

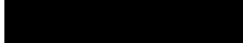
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2517124
Decision Date:	01/20/2026	Hearing Date:	12/22/2025
Hearing Officer:	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

Appeal Decision:	Denied	Issue:	Prior Authorization; Dental Services – Orthodontic Treatment
Decision Date:	01/20/2026	Hearing Date:	12/22/2025
MassHealth’s Rep.:	Dr. David Cabeceiras	Appellant’s Rep.:	[REDACTED]
Hearing Location:	Telephone (Quincy)	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 September 17, 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 19, 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 his mother, who appeared via telephone. 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 did not allege any auto-qualifying conditions and reflected a score of 17, as detailed below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	2 ¹
Overbite in mm	0	1	3
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 ²	Maxilla: Mandible:	Flat score of 5 for each ³	5

¹ The provider submitted only the weighted score, not the raw score for each measurement.

² The HLD Form instructs the user to record the more serious (i.e., higher score) of either the ectopic eruption **or** the anterior crowding, but not to count both scores.

³ The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

Labio-Lingual Spread, in mm (anterior spacing)	0	1	0
Posterior Unilateral Crossbite	0	Flat score of 4	4
Posterior impactions or congenitally missing posterior teeth	0	3	3
Total HLD Score			17

Exhibit 5 at 6. The provider did not include a medical necessity narrative in the appellant's application. *Id.* at 5-7.

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 15. The BeneCare HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	2
Overbite in mm	0	1	2
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: Yes Mandible: No	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	0	1	3
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	3
Total HLD Score			15

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 the hearing, the MassHealth representative was unable to conduct his own examination of the appellant's bite, but was able to review the records submitted with the prior authorization request. He testified that, based on his own review of the records, he calculated an HLD score of 13. As a result, he did not see enough evidence to overturn MassHealth's decision of a denial.

The appellant's mother testified that the appellant was previously approved for coverage of braces with the same requesting provider. The appellant had them for about a year before having them removed in November 2024 to have his wisdom teeth removed. She reported that the appellant's orthodontist expressed concern for his impacted wisdom tooth if he does not receive the treatment again. The MassHealth representative testified that MassHealth only approves the benefit once per lifetime per patient, and that he did not believe that braces would solve any issues with the appellant's remaining wisdom tooth.

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 calculated an HLD score of 17, did not find an auto-qualifying condition, and declined to submit a medical necessity narrative. *Id.* at 5-7.
4. On September 17, 2025, MassHealth denied the appellant's prior authorization request, as BeneCare found an HLD score of 15 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 19, 2025. Exhibit 2.
6. The MassHealth representative reviewed the appellant's records and calculated an HLD score of 13 with no exceptional handicapping dental condition. 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*.

(Emphasis added). 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,⁴ (2) the member meets 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.

Providers may also establish that comprehensive orthodontic treatment is medically necessary by submitting a medical necessity narrative that establishes that comprehensive orthodontic

⁴ 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.

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 he has an HLD score of 22 or higher, an auto-qualifying condition, or that the treatment is otherwise medically necessary. He has failed to do so.

In this case, the appellant's provider found an overall HLD score of 17. The MassHealth initial reviewer found an HLD score of 15, and the MassHealth representative's examination yielded a score of 13. Each of these scores are below the threshold of 22. Further, the provider did not allege, nor did MassHealth find, that the appellant has any of the auto-qualifying conditions or that treatment is otherwise medically necessary as set forth in Appendix D of the *Dental Manual*. Therefore, the appellant has not demonstrated that he meets the MassHealth criteria for approval of comprehensive orthodontic treatment. I find no error with MassHealth's September 17, 2025, denial of the appellant's prior authorization request.⁵

For the foregoing reasons, the appeal is hereby denied.

⁵ I also note that, by the appellant's own testimony, MassHealth has previously approved coverage of comprehensive orthodontic treatment for this member. The appellant may resume treatment under any previously approved (and not yet expired) prior authorization request, but MassHealth will not cover the benefit more than once in the appellant's lifetime. See 130 CMR 420.431(C)(4) ("If a member becomes inactive for a period of time, prior authorization is not required to resume orthodontic treatment visits and subsequent billing, unless the prior authorization time limit has expired").

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.

Mariah Burns
Hearing Officer
Board of Hearings

MassHealth Representative: BeneCare 1, Attn: Christine Sobolewski