassHealth's Reps.:</b>	David Cabeceiras; Jennifer Laremer	<b>Appellant's Rep.:</b>	Mother
<b>Hearing Location:</b>	Quincy Harbor South (Virtual)	<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 June 12, 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 June 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

On March 12, 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 submitted photographs and X-rays of the Appellant's mouth. Exhibit 5. The Appellant's orthodontist submitted a medical necessity narrative. *Id.* at 9. The Appellant's orthodontist submitted an Orthodontics Prior Authorization form and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) form. *Id.* at 4-7. The Appellant's orthodontist indicated that the Appellant did not have any auto qualifying conditions<sup>1</sup> and had an HLD score of 29,<sup>2</sup> based on 4 points for overjet, 7 points for overbite, 5 points for mandibular protrusion, 6 points for ectopic eruption (for 2 teeth), 5 points for mandibular anterior crowding, and 2 points for labio-lingual spread. *Id.* at 5.<sup>3</sup>

The hearing was held virtually. The Appellant is a minor, and she was represented by her mother at the hearing. The Appellant's mother verified the Appellant's identity.

At the hearing, MassHealth was represented by an orthodontist consultant, Dr. David Cabeceiras, for BeneCare, the contracted agent of MassHealth that makes dental prior authorization determinations, as well as a BeneCare appeals representative. The MassHealth orthodontist representative testified that MassHealth only covers the cost of comprehensive 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 comprehensive orthodontic treatment, MassHealth would need to find that an individual has an HLD score of at least 22 points, or an auto-qualifying condition.

Prior to the hearing and based on a review of her photos and X-rays, MassHealth calculated that the

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<sup>1</sup> The auto-qualifying conditions are listed in the MassHealth Dental Manual and are as follows: **1.** Cleft Lip, Cleft Palate, or other Cranio-Facial Anomaly. **2.** Impinging overbite with evidence of occlusal contact into the opposing soft tissue. **3.** Impactions where eruption is impeded but extraction is not indicated (excluding third molars). **4.** Severe Traumatic Deviations – This refers to accidents affecting the face and jaw rather than congenital deformity. Do not include traumatic occlusions or crossbites. **5.** Overjet (greater than 9mm). **6.** Reverse Overjet (greater than 3.5mm). **7.** Crowding of 10mm or more, in either the maxillary or mandibular arch (excluding 3rd molars). Includes the normal complement of teeth. **8.** Spacing of 10mm or more, in either the maxillary or mandibular arch (excluding 3rd molars). Includes the normal complement of teeth. **9.** Anterior crossbite of 3 or more maxillary teeth per arch. **10.** Posterior crossbite of 3 or more maxillary teeth per arch. **11.** Two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant. **12.** Lateral open bite: 2mm or more; of 4 or more teeth per arch. **13.** Anterior open bite: 2mm or more; of 4 or more teeth per arch.

<sup>2</sup> The score total states 28, but based on the point totals, the HLD score equals 29. Exhibit 5 at 5.

<sup>3</sup> Generally, the number of points awarded on the HLD Form corresponds with the number of mm. measured by the treating orthodontist. For example, an overjet of 4 mm. results in a score of 4 points on the HLD Form, an overbite of 7 mm. results in a score of 7 points on the HLD Form, etc.

Appellant had an HLD score of 11, based on 3 points for overjet, 6 points for overbite, 2 points for labio-lingual spread, and no auto qualifying conditions. *Id.* at 11.<sup>4</sup> The Appellant's mother testified that the Appellant's orthodontist found an HLD score of more than 22, and had stated that the Appellant had a significant overbite and needed a right upper tooth to be rotated. The Appellant's mother testified that she knows that her daughter needs braces and that she had previously had an in-person appeal hearing at which Dr. Cabeceiras testified.

The MassHealth representative testified that he cannot agree with the evaluation of the Appellant's orthodontist. The MassHealth representative testified that the Appellant's teeth on her lower arch are well lined up, and that while some of the teeth on her left side are rotated, they do not qualify for points on the HLD scale. The MassHealth representative also testified that based on his evaluation of the Appellant's photos and X-rays, she does not have an ectopic eruption, mandibular protrusion, or crowding. He testified that he calculated an HLD score of 11 points, based on 3 points for overjet, 6 points for overbite, and 2 points for labio-lingual spread. The MassHealth representative testified that the Appellant would benefit from braces, but that she does not meet the necessary point threshold to be covered by MassHealth. Therefore, the MassHealth representative testified that he would uphold the denial for comprehensive orthodontic treatment because the Appellant does not have a handicapping malocclusion.

## 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 submitted an Orthodontic Prior Authorization form along with photographs and X-rays of the Appellant's mouth and submitted an HLD form, which included an HLD score of 29 points (Exhibit 5).
3. Prior to the hearing, MassHealth calculated an HLD score of 11 points and no auto-qualifying conditions for the appellant (Exhibit 5 at 11).
4. The Appellant's mother testified that the Appellant's orthodontist stated that the Appellant has an overbite and needed a right upper tooth rotated (Testimony; Exhibit 5).
5. An HLD score of 22 is the minimum score indicative of a handicapping malocclusion (Testimony).

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<sup>4</sup> The hearing officer asked the MassHealth representative to clarify that it looked like MassHealth had checked off an auto-qualifying condition, and the MassHealth representative confirmed that was a scrivener's error.

6. Based on his examination of the Appellant's photographs and X-rays, the MassHealth representative testified that he cannot agree with the point total awarded by the Appellant's orthodontist, that instead he calculated an HLD score of 11, and that no autoqualifying conditions are present (Testimony).
7. The MassHealth representative testified that braces would benefit the Appellant, but that she does not meet the necessary point threshold to be covered by MassHealth for comprehensive orthodontic treatment (Testimony).

## **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.

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(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).

130 CMR 450.204: 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.<sup>5</sup> 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;<sup>6</sup>
2. the member meets or exceeds the threshold score (currently 22 points) listed by MassHealth on the HLD index;<sup>7</sup> 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.<sup>8</sup> Usually this involves a severe medical condition that can include atypical or underlying health concerns, which may be either dental or non-dental.

I credit the MassHealth representative's testimony that the Appellant has an HLD score of 11 and no auto-qualifying conditions. Based on MassHealth's testimony at the hearing and the evidence in the record, the Appellant has an HLD score of less than 22 points. Exhibit 5. Therefore, the Appellant has not established that MassHealth erred in denying the request for comprehensive orthodontic treatment. This appeal is denied.<sup>9</sup>

## Order for MassHealth

None.

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<sup>5</sup> Appendix D of the Dental Manual is available at <https://www.mass.gov/doc/appendix-d-authorization-form-for-comprehensive-orthodontic-treatment-0/download>.

<sup>6</sup> Found on page D-5 of Appendix D of the Dental Manual.

<sup>7</sup> Found on page D-6 of Appendix D of the Dental Manual.

<sup>8</sup> Found on page D-3 of Appendix D of the Dental Manual.

<sup>9</sup> 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.

## **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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Emily Sabo  
Hearing Officer  
Board of Hearings

MassHealth Representative: BeneCare 1, Attn: Jhanelle Boapea