

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2501807
Decision Date:	4/11/2025	Hearing Date:	04/02/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se with Mother

Appearances for MassHealth:
Dr. Benjamin Gamm, BeneCare, Orthodontist
Kiara Gonzalez, BeneCare, Appeals
Representative
Jennifer Laramée, BeneCare, Appeals
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:	4/11/2025	Hearing Date:	04/02/2025
MassHealth's Reps.:	Dr. Benjamin Gamm Kiara Gonzalez, Jennifer Laramée	Appellant's Rep.:	Pro se
Hearing Location:	Tewksbury MassHealth Enrollment Center	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 January 5, 2025, MassHealth denied Appellant's request for prior authorization of comprehensive orthodontic treatment (130 CMR 420.431 and Exhibit 1). Appellant filed this appeal in a timely manner on January 29, 2025 (130 CMR 610.015 and Exhibit 2). Denial of a request for prior authorization is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

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

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in denying

Appellant's prior authorization request for comprehensive orthodontic services.

Summary of Evidence

MassHealth was represented by Dr. Benjamin Gamm, an orthodontic consultant from the MassHealth contractor BeneCare which administers the MassHealth orthodontic program. Dr. Gamm testified that he is a licensed orthodontist in the Commonwealth of Massachusetts with 30 years of clinical experience. BeneCare was also represented by two Appeals Representatives observing the hearing. Dr. Gamm testified that Appellant's orthodontist submitted the Handicapping Labio-Lingual Deviations (HLD) Form which requires a total score of 22 or higher for approval. Appellant's orthodontist recorded a score of 16 points based on HLD measurements (Exhibit 1, p. 12). A letter of medical necessity was not included with the prior authorization request. Appellant's orthodontist scored 3 points for posterior impacted or congenitally missing teeth, 10 points for anterior crowding more than 3.5 mm in the upper and lower arches, 1 point for overjet, and 2 points for overbite (Id.). Dr. Gamm testified that when the prior authorization request was submitted, DentaQuest administered the MassHealth orthodontic program. A DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 11 HLD points with no autoqualifying conditions identified (Exhibit 1, p. 7). Dr. Gamm examined Appellant's dentition at hearing and testified that he scored 18 HLD points and found no autoqualifying conditions. Dr. Gamm testified that his examination of Appellant's dentition showed that Appellant does not have a concave profile and has two baby teeth in the bottom arch, and 12-year molars have not yet erupted into the mouth. Dr. Gamm added that there is crowding in both arches, and an upper lateral left incisor is rotated and in crossbite; however, because only one tooth is in crossbite, there is no autoqualifying crossbite which requires that 3 posterior or anterior teeth are in crossbite in either the upper or lower arch. Dr. Gamm allowed 5 points for anterior crowding in each arch for a total of 10 HLD points, and 3 points for congenitally missing tooth #29. Dr. Gamm added that tooth #20, in addition to the lower second molars, has not yet erupted into the mouth. Dr. Gamm reviewed requirements for a letter of medical necessity and upheld the denial of payment for orthodontics because Appellant's HLD score is below 22 points, and no autoqualifying conditions are present.

Appellant's mother testified that Appellant was born with a birth defect and has had corrective surgeries and wore a retainer. She testified to a previous hearing in April 2024 after which she was allowed 30 days to obtain additional information from Appellant's previous orthodontic provider to document crowding. She returned to the previous provider and found that she had retired and sold her practice, and the new owner does not accept MassHealth. She elected to submit a new prior authorization request from a new orthodontic provider who accepts MassHealth, but she feels that the current provider is not familiar with Appellant's dental history. Appellant's mother added that the previous provider felt that comprehensive orthodontic treatment was medically necessary, and she presented a letter from February 2024 that recommended comprehensive orthodontics to prevent worsening of the crossbite related to upper arch constriction to prevent

canines from becoming impacted and avoid surgery to expose them (Exhibit 4). She added that comprehensive orthodontics are medically necessary for Appellant to prevent the crossbite and previous dental conditions from reoccurring.

Dr. Gamm reviewed the letter from the previous orthodontic provider and stated that Appellant probably would have qualified for interceptive orthodontics in 2024 but probably would not have qualified for comprehensive treatment.

Findings of Fact

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

1. Appellant's orthodontist submitted the Handicapping Labio-Lingual Deviations (HLD) Form which requires a total score of 22 or higher for approval. Appellant's orthodontist recorded a score of 16 points based on HLD measurements and did not identify any autoqualifying conditions. Appellant's orthodontist scored 3 points for posterior impacted or congenitally missing teeth, 10 points for anterior crowding more than 3.5 mm in the upper and lower arches, 1 point for overjet, and 2 points for overbite.
2. A letter of medical necessity was not included with the prior authorization request.
3. A DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 11 HLD points with no autoqualifying conditions identified.
4. Dr. Gamm examined Appellant's dentition at hearing and scored 18 HLD points and found no autoqualifying conditions.
5. Appellant does not have a concave profile and has two baby teeth in the bottom arch, and 12-year molars have not yet erupted into the mouth.
6. There is crowding in both arches, and an upper lateral left incisor is rotated and in crossbite; however, because only one tooth is in crossbite, there is no autoqualifying crossbite which requires that 3 posterior or anterior teeth are in crossbite in either the upper or lower arch.
7. Tooth #29 is congenitally missing.
8. Tooth #20 and the lower second molars have not yet erupted into the mouth.

Analysis and Conclusions of Law

Regulation 130 CMR 420.431(C)(3) states in relevant part:

The MassHealth agency pays for comprehensive orthodontic treatment only once per member under age 21 per lifetime and only when the member has a handicapping malocclusion. The MassHealth agency determines whether a malocclusion is handicapping based on the clinical standards 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 measuring malocclusion. 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. MassHealth has determined that a score of 22 or higher signifies a handicapping malocclusion. The HLD index also includes conditions that are listed as autoqualifiers that result in approval without HLD scores. Requirements for approval based on a medical necessity narrative are also outlined on the HLD form.¹ Here, Appellant’s orthodontic provider submitted the Handicapping Labio-Lingual

¹See Exhibit 1, p. 11 and the MassHealth Dental Manual, Transmittal DEN 111, 10/15/2021 available at: <https://www.mass.gov/doc/appendix-d-authorization-form-for-comprehensive-orthodontic-treatment-0/download>. The instructions for Medical Necessity Narrative and Supporting Documentation state that 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 skeletal 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 a 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 diagnosed condition caused by the overall severity of the patient’s malocclusion. Providers may submit a medical necessity narrative (along with the required completed HLD) in any case where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. Providers must submit this narrative in cases where the patient does not have an autoqualifying condition or meet the threshold score on the HLD, but where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. The medical necessity narrative must clearly demonstrate why comprehensive orthodontic treatment is medically necessary for the patient. If any part of the requesting provider’s justification of medical necessity involves a mental, emotional, or behavioral condition; a nutritional deficiency; a speech or language pathology; or the presence of any other condition that would typically require the diagnosis, opinion, or expertise of a licensed clinician other than the requesting provider, then the narrative and any attached documentation must i. clearly identify the appropriately qualified and licensed clinician(s) who furnished the diagnosis or opinion substantiating the condition or pathology (e.g., general dentist, oral surgeon, physician, clinical psychologist, clinical dietitian, speech therapist); ii. describe the nature and extent of the identified clinician(s) involvement and interaction with the patient, including dates of treatment; iii. state the specific diagnosis or other opinion of the patient’s condition furnished by the identified clinician(s); iv. document the recommendation by the clinician(s) to seek orthodontic evaluation or treatment (if such a

Deviations (HLD) Form, which requires a total score of 22 or higher for approval, recorded a score of 16 points, and did not identify any autoqualifying conditions. Appellant's orthodontist scored 3 points for posterior impacted or congenitally missing teeth, 10 points for anterior crowding more than 3.5 mm in the upper and lower arches (5 points for each arch), 1 point for overjet, and 2 points for overbite. When the prior authorization request was submitted to MassHealth, a DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 11 HLD points with no autoqualifying conditions identified. Dr. Gamm, a licensed orthodontist with 30 years of clinical experience, examined Appellant's dentition at hearing which showed that Appellant does not have a concave profile and has two baby teeth in the bottom arch, and that 12-year molars have not yet erupted into the mouth. Dr. Gamm also found that there is crowding in both arches, and an upper lateral left incisor is rotated and in crossbite; however, because only one tooth is in crossbite, there is no autoqualifying crossbite which requires that 3 posterior or anterior teeth are in crossbite in either the upper or lower arch.² Dr. Gamm allowed 5 points for anterior crowding in each arch for a total of 10 HLD points, and 3 points for congenitally missing tooth #29. Dr. Gamm added that tooth #20, in addition to the lower second molars, has not yet erupted into the mouth. Based on his in-person examination of Appellant's dentition, I find Dr. Gamm's testimony credible and corroborated by the DentaQuest review of photographs and X-rays which also resulted in a HLD score below 22 points. Moreover, Dr. Gamm's testimony is corroborated by Appellant's orthodontist who scored 16 HLD points with no autoqualifying conditions (Exhibit 1, p. 12). Because each orthodontist scored below the required 22 points on the HLD index, and no autoqualifying conditions were identified, the evidence shows that Appellant does not have a handicapping malocclusion as defined above.

The MassHealth agency pays for a pre-orthodontic treatment examination for members younger than 21 years of age, once per six (6) months per member, and only for the purpose of determining whether orthodontic treatment is medically necessary and can be initiated before the member's twenty-first birthday (130 CMR 420.431(C)(1)). Appellant can be reevaluated for comprehensive orthodontics and submit a new prior authorization request 6 months after the last evaluation.³

recommendation was made); v. discuss any treatments for the patient's condition (other than comprehensive orthodontic treatment) considered or attempted by the clinician(s); and vi. provide any other relevant information from the clinician(s) that supports the requesting provider's justification of the medical necessity of comprehensive orthodontic treatment. The medical necessity narrative must be signed and dated by the requesting provider and submitted on the office letterhead of the provider. If applicable, any supporting documentation from the other involved clinician(s) must also be signed and dated by such clinician(s) and appear on office letterhead of such clinician(s). The requesting provider is responsible for coordinating with the other involved clinician(s) and is responsible for compiling and submitting any supporting documentation furnished by other involved clinician(s) along with the medical necessity narrative.

² See HLD form at Exhibit 1, p. 12.

³ With regard to a previous hearing which apparently culminated in a new prior authorization request submitted by a new orthodontic provider after the previous provider retired, this hearing decision is limited to the prior authorization request submitted by that new orthodontic provider and cannot revisit the previous prior

The appeal is 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.

Thomas J. Goode
Hearing Officer
Board of Hearings

cc: MassHealth Representative: BeneCare 1, Attn: Jessica Lusignan

authorization request or the previous hearing.