

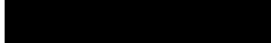
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2512258
<b>Decision Date:</b>	11/5/2025	<b>Hearing Date:</b>	09/24/2025
<b>Hearing Officer:</b>	Emily Sabo		

**Appearance for Appellant:**

 Father

**Appearances for MassHealth:**

Dr. Harold Kaplan; Board-certified  
Orthodontist; Camilla Gottschald, Benecare  
Representative



*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; Orthodontic Services
<b>Decision Date:</b>	11/5/2025	<b>Hearing Date:</b>	09/24/2025
<b>MassHealth's Reps.:</b>	Dr. Harold Kaplan; Camilla Gottschald	<b>Appellant's Rep.:</b>	Father
<b>Hearing Location:</b>	Quincy Harbor South 1 (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 July 11, 2025, MassHealth denied the Appellant's request for prior authorization for comprehensive orthodontic treatment. 130 CMR 420.431 and Exhibit 1. The Appellant's representative filed this appeal in a timely manner on August 21, 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 was represented by her father at the hearing. MassHealth was represented by an orthodontist consultant and a BeneCare appeals representative. The Appellant's father verified the Appellant's identity. The Appellant's representative appeared virtually, and the hearing officer and MassHealth representative were present in the Quincy office.

On May 19, 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 indicated he would not be submitting a medical necessity narrative. *Id.* at 6. The Appellant's orthodontist submitted an Orthodontics Prior Authorization form and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) form, in which he found no auto qualifying conditions and an HLD score of 18. *Id.* at 5.

At the hearing, 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 MassHealth representative testified that, prior to the hearing, two BeneCare orthodontists reviewed the Appellant's photos and X-rays, and one had calculated a score of 15 points, and the other 16 points. *Id.* at 9-12. The MassHealth representative testified that based on his review of the Appellant's record, he calculated a score of 15 total points, with 5 points for overjet, 6 points for overbite, and 4 points for labio-lingual spread. Based on questions from the hearing officer, the MassHealth representative testified that Appellant is missing her upper left lateral incisor but explained that in order to be an auto qualifying condition, two or more teeth would need to be missing. He also testified that the appliance depicted in the Appellant's photos is a space maintainer. The MassHealth representative testified that he would uphold the denial of the prior authorization request on the grounds that none of the orthodontists found an auto qualifying condition or a score of 22 points or more.

The Appellant's representative testified that he does not view the Appellant's health in points. The Appellant's representative testified that he wants to set his daughter up for success in life and that a cornerstone of that is good health, which includes checkups, exercise, healthy food, and care for the Appellant's teeth. The Appellant's representative explained that the Appellant's orthodontist has concluded that the Appellant needs braces. The Appellant's representative explained that the Appellant requires orthodontic treatment to support the proper growth and alignment of her teeth, which is essential for her long-term oral health and function. He testified that without braces, she risks malocclusion that could lead to speech issues, difficulty chewing, and increased risk of tooth

decay or gum disease. The Appellant's representative testified that he had lost his job and is unable to pay the \$6,000 cost out of pocket.

## **Findings of Fact**

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

1. On May 19, 2025, the Appellant's orthodontic provider submitted a request for 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 in which he found no auto qualifying conditions and an HLD score of 18. He indicated he would not be submitting a medical necessity narrative (Exhibit 5).
3. Prior to the hearing, two BeneCare orthodontists reviewed the Appellant's records and calculated HLD scores of 15 and 16 points, respectively, and no auto qualifying conditions (Testimony; Exhibit 5).
4. Based on his examination of the Appellant's photographs and X-rays, the MassHealth representative testified that he calculated an HLD score of 15 points and no auto qualifying conditions (Testimony).
5. An HLD score of 22 is the minimum score indicative of a handicapping malocclusion (Testimony).
6. MassHealth, through BeneCare, denied the Appellant's request for comprehensive orthodontic treatment by notice dated July 11, 2025 (Exhibit 1).
7. Through her parent, the Appellant filed a timely appeal with the Board of Hearings on August 21, 2025 (Exhibit 2).

## **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).

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>1</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>2</sup>
2. the member meets or exceeds the threshold score (currently 22 points) listed by MassHealth on the HLD index;<sup>3</sup> or
3. comprehensive orthodontic treatment is medically necessary for the member, as

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<sup>1</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>2</sup> Found on page D-5 of Appendix D of the Dental Manual.

<sup>3</sup> Found on page D-6 of Appendix D of the Dental Manual.

demonstrated by a medical necessity narrative letter and supporting documentation submitted by the requesting provider.<sup>4</sup> Usually this involves a severe medical condition that can include atypical or underlying health concerns, which may be either dental or non-dental.

Based on MassHealth's testimony and the evidence in the record, none of the four orthodontists (the Appellant's own provider and three BeneCare providers) calculated that the Appellant has an HLD score of 22 points or higher, and none found that she had an auto qualifying condition. The prior authorization request from Appellant's provider did not include a medical necessity narrative. Therefore, the Appellant has not met one of the three requirements of Appendix D of the Dental Manual, and the appeal is denied.<sup>5</sup>

I credit and respect the Appellant's father's concern for the well-being of his child. To the extent that his testimony and arguments are a challenge to the legality of the MassHealth regulations, in accordance with 130 CMR 610.082(C)(2), as the hearing officer, I

must not render a decision regarding the legality of federal or state law including, but not limited to, the MassHealth regulations. If the legality of such law or regulations is raised by the appellant, the hearing officer must render a decision based on the applicable law or regulation as interpreted by the MassHealth agency. Such decision must include a statement that the hearing officer cannot rule on the legality of such law or regulation and must be subject to judicial review in accordance with 130 CMR 610.092.

130 CMR 610.082(C)(2).

## **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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<sup>4</sup> Found on page D-3 of Appendix D of the Dental Manual.

<sup>5</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.

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Emily Sabo  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: BeneCare 1, Attn: Christine Sobolewski