

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**

[Redacted]

<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2514539
<b>Decision Date:</b>	11/14/2025	<b>Hearing Date:</b>	11/04/2025
<b>Hearing Officer:</b>	Scott Bernard		

**Appearances for Appellant:**

[Redacted];

**Appearances for MassHealth:**

[Redacted]

**Interpreter:**

[Redacted]



*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>	11/14/2025	<b>Hearing Date:</b>	11/04/2025
<b>MassHealth's Reps.:</b>	[REDACTED]	<b>Appellant's Reps.:</b>	[REDACTED]
<b>Hearing Location:</b>	Quincy Harbor South	<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 September 17, 2025, MassHealth denied the appellant's prior authorization (PA) request for comprehensive orthodontic treatment, determining that the appellant's orthodontic condition did not meet the Handicapping Labio-Lingual Deviations (HLD) standard MassHealth applies to assess medical necessity for orthodontic treatment. (See 130 CMR 420.431, 450.204; Exhibit (Ex.) 1). The appellant's mother timely filed this appeal on October 6, 2025. (See 130 CMR 610.015(B); Ex. 2). Denial of assistance constitutes 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 another individual, both working for BeneCare, the contracted agent responsible for administering MassHealth's orthodontic program. The appellant, a minor, was present and was represented by his mother, who was assisted by an interpreter. With the exception of the interpreter who was present by video conference, all the attendees at the hearing appeared in-person.

The MassHealth representative testified first and explained that eligibility for orthodontic coverage under MassHealth is limited to members 21 years of age or younger who demonstrate a handicapping malocclusion, which, put simply, is a severe problem with their bite. (Testimony). He further testified that the evaluation process relies on the Handicapping Labio-Lingual Deviations (HLD) Form, which consists of two sections: the first identifies conditions of such severity that the presence of any one automatically qualifies an individual for orthodontic treatment; the second lists less severe conditions assigned specific point values based on clinical measurements, with a cumulative score of twenty-two or higher required to qualify for treatment. (Testimony).

The MassHealth representative stated that the appellant is an individual under the age of 21 years old. (Testimony; Ex. 3; Ex. 5, pp. 6, 25, 27). On July 23, 2025, the appellant's orthodontist submitted to BeneCare, on the appellant's behalf, a request for prior authorization for comprehensive orthodontic treatment, including an Orthodontics Prior Authorization Form, a HLD Form, and supporting photographs and radiographs. (Testimony; Ex. 5, pp. 6, 9-12, 25-27). The appellant's orthodontist documented on the HLD Form that the appellant had an overjet of 5 mm. (worth five points), an overbite of 6 mm. (worth six points), anterior crowding of 3.5 mm. or greater in both the upper and lower arches (worth five points per arch, or ten points total), and a labio-lingual spread of 4 mm. (worth four points), resulting in a total HLD score of 25. (Testimony; Ex. 5, p. 10).

Based solely on the photographs and X-rays, the first BeneCare reviewer concluded that the appellant had an overjet of 3 mm., an overbite of 2 mm., and a labio-lingual spread of 2 mm., resulting in a total HLD score of 7. (Testimony; Ex. 5, p. 14). Upon notification of the appellant's appeal, a second BeneCare reviewer re-evaluated the same materials and determined that the appellant had overjet of 3 mm., an overbite of 2 mm., a mandibular protrusion of 2 mm. (worth 10 points total), and a labio-lingual spread of 3 mm., resulting in a HLD score of 18. (Testimony).

The MassHealth representative then testified that his role in the hearing was to directly examine and measure the appellant's bite in order to determine an accurate HLD score. (Testimony). After performing the examination, the MassHealth representative concluded that based on his precise measurements, the appellant had an overjet of 4 mm., an overbite of 4 mm., a mandibular protrusion of 1 mm. (worth five points total), and a labio-lingual spread of 2 mm., resulting in a total HLD score of 15. (Testimony). The MassHealth representative noted that the appellant had a mild overbite and overjet, minimal mandibular protrusion, and no significant crowding or

crossbite. (Testimony).

The MassHealth representative informed the appellant's mother that, with an HLD score of 15, the appellant did not meet the qualifying threshold of 22 points for coverage. (Testimony). The MassHealth representative further noted that none of the four orthodontists involved in this appeal determined that the appellant had an autoqualifying condition. (Testimony; Ex. 5, pp. 10, 13-14). The MassHealth representative explained that this determination reflected only the appellant's current condition and advised the appellant's mother to discuss any preventive or corrective care with the appellant's orthodontist. (Testimony). The appellant's mother stated she was concerned about having to wait for the appellant's condition to worsen before he became eligible for treatment. (Testimony). The MassHealth representative explained that MassHealth must apply its eligibility rules as written. (Testimony). The MassHealth representative further stated, however, that the appellant could be re-evaluated and a new request submitted every six months if the dental condition changed, provided the appellant was under 21 years old and remained enrolled in MassHealth. (Testimony).

## Findings of Fact

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

1. Eligibility for orthodontic coverage under MassHealth is limited to members 21 years of age or younger who demonstrate a handicapping malocclusion. (Testimony).
2. The evaluation process relies on the HLD Form, which consists of two sections: the first identifies conditions of such severity that the presence of any one automatically qualifies an individual for orthodontic treatment; the second lists less severe conditions assigned specific point values based on clinical measurements, with a cumulative score of twenty-two or higher required to qualify for treatment. (Testimony).
3. The appellant is an individual who is under the age of 21 years old. (Testimony; Ex. 3; Ex. 5, pp. 6, 25, 27).
4. On July 23, 2025, the appellant's orthodontist submitted a PA request to MassHealth on the appellant's behalf for comprehensive orthodontic treatment, accompanied by supporting photographs and radiographs. (Testimony; Ex. 5, pp. 6, 9-12, 25-27).
5. The appellant's orthodontist documented on the HLD Form that the appellant had an overjet of 5 mm. (worth five points), an overbite of 6 mm. (worth six points), anterior crowding of 3.5 mm. or greater in both the upper and lower arches (worth five points per arch, or ten points total), and a labio-lingual spread of 4 mm. (worth four points), resulting in a total HLD score of 25. (Testimony; Ex. 5, p. 10).
6. Based solely on the photographs and X-rays, the first BeneCare reviewer concluded that

the appellant had an overjet of 3 mm., an overbite of 2 mm., and a labio-lingual spread of 2 mm., resulting in a total HLD score of 7. (Testimony; Ex. 5, p. 14).

7. Upon notification of the appellant's appeal, a second BeneCare reviewer re-evaluated the same materials and determined that the appellant had overjet of 3 mm., an overbite of 2 mm., a mandibular protrusion of 2 mm. (worth ten points total) and a labio-lingual spread of 3 mm., resulting in a HLD score of 18. (Testimony).
8. The MassHealth representative is an orthodontist licensed to practice in Massachusetts. (Testimony).
9. The MassHealth representative directly examined and measured the appellant's bite at the hearing, and based on his observations, concluded that the appellant had an overjet of 4 mm., an overbite of 4 mm., mandibular protrusion of 1 mm. (worth five points total) and a labio-lingual spread of 2 mm., resulting in a total HLD score of 15. (Testimony).
10. None of the four orthodontists involved who measured the appellant's bite determined that the appellant had an autoqualifying condition. (Testimony; Ex. 5, pp. 10, 13-14).

## **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 a 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 evidence in the record does not establish, by a preponderance of the evidence, that the appellant's orthodontic condition currently meets the criteria for MassHealth coverage of comprehensive orthodontic treatment. Although the appellant's orthodontist concluded that the appellant had an HLD score of 25, none of the other three orthodontists determined that the appellant's HLD score met or exceeded the minimum qualifying threshold of 22. The first BeneCare reviewer calculated a score of 7, the second BeneCare reviewer determined a score of 18, and following an in-person examination during the hearing, the MassHealth representative testified under oath that the appellant's HLD score was 15, which is below the qualifying threshold. None of the orthodontists observed that the appellant had an autoqualifying condition. The record therefore does not support approval of comprehensive orthodontic treatment at this time, and MassHealth's conclusion that the appellant does not have a handicapping malocclusion was correct.

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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

cc: BeneCare 1, Attn: Christine Sobolewski