

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2502807
Decision Date:	5/7/2025	Hearing Date:	4/08/2025
Hearing Officer:	Patrick Grogan	Record Open to:	N/A

Appearance for Appellant:



Appearance for MassHealth:

Dr. Benjamin Gamm

Interpreter:

N/A



*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, Orthodontics
Decision Date:	5/7/2025	Hearing Date:	4/08/2025
MassHealth's Rep.:	Dr. Benjamin Gamm	Appellant's Rep.:	[REDACTED]
Hearing Location:	Quincy Harbor South	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 27, 2025, MassHealth denied the Appellant's application for prior approval for orthodontic treatment (Exhibit 1). The Appellant filed this appeal in a timely manner on February 18, 2025. (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

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

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that the Appellant does not meet the MassHealth requirements for coverage of orthodontic treatment.

Summary of Evidence

The Appellant is a MassHealth member under the age of [REDACTED] (Exhibit 4) The Appellant's father appeared, in-person, however the Appellant did not appear in-person. MassHealth was represented by Dr. Benjamin Gamm, an orthodontist and consultant from BeneCare, the entity that has contracted with the MassHealth agency to administer and run the agency's dental program for MassHealth members. Dentaquest¹ reviewed the submissions and denied the request for braces, finding that the submitted documentation did not meet the clinical criteria required for the approval for braces. (Exhibit 5) BeneCare reviewed the Dentaquest documentation, determining that the Appellant did not meet the clinical criteria required for the approval for braces. (Exhibit 5)

Dr. Gamm explained the way MassHealth determines whether to cover the cost of braces for a member. (Testimony) MassHealth can only cover requests and pay for treatment for full orthodontics when the dental problems or "malocclusions" meet a certain high standard. It is not enough to say that the Appellant has imperfect teeth, or that the member and their family has been told by a dentist that the patient would generally need or benefit from braces. Instead, to obtain approval, the bite or condition of the teeth must have enough issues or discrepancies that it falls into the group of malocclusions with the most severe or handicapping issues. (Testimony)

The Appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment, together with photographs and photographs of x-rays (radiographs). (Exhibit 5) Although required, the Appellant's orthodontic provider did not submit a completed Handicapping Labio-Lingual Deviations (HLD) form. (Exhibit 5) Dr. Gamm testified that, on the HLD point scale, a score of 22 points is needed for approval. BeneCare's submission returned a score of 12 on the HLD point scale. (Exhibit 5, pg. 8) Dr. Gamm testified that he calculated a score of 12 on the HLD point scale after evaluating the submissions of the Appellant's orthodontic provider. (Testimony)

Regardless of point total, it is also possible to qualify for orthodontic treatment if the Appellant has a condition deemed an Autoqualifier. Here, the Appellant's provider did not submit the required HLD form. (Exhibit 5) Dr. Dr. Gamm's testimony reveals that he did not find an Autoqualifier was present, and evidence submitted by BeneCare also shows no Autoqualifier was found at this time. (Testimony, Exhibit 5, pg. 8)

Regardless of point total, it is additionally possible to qualify for comprehensive orthodontic treatment if that treatment is medically necessary for the Appellant. In order for

¹ Dentaquest is the former entity that had contracted with MassHealth agency to administer and run the agency's dental program for MassHealth members. Dentaquest received the submission and processed the radiographs. BeneCare is the successor contractor to Dentaquest. BeneCare reviewed Dentaquest's determination, assembled the submission (Exhibit 5), and provided the orthodontist to appear and testify at Hearing.

the Appellant's particular conditions to be evaluated to see if those particular conditions support a Medical Necessity determination, evidence, in the form of a Medical Necessity Narrative letter and supporting documentation, must be submitted by the Appellant's requesting provider. Generally, this involves a severe medical condition that can include atypical or underlining health concerns which may be either dental or non-dental. Here, the Appellant's orthodontic provider did not submit any documentation that indicated a Medical Necessity Narrative was submitted (Exhibit 5). Moreover, Dr. Gamm's testimony and BeneCare's submitted evidence do not support a Medical Necessity determination at this time. (Exhibit 5)

Findings of Fact

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

1. The Appellant is currently a MassHealth member under the age of [REDACTED] who had a request for prior approval for full or comprehensive braces denied by MassHealth. (Testimony, Exhibit 1)
2. The Appellant did not appear in person for the Hearing.
3. BeneCare's submission returned an HLD score of 12 points on the HLD index form. (Testimony, Exhibit 5, p. 8)
4. Dr. Gamm testified that he calculated a score of 12 on the HLD point scale after evaluating the submissions of the Appellant's orthodontic provider. (Testimony)
5. BeneCare's submission did not find an Autoqualifier was present. (Exhibit 5)
6. Dr. Gamm did not find an Autoqualifier was present. (Testimony)
7. Although required, the Appellant's orthodontic provider did not submit a completed Handicapping Labio-Lingual Deviations (HLD) form and did not indicate whether an Autoqualifier was present. (Exhibit 5)
8. Regarding a Medical Necessity determination, the Appellant's orthodontic provider did not submit anything indicating a Medical Necessity was present, nor did the chosen orthodontist submit a Medical Necessity Narrative. (Exhibit 5)
10. BeneCare's submitted evidence does not support a Medical Necessity determination at this time. (Exhibit 5)

11. Dr. Gamm's testimony does not support a Medical Necessity determination at this time (Testimony).

Analysis and Conclusions of Law

As a rule, the MassHealth agency and its dental program pays only for medically necessary services to eligible MassHealth members and may require that such medical necessity be established through a prior authorization process. See 130 CMR 450.204; 130 CMR 420.410. In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq.,² covered services for certain dental treatments, including orthodontia, are subject to the relevant limitations of 130 CMR 420.421 through 420.456. See 130 CMR 420.421 (A) through (C).

130 CMR 420.431 contains the description and limitation for orthodontic services. As to comprehensive orthodontic requests, that regulation reads in relevant part as follows:

420.431: Service Descriptions and Limitations: Orthodontic Services

(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. ...*

(C) 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 ■ 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.***

...

(**Bolded** emphasis added.)

Appendix D of the Dental Manual contains the current HLD Authorization Form found in Exhibit 7. As indicated by the paper record, the MassHealth testimony, and the relevant regulations, appendices, and manuals (including the HLD Authorization form), MassHealth approves comprehensive orthodontic treatment only when the member meets one of the three following requirements:

² 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program Office Reference Manual publication as a source of additional explanatory guidance beyond the regulations. It is noted that references in the regulations to the "*Dental Manual*" include the pertinent state regulations, the administrative and billing instructions (including the HLD form), and service codes found in related subchapters and appendices. See <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>.

- (1) the member has an “auto qualifying” condition as described by MassHealth in the HLD Index;
- (2) the member meets or exceeds the threshold score (currently 22 points) listed by MassHealth on the HLD Index; or
- (3) comprehensive orthodontic treatment is medically necessary for the member, as demonstrated by a medical necessity narrative letter and supporting documentation submitted by the requesting provider. Usually this involves a severe medical condition that can include atypical or underlining health concerns which may be either dental or non-dental.

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998). On this record, the Appellant has not met the burden to demonstrate the invalidity of the denial of preauthorization for braces. The Appellant's orthodontist submitted documentation, including photographs as required by the Regulations, but did not submit the required HLD form. (Exhibit 5) Dentaquest reviewed the submissions and denied the request for braces, finding that the submitted documentation did not meet the clinical criteria required for the approval for braces. (Exhibit 5) BeneCare reviewed the Dentquest documentation, determining that the Appellant did not meet the clinical criteria required for the approval of braces. (Exhibit 5) Additionally, Dr. Gamm was not able to find any evidence within the proffered submissions to overturn the denial. (Testimony)

In this case, regarding an Autoqualifier condition, the Appellant's orthodontic provider did not submit an HLD form, nor any documentation related to an Autoqualifier condition. (Exhibit 5) Within the submission by BeneCare, an Autoqualifier condition was not observed. (Exhibit 5, pg. 8) Dr. Gamm did not observe any presence of an Autoqualifier condition in his review of the submitted evidence. (Testimony) I credit the testimony of Dr. Gamm, which is supported by the submission of BeneCare. (Exhibit 5) Accordingly, I find no Autoqualifier condition is met in this case based on the evidence presented at this time.

Additionally, a review of the HLD scores is required to ascertain if Appellant's bad bite or malocclusion is severe enough to qualify as a handicapping malocclusion. The MassHealth standard requires a current score of 22 or above on the HLD index. Here, the Appellant's orthodontic provider did not submit an HLD form, as required. (Exhibit 5). BeneCare's submission calculated a score of 12 points. (Exhibit 5, pg. 8). Dr. Gamm testified that he calculated a score of 12 points based upon the submitted radiographs. (Testimony). I credit the testimony of Dr. Gamm, which is supported by the submission of BeneCare. (Exhibit 5) . Based on this record, the Appellant cannot meet the target score of 22 of the HLD index form at this time. Therefore, I find the HLD

Index score of 22 or more points is not met in this case based on the evidence presented in this record.

Regarding a Medical Necessity determination, the Appellant's orthodontic provider did not indicate a Medical Necessity Narrative was submitted and neither a Narrative nor any additional supporting documentation related to a Medical Necessity were submitted. (Exhibit 5) Moreover, Dr. Gamm's testimony and BeneCare's submitted evidence do not support a Medical Necessity determination at this time. (Exhibit 5).

Based upon the review, the determination that the submitted documentation did not meet the clinical criteria required for the approval for braces, as well as the testimony of Dr. Gamm, the Appellant has not met the burden, by a preponderance of evidence, to show the invalidity of MassHealth administrative determination. Accordingly, this 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.

Patrick Grogan
Hearing Officer
Board of Hearings

CC: BeneCare 1, Attn: Jessica Lusignan