# Office of Medicaid BOARD OF HEARINGS

### **Appellant Name and Address:**



Appeal Decision: Denied Appeal Number: 2501929

**Decision Date:** 4/10/2025 **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 Laramee, 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:** 4/10/2025 **Hearing Date:** 04/02/2025

MassHealth Reps.: Dr. Benjamin Gamm

Kiara Gonzalez, Jennifer Laramee Appellant's Reps.: Pro se with Mother

**Hearing Location:** Tewksbury

 ${\bf Mass Health}$ 

**Enrollment Center** 

No

# **Authority**

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Aid Pending:

## Jurisdiction

Through a notice dated January 2, 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 30, 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

Page 1 of Appeal No.: 2501929

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 26 points based on HLD measurements (Exhibit 1, p. 14). A letter of medical necessity was not included with the prior authorization request. Appellant's orthodontist scored 6 points for impacted or congenitally missing teeth, 5 points for overjet, 5 points for overbite, and 10 points for anterior crowding more than 3.5 mm in the upper and lower arches. 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 12 HLD points with no autoqualifying conditions identified (Exhibit 1, p. 17). Dr. Gamm examined Appellant's dentition at hearing and testified that he scored 5 HLD points and found no autoqualifying conditions. Dr. Gamm testified that his examination of Appellant's dentition showed that the upper second bicuspids have erupted into the mouth and are not impacted. Dr. Gamm added that there is a little bit of overjet and overbite; however, Appellant does not have crowding that exceeds 3.5 mm in either the upper or lower arch. He added that the lower arch has a tiny bit of crowding, and there is no crowding in the upper arch. Dr. Gamm 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 had no questions and indicated that she would continue to monitor Appellant's dentition and resubmit a prior authorization request in the future.

# **Findings of Fact**

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

- 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 26 points based on HLD measurements and did not identify any
   autoqualifying conditions.
- 2. A letter of medical necessity was not included with the prior authorization request.

Page 2 of Appeal No.: 2501929

- 3. A DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 12 HLD points with no autoqualifying conditions identified.
- 4. Dr. Gamm examined Appellant's dentition at hearing and scored 5 HLD points and found no autoqualifying conditions.
- 5. Appellant's upper second bicuspids are not impacted and have erupted into the mouth.
- 6. Appellant does not have crowding in the upper or lower arch that exceeds 3.5 mm.

## **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 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 (Exhibit 1, p. 15). Here, Appellant's orthodontic provider submitted the Handicapping Labio-Lingual Deviations (HLD) Form which requires a total score of 22 or higher for approval and recorded a score of 26 points and did not identify any autoqualifying conditions. Appellant's orthodontist scored 6 points for impacted or congenitally missing teeth, 5 points for overjet, 5 points for overbite, and 10 points for anterior crowding in excess of 3.5 mm in the upper and lower arches. When the prior authorization request was submitted to MassHealth, a DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 12 HLD points with no autoqualifying conditions identified. Dr. Gamm, a licensed orthodontist with 30 years of clinical experience, examined Appellant's dentition at hearing, scored 5 HLD points and found no autoqualifying conditions. Dr. Gamm's examination revealed that Appellant's upper second bicuspids are not impacted and have erupted into the mouth and also showed that Appellant does not have crowding in the upper or lower arch that exceeds 3.5 mm. 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

Page 3 of Appeal No.: 2501929

score below 22 points. Because Appellant's HLD score is below 22 points and no autoqualifying conditions are present, Appellant does not have a handicapping malocclusion as defined above.

The MassHealth agency pays for a pre-orthodontic treatment examination for members younger than 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 (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.

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

Page 4 of Appeal No.: 2501929