

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2517894
Decision Date:	1/20/2026	Hearing Date:	01/12/2026
Hearing Officer:	Stanley Kallianidis		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Tania Jhamb



*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:	Orthodontic Services
Decision Date:	1/20/2026	Hearing Date:	01/12/2026
MassHealth's Rep.:	Dr. Tania Jhamb	Appellant's Rep.:	Father
Hearing Location:	Taunton		

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 November 21, 2025, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (*see* 130 CMR 420.431 and Exhibit 1). The appellant filed this appeal in a timely manner on December 4, 2025 (*see* 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior approval is a valid basis for appeal (*see* 130 CMR 610.032).

Notice of the hearing was sent on December 16, 2025 (Exhibit 3).

Action Taken by MassHealth

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

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that the appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

The appellant is a minor MassHealth member who was represented at hearing by her father. MassHealth was represented by [REDACTED] an orthodontic consultant from BeneCare, the MassHealth dental contractor.

The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment and the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form, which requires a total score of 22 or higher for approval. The provider's HLD Form indicated a finding of a total score of 25. There was no condition indicated that would warrant an automatic approval of comprehensive orthodontic treatment. There was no medical necessity narrative included with the prior authorization request (Exhibit 4).

BeneCare, the MassHealth dental contractor that reviewed the appellant's prior authorization request, also did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment and determined that the appellant has an HLD score of 14 (Exhibit 4).

[REDACTED] reviewed the appellant's x-rays and photographs and examined the appellant's teeth so that she could make her own HLD determination. According to her measurements, the appellant has an HLD score of 19 and there are no conditions present in the appellant's bite which would result in an automatic approval. She explained the discrepancy between her score and her orthodontist. She testified that the appellant's orthodontist scored 5 points for lower crowding, but based upon her examination of the appellant, there was no crowding in the lower jaw, only in the upper jaw. Therefore, the BeneCare representative gave no points for lower crowding.

The appellant's father testified that his daughter needs braces and therefore should be eligible for them. He stated that the appellant's overbite is concerning, and that it will only get worse if she is not approved for full orthodontic treatment.

A letter from the appellant's provider indicated that she needs braces due to her overbite and overcrowding (Exhibit 5).

Findings of Fact

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

1. The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and x-rays (Exhibit 4).
2. The provider completed an HLD Form for the appellant and calculated an overall score of 25 (Exhibit 4).
3. The provider did not submit a medical necessity narrative, nor did he find an auto-qualifying condition (Exhibit 4).
4. DentaQuest determined that the appellant has an HLD score of 14, and [REDACTED] determined an HLD score of 19 (Exhibit 4 and testimony).
5. The appellant's orthodontist incorrectly gave 5 points for lower crowding. This would give the appellant a total HLD score of 20 (Exhibit 4 and testimony).

Analysis and Conclusions of Law

130 CMR 420.431 states, in relevant part, as follows:

(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 members 21st birthday.

(B) Service Limitations and Requirements.

(3) Comprehensive Orthodontics. The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime 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.

Appendix D of the Dental Manual is the "Handicapping Labio-Lingual Deviations Form" (HLD), which is described as a quantitative, objective method for evaluating prior authorization

requests for comprehensive orthodontic treatment. 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. A score of 22 or higher signifies a handicapping malocclusion.

MassHealth will also approve a prior authorization request, without regard for the HLD numerical score, if there is evidence of one of the following autoqualifiers: a cleft palate, deep impinging overbite, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, or severe maxillary anterior crowding, greater than 8 mm.

Appendix D of the Dental Manual also includes the instructions for submitting a medical necessity narrative. It states the following:

Providers may establish that comprehensive orthodontic treatment is medically necessary by submitting a medical necessity narrative and supporting documentation, where applicable. The narrative must establish that comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate

- i. a severe deviation affecting the patient's mouth and/or underlying dentofacial structures;
- ii. a diagnosed mental, emotional, or behavioral condition caused by the patient's malocclusion;
- iii. a diagnosed nutritional deficiency and/or substantiated inability to eat or chew caused by the patient's malocclusion;
- iv. a diagnosed speech or language pathology caused by the patient's malocclusion; or
- v. a condition in which the overall severity or impact of the patient's malocclusion is not otherwise apparent.

In this case, I have found that neither BeneCare nor ██████████ determined that the appellant had an HLD score of 22 or greater. While the appellant's orthodontist gave an HLD score of 25, I have found that he incorrectly gave 5 points for lower crowding based upon the in-person examination and testimony of ██████████. This would give the appellant no greater than an HLD score of 20.

In conclusion, the appellant does not have an HLD score of 22 or above. Additionally, there was no medical necessity narrative submitted, nor was there an auto-qualifying condition indicated. She therefore does not have a malocclusion that is handicapping based on conditions described in Appendix D of the Dental Manual.

The appeal is therefore 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.

Stanley Kallianidis
Hearing Officer
Board of Hearings

cc: BeneCare