

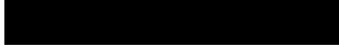
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2510420
<b>Decision Date:</b>	10/2/2025	<b>Hearing Date:</b>	08/27/2025
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	N/A

**Appearance for Appellant:**



**Appearance for MassHealth:**

Dr. Benjamin Gamm  
Loan Ngo, Benecare Administrator



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization - Orthodontics
<b>Decision Date:</b>	10/2/2025	<b>Hearing Date:</b>	08/27/2025
<b>MassHealth's Rep.:</b>	Dr. Benjamin Gamm	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Worcester MassHealth Enrollment Center - Room 1	<b>Aid Pending:</b>	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 June 12, 2025, MassHealth denied appellant's application for prior approval for orthodontic treatment. (Ex. 1). Appellant filed this appeal in a timely manner on July 12, 2025. (see 130 CMR 610.015(B); Ex. 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied appellant's request for approval of the prior authorization for braces for full and comprehensive orthodontic treatment.

### Issue

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

## Summary of Evidence

Appellant is a MassHealth member under the age of [REDACTED] (Ex. 4). Appellant's mother appeared, in-person, however, 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. BeneCare reviewed submissions and denied the request for braces, finding that the submitted documentation did not meet the clinical criteria required for the approval for braces. (Ex. 4).

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 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).

Appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment, together with photographs and x-rays (radiographs). (Ex. 4). Appellant's orthodontic provider submitted a completed Handicapping Labio-Lingual Deviations (HLD) form. (Ex. 4, p. 8). Dr. Gamm testified that, on the HLD point scale, a score of 22 points is needed for approval. Appellant's orthodontist obtained a score of 18. (Ex. 4, p. 8). BeneCare's submission returned a score of 11 on the HLD point scale. (Ex. 4, p. 15). Dr. Gamm stated that normally he would do an in-person examination of appellant at the hearing but because appellant did not appear at hearing, he would review the photographs and x-rays with appellant's mother. (Testimony). Dr. Gamm stated he did not provide an HLD score of his own because appellant was not present but stated he believed based upon the x-rays and photographs he doubted he would have reached a score of 22 points. (Testimony).

Regardless of point total, it is also possible to qualify for orthodontic treatment if appellant has a condition deemed an Autoqualifier. Here, appellant's provider found an Autoqualifier of Reverse Overjet. (Ex. 4, p. 8). Dr. Gamm testified that he did not find an Autoqualifier present. Dr. Gamm explained to appellant's mother that a Reverse Overjet is also known as an underbite. Looking at pictures of appellant's mouth, Dr. Gamm stated it was clear appellant did not have an underbite. He testified that appellant has one tooth in crossbite but crossbite and underbite are two different things.<sup>1</sup>

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<sup>1</sup> Evidence submitted on an HLD scale submitted by BeneCare, the orthodontist for BeneCare reviewing appellant's case checked off an Autoqualifier of two or more congenitally missing teeth. (Testimony; Ex. 4, p. 15). Dr. Gamm testified this was a mistake because it was clear appellant was not missing any teeth. (Testimony; Ex. 4, pp. 11-13).

Regardless of point total, it is additionally possible to qualify for comprehensive orthodontic treatment if that treatment is medically necessary for appellant. For 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 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, appellant's orthodontic provider did submit documentation that he believed indicated a Medical Necessity. (Ex. 4, pp. 4-7). Appellant's orthodontist cites 130 CMR 450.204 and quotes a part of it that says medical necessity is "reasonably calculated to prevent...a condition...that...results in...infirmity." (Ex. 4, p. 4). Dr. Gamm explained to appellant's mother that the orthodontist neglected to include in his medical necessity argument another section of the regulation. Dr. Gamm stated that 450.204 (D) also indicates "Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines." (Testimony). Dr. Gamm stated in these orthodontic cases, an additional requirement is meeting the score on the HLD scale of 22 or more points, which appellant failed to achieve. (Testimony). Dr. Gamm testified he did not find a medical necessity and that due to the evidence before him, he could not overturn the denial.

## Findings of Fact

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

1. Appellant is a MassHealth member under the age of ■ who had a request for prior approval for full or comprehensive braces denied by MassHealth. (Ex. 1; Ex. 4).
2. Appellant did not appear in person at hearing.
3. Appellant's orthodontist obtained a score of 18 on the HLD scale. (Ex. 4, p. 8).
4. BeneCare's submission indicated a score of 11 on the HLD point scale. (Ex. 4, p. 15).
5. After reviewing the submissions of appellant's orthodontist, Dr. Gamm stated he would not find an HLD score of 22 or more. (Testimony).
6. Appellant's provider found an Autoqualifier of Reverse Overjet. (Ex. 4, p. 8).
7. Dr. Gamm did not find an Autoqualifier present. (Testimony).
8. BeneCare mistakenly found the Autoqualifier of Two or more congenitally missing teeth was

present. (Testimony; Ex. 4, p. 15).

9. Appellant is not missing any teeth. (Testimony; Ex. 4, pp. 11-13).
10. Appellant's provider submitted documentation indicating a Medical Necessity. (Ex. 4, pp. 4-7).
11. Dr. Gamm found no medical necessity. (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,<sup>2</sup> 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.***

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(**Bolded** emphasis added.)

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<sup>2</sup> 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>.

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:

- (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, appellant has not met the burden to demonstrate the invalidity of the denial of preauthorization for braces.

A review of the different 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 on the HLD index. Here, appellant's provider calculated a score of 18 points on the HLD scale. Dr. Gamm stated he would not have found a score that exceeded 22 points. BeneCare found a score of 11 on the HLD scale. The record is clear that none of the three reviewing dentists who completed an HLD review, including the appellant's own orthodontic provider, found a score of 22 or more points needed for approval.

In this case, appellant's orthodontist indicated the presence of an Autoqualifier, namely a reverse overjet. Dr. Gamm testified that a reverse overjet is also known as an underbite. Looking at pictures of appellant's mouth, Dr. Gamm stated it was clear appellant did not have an underbite. He testified that appellant has one tooth in crossbite but crossbite and underbite are two different things. I credit the testimony of Dr. Gamm. I find Dr. Gamm's explanation of his process in reviewing photos and x-rays to be very thorough. He testified he was careful in his review. Dr. Gamm is an orthodontist who provided credible testimony and based on the overall testimony given at hearing, I find that the opinion of the at hearing to be persuasive and plausible, especially as he was subject to cross examination by appellant's mother. Regarding the HLD form

submitted by BeneCare with the Autoqualifier of two or more congenitally missing teeth checked off, I credit the testimony of Dr. Gamm that this was an error on the part of BeneCare because appellant does not have any missing teeth.

Regarding the medical necessity found by appellant's orthodontist, in which he stated that braces would prevent a condition that may result in infirmity, I credit the testimony of Dr. Gamm. Dr. Gamm noted that, while appellant's orthodontist correctly cites the language in the controlling regulation, appellant's orthodontist fails to include in his medical necessity narrative another section of the same regulation that states additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines. One other additional requirement imposed by MassHealth for qualifying for MassHealth to cover the cost of braces is attaining a score of 22 or more points on the HLD scale, which appellant failed to do here. I find the regulation is clear and does not support a medical necessity finding for appellant.

Appellant has not met his burden and 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.

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Thomas Doyle  
Hearing Officer  
Board of Hearings

MassHealth Representative: BeneCare 1, Attn: Jessica Lusignan