

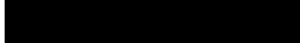
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:

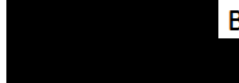


Appeal Decision:	Denied	Appeal Number:	2515436
Decision Date:	01/15/2026	Hearing Date:	11/17/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:



Appearances for MassHealth:



Board-Certified Orthodontist;
, 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:	01/15/2026	Hearing Date:	11/17/2025
MassHealth's Reps.:	[REDACTED]	Appellant's Rep.:	[REDACTED]
Hearing Location:	Charlestown MassHealth Enrollment Center (Telephone)	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 October 7, 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 October 22, 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 prior authorization 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 September 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 did not submit a medical necessity narrative. *Id.* The Appellant's orthodontist submitted an Orthodontics Prior Authorization form and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) form, which indicated no auto-qualifying conditions and an HLD score of 18, based on 2 points for overjet, 7 points for overbite, 5 points for anterior crowding, and 4 points for labio-lingual spread. *Id.* at 5-6.

The hearing was held by telephone.¹ 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 MassHealth orthodontist representative testified that MassHealth only covers the cost of orthodontic treatment in three scenarios. MassHealth covers the cost if there is an automatic qualifier, an HLD score of 22 or higher, or a medical necessity exemption. The orthodontist testified that the Appellant did not meet the standards for any of the three ways to qualify for MassHealth covered treatment. 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.

Prior to the hearing, MassHealth had two orthodontists perform a review of the Appellant's photographs and X-rays. They both found that the Appellant has an HLD score of 18 and no auto-qualifying conditions. [REDACTED] the MassHealth orthodontist who appeared at hearing, testified that based on her evaluation of the Appellant's records, she also found that the Appellant has an HLD score of 18, based on 2 points for overjet, 7 points for overbite, 5 points for anterior crowding, and 4 points for labio-lingual spread and no auto-qualifying conditions, and therefore is not eligible for comprehensive orthodontic treatment. [REDACTED] also testified that the Appellant's requesting provider also found an HLD score of 18, and so did not find that the Appellant qualified for coverage with a score of 22 or greater.

The Appellant is a minor, and he was represented by his guardian at the hearing. The Appellant's guardian verified the Appellant's identity. The Appellant's representative testified that she did not receive notice of the hearing, and so did not have the opportunity to adequately prepare. The

¹ In the Board of Hearings appeals database, the event log for this appeal indicates that on October 23, 2025, the Appellant representative contacted the Board of Hearings to request that hearing attendance method be changed from in-person to telephone.

Appellant's representative testified that providers have recommended that the Appellant get braces, and that this treatment is medically necessary because the Appellant's teeth are crooked.

Findings of Fact

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

1. On September 12, 2025, the Appellant's orthodontic provider submitted a prior authorization request for orthodontic treatment on behalf of the Appellant (Testimony; Exhibit 5).
2. The Appellant's orthodontic provider completed an orthodontic prior authorization form and an HLD form, which were submitted to MassHealth along with photographs and X-rays of the Appellant's mouth. The Appellant's orthodontic provider found that the Appellant had an HLD score of 18, based on 2 points for overjet, 7 points for overbite, 5 points for anterior crowding, and 4 points for labio-lingual spread, no auto-qualifying conditions, and did not submit a medical necessity narrative (Exhibit 5).
3. Prior to the hearing, MassHealth had two orthodontists review the Appellant's records, and they both calculated an HLD score of 18 points and no auto-qualifying conditions (Testimony; Exhibit 5).
4. An HLD score of 22 is the minimum score indicative of a handicapping malocclusion (Testimony).
5. MassHealth denied the Appellant's request for comprehensive orthodontic treatment by notice dated October 7, 2025. (Testimony; Exhibit 1).
6. The Appellant's representative filed a timely appeal with the Board of Hearings on October 22, 2025. (Exhibit 2).
7. At the hearing, the MassHealth orthodontist consultant testified that based on her review of the Appellant's records, she calculated an HLD score of 18 points, based on 2 points for overjet, 7 points for overbite, 5 points for anterior crowding, and 4 points for labio-lingual spread, and no auto-qualifying conditions and would uphold the denial (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.

...

(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.² 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:

² Appendix D of the Dental Manual is available at <https://www.mass.gov/doc/appendix-d-authorization-form-for-comprehensive-orthodontic-treatment-0/download>.

1. the member has an auto qualifying condition as described by MassHealth in the HLD index;³
2. the member meets or exceeds the threshold score (currently 22 points) listed by MassHealth on the HLD index;⁴ 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.⁵ 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 the evidence in the record, none of the orthodontists (the Appellant's own provider and three MassHealth orthodontists) calculated that the Appellant has an HLD score of 22 points or higher, and none found that he had an auto-qualifying condition. Exhibit 5. There is also no evidence in the record that treatment is medically necessary based on a medical necessity narrative and supporting documentation. *Id.* Thus, the Appellant has not established that MassHealth erred in denying the request for comprehensive orthodontic treatment. This appeal is denied.⁶

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.⁷

³ Found on page D-5 of Appendix D of the Dental Manual.

⁴ Found on page D-6 of Appendix D of the Dental Manual.

⁵ Found on page D-3 of Appendix D of the Dental Manual.

⁶ This denial does not preclude the Appellant or the Appellant's orthodontist from submitting a new prior authorization request to MassHealth every six months after re-examination, until the Appellant reaches the age of 21.

⁷ During the hearing, the Appellant's representative asked about the process of appealing the Board of Hearings'

Emily Sabo
Hearing Officer
Board of Hearings

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

decision. More information can be found here: [Appeals from State Agency Decisions | Mass.gov](#)