

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2508267
Decision Date:	7/17/2025	Hearing Date:	07/10/2025
Hearing Officer:	Alexandra Shube		

Appearances for Appellant:



Appearances for MassHealth:

Dr. Benjamin Gamm, Orthodontic Consultant,
BeneCare
Loan Ng, Appeals & Grievances, BeneCare
Camilla Gottschald, Appeals & Grievances,
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:	Orthodontic Services
Decision Date:	7/17/2025	Hearing Date:	07/10/2025
MassHealth's Reps.:	Dr. Gamm; Loan Ng; Camilla Gottschald	Appellant's Reps.:	Father; Mother; 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 May 28, 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 May 30, 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 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 appeared at hearing with his mother and father. MassHealth was represented at hearing by Dr. Benjamin Gamm, the orthodontic consultant from BeneCare, the MassHealth dental contractor, and Loan Ng and Camilla Gottschald, appeals and grievances representatives from BeneCare.

The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and x-rays. As required, the provider completed the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form, which requires a total score of 22 or higher for approval, or that the appellant has one of the conditions that warrant automatic approval of comprehensive orthodontic treatment. The provider did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment and did not submit a medical necessity narrative. The provider's HLD Form indicates that she found a total score of 27, broken down as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	4	1	4
Overbite in mm	8	1	8
Mandibular Protrusion in mm	1	5	5
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding ¹	Maxilla: x Mandible: x	Flat score of 5 for each ²	10
Labio-Lingual Spread, in mm (anterior spacing)	0	1	0
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			27

When BeneCare initially evaluated this prior authorization request on behalf of MassHealth, its orthodontist also 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 16. The BeneCare HLD Form reflects the following scores:

¹ 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.

² The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency **must exceed 3.5 mm**.

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	4	1	4
Overbite in mm	5	1	5
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: n/a Mandible: x	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	2	1	2
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			16

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 on May 28, 2025.

As part of the appeals process, BeneCare had a second orthodontist review the prior authorization submission prior to hearing. That orthodontist found a score of 17, differing from the initial score by measuring the overjet at 6mm.

At hearing, Dr. Gamm completed an HLD form based on an in-person examination of the appellant and a review of the x-rays and photographs. He determined that the appellant's overall HLD score was 16, as calculated below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	6	1	6
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: n/a Mandible: x	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	2	1	2
Posterior Unilateral Crossbite	0	Flat score of 4	0

Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			16

Dr. Gamm indicated that the main differences between the appellant's provider's score and that of his and BeneCare are the scoring of anterior crowding, mandibular protrusion, and overbite. He explained that to consider crowding in the HLD form, there must be at least 3.5mm of crowding. The appellant's lower jaw (mandible) has at least 3.5mm of crowding, but his upper teeth are almost totally straight with no crowding. He measured barely 1mm of crowding in the upper jaw (maxilla). As to the mandibular protrusion, he examined the appellant carefully but could find no evidence of its presence in his mouth. The appellant's molars are in the correct position and not in protrusion. He explained that a mandibular protrusion is when the jaw is tending toward an underbite. It is essentially the opposite of an overjet and the appellant has a 3mm overjet. He can't have both an overjet and mandibular protrusion because that would mean his bite would be going in two different directions. Dr. Gamm could not explain how the appellant's orthodontist measured an 8mm overbite. At most, he measured it at 6mm.

Dr. Gamm also addressed documentation that mentioned issues with speech, grinding teeth, and anxiety. He explained the requirements for a medical necessity narrative. The appellant's provider did not submit a medical necessity with the current prior authorization; however, the appellant could submit one with future prior authorizations to address a diagnosed speech pathology or mental, emotional, or behavioral condition caused by the appellant's malocclusion. He stated that while teeth grinding could have something to do with his overbite, it is not likely something that would be considered for medical necessity.

The appellant's parents testified that the appellant had six baby teeth removed in anticipation of getting braces. It is embarrassing for their son that his friends have braces and he has not yet. He did speech therapy in school, but that stopped around when COVID started. They feel his speech is still affected, but he is not being treated for it anymore. He is going into high school and having braces at that age will have a psychological effect on him. They trust their orthodontist's opinion and treatment plan. She is well-educated and did the braces for their older children. His orthodontist explained the following conditions that braces will help with: his bottom jaw is narrow; elastics will help with the mandibular protrusion; the crowding will make it harder for their son to keep his teeth clean; and when he shuts his mouth, his teeth don't close all the way.

Dr. Gamm responded that the appellant's orthodontist could ask for a peer-to-peer review to better explain her reasoning and treatment plan. But if she wants to expand his lower jaw, she would also have to expand upper jaw in order for both to align and his upper teeth are almost totally straight with no crowding. Since the appellant has an overjet, using elastics to bring back the lower jaw to treat a mandibular protrusion (which he does not see evidence of) does not make sense. Dr. Gamm advised the appellant that he may be re-examined every six months and has until the age of ■ to be treated. Because the appellant's HLD score is below 22 and there were no

autoqualifiers present and no medical necessity narrative, the appellant does not have a handicapping malocclusion and MassHealth will not pay for comprehensive orthodontic treatment at this time.

The appellant's parents stated that their orthodontist was told there was no peer-to-peer review available. Additionally, they expressed their frustration and difficulty in dealing with BeneCare.

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 [REDACTED] (Testimony and Exhibit 5).
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 27, did not find any auto-qualifying conditions, and did not submit a medical necessity narrative (Exhibit 4).
4. When BeneCare evaluated the prior authorization request on behalf of MassHealth, its orthodontist determined that the appellant had an HLD score of 16 and no conditions warranting automatic approval of comprehensive orthodontic treatment (Exhibit 5).
5. As part of the appeal process, a second BeneCare reviewer determined that the appellant had an HLD score of 17 and no conditions warranting automatic approval of comprehensive orthodontic treatment (Exhibit 5).
6. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more or has one of the conditions that warrant automatic approval of comprehensive orthodontic treatment (Testimony).
7. On May 28, 2025, MassHealth notified the appellant that the prior authorization request had been denied (Exhibits 1).
8. On May 30, 2025, the appellant timely appealed the denial to the Board of Hearings (Exhibit 2).
9. At hearing, a MassHealth orthodontic consultant examined the appellant in person and reviewed the provider's paperwork, photographs, and x-rays and found an HLD score of 16. He also did not see any evidence of any autoqualifying conditions. (Testimony).

10. The appellant's HLD score is below 22.
11. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (cleft palate; impinging overbite with evidence of occlusal contact into the opposing soft tissue; impaction where eruption is impeded but extraction is not indicated (excluding third molars); severe traumatic deviation; overjet greater than 9 mm; reverse overjet greater than 3.5 mm; crowding of 10mm or more in either the maxillary or mandibular arch (excluding 3rd molars); spacing of 10mm or more in either the maxillary or mandibular arch (excluding 3rd molars); anterior crossbite of 3 or more maxillary teeth per arch; posterior crossbite of 3 or more maxillary teeth per arch; two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant; lateral open bite 2mm or more of 4 or more teeth per arch; anterior open bite 2mm or more of 4 or more teeth per arch).

Analysis and Conclusions of Law

130 CMR 420.431(C)(3) states, in relevant part, as follows:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime for a member younger than [REDACTED] 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).

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.

MassHealth will also approve a prior authorization request, without regard for the HLD numerical score, if there is evidence of one of the following automatic qualifying conditions: cleft palate; impinging overbite with evidence of occlusal contact into the opposing soft tissue; impaction where eruption is impeded but extraction is not indicated (excluding third molars); severe traumatic deviation; overjet greater than 9 mm; reverse overjet greater than 3.5 mm; crowding of 10mm or more in either the maxillary or mandibular arch (excluding 3rd molars); spacing of 10mm or more in either the maxillary or mandibular arch (excluding 3rd molars); anterior crossbite of 3 or more maxillary teeth per arch; posterior crossbite of 3 or more

maxillary teeth per arch; two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant; lateral open bite 2mm or more of 4 or more teeth per arch; or anterior open bite 2mm or more of 4 or more teeth per arch.

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.

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 speech or language pathology...** 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 dietician, 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 recommendation was made);
- v. discuss any treatments for the patient's condition (other than the 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.

(Appendix D; emphasis added).

While a MassHealth member may benefit from orthodontic treatment, the regulations 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 autoqualifying condition, or that the treatment is otherwise medically necessary. He has failed to do so here.

The appellant's provider found an overall HLD score of 27. After reviewing the provider's submission, MassHealth found HLD scores of 16 and 17. Upon review of the prior authorization documents and an in-person examination at hearing, Dr. Gamm found an HLD score of 16. All orthodontists agreed that the appellant did not have any autoqualifying condition present in the mouth.

As Dr. Gamm explained, the appellant's provider did not accurately measure and score certain conditions in the mouth. The appellant's provider should not have scored 5 points for the mandibular protrusion which, since the appellant's molars are in the correct position, is not present in the appellant's mouth. The appellant does not have at least 3.5mm of crowding in the upper teeth and his provider should not have scored 5 points for anterior maxilla crowding. At most, the appellant barely has 1mm of crowding in the upper teeth. As to the overbite, Dr. Gamm could not explain how the appellant's provider measured 8mm when there is, at most, a 6mm overbite. Dr. Gamm's measurements and testimony are credible and his determination of the overall HLD score and the lack of autoqualifiers is consistent with the evidence. Thus, the appellant's HLD score falls below the necessary 22 points and he does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment.

While the appellant's testimony is credible and I appreciate the impact his malocclusion has on his life, it is not sufficient to establish medical necessity. To consider any speech pathology and/or mental, emotional, or behavioral condition, there needs to be a medical necessity narrative (with supporting documentation where applicable). The medical necessity narrative needs to be from a qualified, license professional who can speak to, among other requirements listed in Appendix D of the Dental Manual, the diagnosed mental, emotional, or behavioral condition and/or speech or language pathology, whether it is caused by the malocclusion, and whether comprehensive orthodontic treatment is medically necessary to correct or significantly ameliorate those conditions. There is no such documentation here.

As the appellant does not qualify for comprehensive orthodontic treatment under the HLD guidelines and has not established medical necessity, MassHealth was correct in determining that he does not have a handicapping malocclusion. Accordingly, this appeal is denied.³

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.

Alexandra Shube
Hearing Officer
Board of Hearings

MassHealth Representative: BeneCare 1, Attn: Jessica Lusignan

³ This decision does not prevent the appellant, through his orthodontic provider, from submitting a new prior authorization with accompanying medical necessity narrative in the future. As stated by Dr. Gamm, the appellant may be re-examined every six months and has until the age of ■ to be treated.