

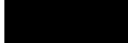
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2516701
<b>Decision Date:</b>	01/20/2026	<b>Hearing Date:</b>	12/22/2025
<b>Hearing Officer:</b>	Mariah Burns		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Dr. David Cabeceiras for BeneCare



*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>	Prior Authorization; Dental Services – Orthodontic Treatment
<b>Decision Date:</b>	01/20/2026	<b>Hearing Date:</b>	12/22/2025
<b>MassHealth’s Rep.:</b>	Dr. David Cabeceiras	<b>Appellant’s Rep.:</b>	██████████
<b>Hearing Location:</b>	Telephone (Quincy)	<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 October 21, 2025, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment. Exhibit 1. The appellant filed this appeal in a timely manner on November 20, 2025. *See* 130 CMR 610.015(B) and Exhibit 2. Denial of a request for prior authorization is a valid basis for appeal. *See* 130 CMR 610.032.

## Action Taken by MassHealth

MassHealth denied the appellant’s request for prior authorization of comprehensive orthodontic treatment.

## Issue

The appeal issue is whether MassHealth complied with the regulations in determining that the appellant is ineligible for coverage of comprehensive orthodontic treatment.

## Summary of Evidence

The appellant, a minor under the age of 21, was represented at hearing by her mother, who appeared via video conference. The MassHealth representative, a licensed orthodontist, appeared for MassHealth on behalf of BeneCare, the MassHealth dental contractor. Below is a summary of each party’s testimony and the information submitted for hearing:

The appellant’s orthodontic provider (“the provider”) submitted a prior authorization request for comprehensive orthodontic treatment on behalf of the appellant to BeneCare in August of 2025. This request included the appellant’s X-rays, photographs, and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) Form.

The MassHealth representative testified that MassHealth will only provide coverage for comprehensive orthodontic treatment for members who have a “severe, handicapping, or deforming” malocclusion. Such a condition exists when the applicant has either (1) dental discrepancies that result in a score of 22 or more points on the HLD Form, as detailed in the MassHealth *Dental Manual*, or (2) evidence of a group of exceptional or handicapping “auto-qualifying” dental conditions. If the applicant meets any of these qualifications, MassHealth, through BeneCare, will approve a request for prior authorization for comprehensive orthodontic treatment. Alternatively, a provider, such as the applicant’s primary care physician or pediatrician, can submit a narrative and supporting documentation detailing how the treatment is medically necessary.

In this case, the appellant’s provider submitted an HLD form that reported that the appellant has a deep impinging overbite, an auto-qualifying condition, and did not provide a score.

When BeneCare initially evaluated this prior authorization request on behalf of MassHealth, its orthodontist did not find any of the conditions that would warrant automatic approval of comprehensive orthodontic treatment and determined that the appellant has an HLD score of 12. The BeneCare HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	4
Overbite in mm	0	1	6
Mandibular Protrusion in mm	0	5	0
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: No Mandible: No	Flat score of 5 for each	0

Labio-Lingual Spread, in mm (anterior spacing)	0	1	2
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
<b>Total HLD Score</b>			<b>12</b>

Exhibit 5 at 8-9. Having found an HLD score below the threshold of 22, no auto-qualifying conditions, and no medical necessity, MassHealth denied the appellant’s prior authorization request. Exhibit 1.

At hearing, the MassHealth representative was unable to conduct his own examination of the appellant’s bite, and instead relied on the photos and x-rays provided. He explained that he was the orthodontist who initially reviewed the records for MassHealth and that he stood by his measurements at the hearing. He testified that, although the appellant’s overbite is deep, the records do not show that the bottom teeth directly touch the appellant’s upper palate as the regulations require. The photographs similarly do not show any damage that can sometimes be seen in those cases. The appellant’s photos did show some darkening, and the MassHealth representative testified that the darkening was too far back on the palate to be consistent with damage caused by her bottom teeth. The appellant’s mother reported that the appellant sometimes complains that her gums sometimes bleed when they chew. She stated that it does not happen all the time, but does happen sometimes.

## Findings of Fact

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

1. The appellant is a MassHealth member under the age of 21. Exhibit 4.
2. The appellant’s provider requested prior authorization for comprehensive orthodontic treatment and submitted an Orthodontics Prior Authorization Form, an HLD Form, photographs, and X-rays. Exhibit 5.
3. The provider did not calculate an HLD score and instead found an auto-qualifying condition of a deep impinging overbite, and declined to submit a medical necessity narrative. *Id.* at 4-7, 12-15.
4. On October 21, 2025, MassHealth denied the appellant’s prior authorization request, as BeneCare found an HLD score of 12 with no auto-qualifying condition. Exhibit 1, Exhibit 5 at 8-9.

5. The appellant timely appealed the denial to the Board of Hearings on November 20, 2025. Exhibit 2.
6. The MassHealth representative did not see any evidence in the submitted records that show that the appellant's overbite is impinging on her upper palate. Testimony.

## Analysis and Conclusions of Law

MassHealth pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. See 130 CMR 420.410(A)(1). 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 MassHealth.

130 CMR 450.204(A). Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment codified at 130 CMR 420.000 and in the MassHealth *Dental Manual*. Specifically, 130 CMR 420.431(C)(3) states, in relevant part:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, only 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*.

Those clinical standards for medical necessity are met when (1) the member has one of the "auto-qualifying" conditions described by MassHealth in the HLD Form,<sup>1</sup> (2) the member meets

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<sup>1</sup> Auto-qualifying conditions include cleft palate, severe traumatic deviation, severe maxillary or mandibular crowding or spacing, deep impinging overbite, anterior impaction, overjet greater than 9 mm, or reverse overjet greater than 3.5 mm, anterior or posterior crossbite of 3 or more maxillary teeth per arch, 2 or more of at least one congenitally missing tooth per quadrant, and anterior or lateral open bite of 2mm or more or 4 or more teeth per arch. Appendix D at D-2 and D-5.

or exceeds the threshold score designated by MassHealth on the HLD Form, or (3) comprehensive orthodontic treatment is otherwise medically necessary for the member, as demonstrated by a medical-necessity narrative and supporting documentation submitted by the requesting provider. *See generally*, Appendix D of the *Dental Manual*. In such circumstances, MassHealth will approve payment for comprehensive orthodontic treatment. 130 CMR 420.431(C)(3).

Appendix D of the *Dental Manual* includes the HLD form, which is described as “a quantitative, objective method for evaluating [prior authorization] requests for comprehensive orthodontic treatment.” Appendix D at D-1. The HLD form allows for the identification of those auto-qualifying conditions and also provides the method for discerning a single score, “based on a series of measurements, which represent the presence, absence, and degree of handicap.” *Id.* MassHealth will authorize treatment for cases with verified auto-qualifiers or verified scores of 22 and above. *Id.* at D-2.

Specifically relevant to this appeal, Appendix D of the *Dental Manual* provides Scoring Instructions on how to properly calculate each measurement included on the HLD form. *Id.* at D-5 to D-6. With respect to impinging overbite, the instructions state “impinging overbite with evidence of occlusal contact into the opposing soft tissue.” These are considered auto-qualifying conditions. *Id.* at D-5.

Providers may also establish that comprehensive orthodontic treatment is medically necessary by submitting a medical necessity narrative that establishes that comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate certain medical or dental conditions. *Id.* at D-3-4.

While a MassHealth member may benefit from orthodontic treatment, the regulations clearly limit eligibility for such treatment to patients with handicapping malocclusions. 130 CMR 420.431(C)(3). As such, the appellant bears the burden of showing that she has an HLD score of 22 or higher, an auto-qualifying condition, or that the treatment is otherwise medically necessary. She has failed to do so.

In this case, the appellant’s provider did not calculate an HLD score and instead relied on the assertion that the appellant has a deep impinging overbite to auto-qualify for coverage. The MassHealth representative calculated an HLD score of 12 and testified that he could not see any evidence in the records submitted by the appellant that her bottom teeth touch the roof of her mouth. Furthermore, I was able to review the records and verify his testimony. I therefore find that there is no credible evidence that the appellant has an auto-qualifying condition. Finally, no assertions were made that treatment is otherwise medically necessary as set forth in Appendix D of the *Dental Manual*. Therefore, the appellant has not demonstrated that she meets the MassHealth criteria for approval of comprehensive orthodontic treatment. I find no error with MassHealth’s October 21, 2025, denial of the appellant’s prior authorization request.

For the foregoing reasons, the appeal is hereby DENIED. If the appellant's dental condition should worsen or her orthodontist is able to provide the necessary documentation to demonstrate that the treatment is medically necessary, a new prior authorization request can be filed at that time, provided she has not yet reached the age of 21.

## **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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Mariah Burns  
Hearing Officer  
Board of Hearings

MassHealth Representative: BeneCare 1, Attn: Christine Sobolewski