

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved and Dismissed	Appeal Number:	2505477
Decision Date:	05/15/2025	Hearing Date:	05/13/2025
Hearing Officer:	Amy B. Kullar, Esq.		

Appearance for Appellant:



Appearance for MassHealth:

Dr. David Cabeceiras



*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:	Approved and Dismissed	Issue:	Prior Authorization; Comprehensive Orthodontic Treatment
Decision Date:	05/15/2025	Hearing Date:	05/13/2025
MassHealth's Rep.:	Dr. David Cabeceiras	Appellant's Rep.:	
Hearing Location:	Taunton MassHealth Enrollment Center Room 2	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/Summary of Evidence

On March 23, 2025, MassHealth denied the Appellant's request for prior authorization comprehensive orthodontic treatment. *See* 130 CMR 420.431 and Exhibit 1. The appellant filed this appeal in a timely manner on April 4, 2025. *See* 130 CMR 610.015(B) and Exhibit 2.

All parties appeared in person. The appellant was present with her mother, and the appellant's mother verified both of their identities. The MassHealth representative testified that the documentation submitted by the appellant's orthodontist prior to the hearing indicated that the appellant had a Handicapping Labio-Lingual Deviation (HLD) score of 23. After conducting an in-person oral examination, the MassHealth representative found that the appellant had an HLD score of 24, and therefore, the appellant met the criteria for the requested orthodontic treatment. Accordingly, MassHealth agreed to overturn its denial and will issue, via written notice, an approval of the prior authorization request for comprehensive orthodontic treatment.

Because MassHealth has adjusted the matter in the appellant's favor, and no issues remain in dispute, this appeal is hereby DISMISSED pursuant to 130 CMR 610.035(A)(8).

Order for MassHealth

If MassHealth has not already done so, approve the appellant for comprehensive orthodontic treatment and send notice of same to the appellant and her orthodontist.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Amy B. Kullar, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: BeneCare 1, Attn: Jessica Lusignan