

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:

[REDACTED]

Appeal Decision:	Denied	Appeal Number:	2515333
Decision Date:	01/29/2026	Hearing Date:	11/17/2025
Hearing Officer:	Emily Sabo		

Appearances for Appellant:

[REDACTED]

Appearances for MassHealth:

[REDACTED] Board-Certified Orthodontist;
[REDACTED], 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

Appeal Decision:	Denied	Issue:	Dental Services; Orthodontic Services
Decision Date:	01/29/2026	Hearing Date:	11/17/2025
MassHealth's Reps.:	[REDACTED]	Appellant's Reps.:	Pro se and Mother
Hearing Location:	Charlestown MassHealth Enrollment Center - Room 1	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 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 on October 20, 2025. 130 CMR 610.015(B) and Exhibit 2.¹ Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the Appellant's prior authorization request for coverage of comprehensive orthodontic treatment.

¹ The appeal was initially dismissed for being untimely. Exhibit 6. The Appellant's mother explained that she had submitted her appeal to the address listed on the denial notice, as instructed by a MassHealth representative. *Id.* The Director of the Board of Hearings approved a request to vacate the dismissal. *Id.*

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 June 25, 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 X-rays submitted were from April 2023, May 2024, and June 2024, and the photographs were from June 2024 and do not show braces on the Appellant's teeth. *Id.* The Appellant's orthodontist indicated that the Appellant had two auto-qualifying conditions: impactions where eruption is impeded, but extraction is not indicated and crowding of 10 millimeters or more and a Handicapping Labio-Lingual Deviations (HLD) score of 24. *Id.* at 7.

The hearing was in person at the Charlestown MassHealth Enrollment Center. At the hearing, MassHealth was represented by an orthodontist consultant with BeneCare, the contracted agent of MassHealth that makes dental prior authorization determinations, and a BeneCare appeals representative. The Appellant, who is a minor, appeared along with his mother, and they verified his identity. The Appellant's mother testified that the Appellant had braces applied in December 2024. The Appellant's mother explained that comprehensive orthodontia had been approved by the private insurance the Appellant had at the time, which was prior to him becoming a MassHealth member.

The MassHealth orthodontist consultant explained that the Appellant's orthodontist would need to submit a new request with current photographs and X-rays, as well as filing the request under a different code, because the Appellant is seeking the continuation of orthodontic treatment. The MassHealth orthodontist cited to the MassHealth Dental Program Office Reference Manual section 17.4. The MassHealth orthodontist testified that the Appellant has an auto-qualifying condition of an impacted tooth.

Findings of Fact

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

1. On June 25, 2025, the Appellant's orthodontic provider submitted a prior authorization request for orthodontic treatment on behalf of the Appellant (Testimony; Exhibit 5).

2. As part of this request, the Appellant's orthodontist submitted photographs and X-rays of the Appellant's mouth. Exhibit 5. The X-rays submitted were from April 2023, May 2024, and June 2024, and the photographs were from June 2024 and do not show braces on the Appellant's teeth (Exhibit 5).
3. Prior to becoming a MassHealth member, the Appellant had braces applied in December 2024 (Testimony).
4. The Appellant has an auto-qualifying condition of an impacted tooth (Testimony).
5. MassHealth denied the Appellant's request for comprehensive orthodontic treatment by notice dated July 11, 2025 (Exhibit 1).
6. The Appellant's representative filed an appeal with the Board of Hearings on October 20, 2025 (Exhibit 2).
7. The Appellant's prior authorization request did not include current photographs and X-rays, and it requested comprehensive orthodontia as opposed to a continuation of treatment (Testimony, Exhibits 1 and 5).

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.

(4) Orthodontic Treatment Visits. The MassHealth agency pays for orthodontic treatment visits on a quarterly (90-days) basis for ongoing orthodontic maintenance and treatment beginning after the initial placement, and insertion of the orthodontic fixed and removable appliances. If a member becomes inactive for any period of time, prior authorization is not required to resume orthodontic treatment visits and subsequent billing, unless the prior authorization time limit has expired. The provider must document the number and dates of orthodontic treatment visits in the member's orthodontic record.

(5) Orthodontic Case Completion. The MassHealth agency pays for orthodontic case completion for comprehensive orthodontic treatment which includes the removal of appliances, construction and placement of retainers and follow-up visits. The MassHealth agency pays for a maximum of five (5) visits for members whose orthodontic treatment begins before their 21st birthday, consistent with 130 CMR 420.431(A). The MassHealth agency pays for the replacement of lost or broken retainers with prior authorization.

(6) Orthodontic Transfer Cases. The MassHealth agency pays for members who transfer from one orthodontic provider to another for orthodontic services subject to prior authorization to determine the number of treatment visits remaining. Payment for transfer cases is limited to the number of treatment visits

approved. Providers must submit requests using the form specified by MassHealth.

(7) Orthodontic Terminations. The MassHealth agency requires providers to make all efforts to complete the active phase of treatment before requesting payment for removal of brackets and bands of a noncompliant member. If the provider determines that continued orthodontic treatment is not indicated because of lack of member's cooperation and has obtained the member's consent, the provider must submit a written treatment narrative on office letterhead with supporting documentation, including the case prior authorization number.

(8) Radiographs. Payment for Cephalometric and radiographs used in conjunction with orthodontic diagnosis is included in the payment for comprehensive orthodontic treatment (see 130 CMR 420.423(D)). The MassHealth agency pays for radiographs as a separate procedure for orthodontic diagnostic purposes only for members younger than 21 years old if requested by the MassHealth agency.

(9) Oral/Facial Photographic Images. The MassHealth agency pays for digital or photographic prints, not slides, only to support prior-authorization requests for comprehensive orthodontic treatment. Payment for digital or photographic prints is included in the payment for comprehensive orthodontic treatment or orthognathic treatment. The MassHealth agency does not pay for digital or photographic prints as a separate procedure (see 130 CMR 420.413). Payment for orthodontic treatment includes payment for services provided as part of the pre-orthodontic treatment examination, unless the MassHealth agency denies the prior authorization request for interceptive or comprehensive orthodontic treatment. The MassHealth agency pays for the pre-orthodontic treatment examination if prior authorization is denied for interceptive or comprehensive orthodontic treatment.

130 CMR 420.431(A); (B); (C).

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.

Section 17.4 of the MassHealth Dental Program Office Reference Manual states:

17.4 Authorization for Continuation of Care

If a member is already receiving comprehensive or limited orthodontic treatment and is transferring from another provider and/or state Medicaid program or other insurer, the MassHealth provider that seeks to continue the treatment must submit to MassHealth Dental Program a prior authorization request for continuation of care including the following documentation:

- a. 2012 or newer ADA claim form listing services to be rendered (D8670 or D8999, including the number of units)
- b. The treatment plan and anticipated number of adjustments needed for completion
- c. Continuation of Care form
- d. HLD Form (if possible)
- e. Photos
- f. Panoramic radiograph

The provider is responsible for compiling and submitting the required information. Authorization for continuation of care may not be available without complete information.

Here, I find that the photos and X-rays included in the prior authorization request are outdated, and that the Appellant provider did not submit the necessary information required by Section 17.4 of the MassHealth Dental Program Office Reference Manual. Accordingly, MassHealth did not err in denying the request and the appeal is denied.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.

Emily Sabo
Hearing Officer
Board of Hearings

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

² As discussed at hearing, the Appellant's provider may submit a request for continuation of care following the instructions of section 17.4.