

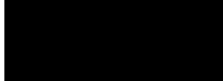
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2513027
Decision Date:	11/19/2025	Hearing Date:	10/06/2025
Hearing Officer:	Christopher Jones		

Appearances for Appellant:

 Aunt/Guardian
Self

Appearances for MassHealth:

Dr. Tania Jhamb – BeneCare Orthodontist
Camilla Gottschald – BeneCare Admin.



*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:	11/19/2025	Hearing Date:	10/06/2025
MassHealth's Reps.:	Dr. Tania Jhamb; Camilla Gottschald	Appellant's Rep.:	Pro se; Guardian
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 July 11, 2025, MassHealth denied the appellant's prior authorization request for comprehensive orthodontia. (Exhibits 1.) The appellant filed this appeal in a timely manner on September 8, 2025. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for orthodontia.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that comprehensive orthodontia was not medically necessary because the appellant does not have a Handicapping Labio-Lingual Deviations Score of at least 22 points.

Summary of Evidence

The appellant's provider submitted a prior authorization request on the appellant's behalf seeking MassHealth coverage for comprehensive orthodontic treatment. Along with photographs and x-rays, the provider submitted a Handicapping Labio-Lingual Deviations (HLD) Form. The appellant's orthodontist identified the appellant as having an HLD Score of 18 based upon: 3 millimeters of overjet; 4 millimeters of overbite; and 9 millimeters of labio-lingual spread. (Exhibit 5, pp. 7-15.)

BeneCare, MassHealth's dental benefits administrator, reviewed the submitted images and determined that the appellant's HLD Score was 10 points, finding only 3 mm of labio-lingual spread. At the hearing, [REDACTED] also examined the appellant and agreed that the appellant does not have at least 22 points on the HLD Score. [REDACTED] testified that MassHealth only pays for orthodontia when the member's bite is bad enough to be considered handicapping. MassHealth uses the HLD Score to measure various aspects of a person's bite to determine if the member has a "handicapping malocclusion." There are also 13 conditions that would automatically qualify the member for orthodontia if they were present. [REDACTED] testified that none of those conditions existed in the appellant's mouth.

The appellant's aunt is her legal guardian. She testified that she understood that the appellant did not qualify for coverage at this time. She is trying to do what is best for the appellant given the coverage the appellant has. She testified that she would enroll the appellant in her own private insurance if she could, but she had been told that MassHealth would cover anything the appellant needed. It was explained that if there were other medical reasons for providing orthodontia, the appellant's provider could submit a medical necessity narrative. For instance, if a mental health professional opined that the appellant needed braces for psychological reasons. The appellant's aunt asked for a decision to be issued in case she needed to document the outcome for the Probate Court.

Findings of Fact

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

- 1) The appellant's orthodontist submitted a prior authorization request seeking comprehensive orthodontia. A completed HLD Form was submitted with a score of 18 points. No auto-qualifying conditions were identified. (Exhibit 4, pp. 5-6.)
- 2) Upon initial review of the submitted documentation, BeneCare found an HLD Score of 10. BeneCare did not identify any auto-qualifying conditions. (Exhibit 4, pp. 7-8.)
- 3) The appellant's HLD Score is below 22 points and none of auto-qualifying conditions are present in the appellant's mouth. (Testimony by [REDACTED])

Analysis and Conclusions of Law

MassHealth covers orthodontic services when it determines them to be medically necessary. (130 CMR 420.431.) Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment, 130 CMR 420.000, and the MassHealth Dental Manual.¹ (130 CMR 450.204.) Pursuant to 130 CMR 420.431(C)(3), MassHealth “pays for comprehensive orthodontic treatment ... only when the member has a severe and handicapping malocclusion. The MassHealth agency determines whether a malocclusion is severe and handicapping based on the clinical standards described in Appendix D of the Dental Manual.” The regulations do not speak directly to what conditions qualify as “severe and handicapping” except to specifically cover “comprehensive orthodontic treatment for members with cleft lip, cleft palate, cleft lip and palate, and other craniofacial anomalies” (130 CMR 420.431(C)(3).)

The HLD Scale is a quantitative and objective method for measuring malocclusions. It is used to add up a single score based on a series of measurements that represent the degree to which a bite deviates from normal alignment and occlusion. MassHealth made a policy decision that a score of 22 or higher signifies a “severe and handicapping malocclusion,” ostensibly a medical necessity for orthodontia. Certain exceptional malocclusions are deemed automatically severe and handicapping. The HLD Form also allows medical providers to explain how orthodontia is medically necessary, despite not satisfying the dental criteria otherwise captured on the form.

All of the orthodontist’s who have evaluated the appellant have confirmed that her HLD Score is below the 22 points needed to qualify. None of the orthodontists identified an auto-qualifying condition. The appellant does not qualify for MassHealth payment for orthodontia at this time, and this appeal is DENIED.

Order for MassHealth

None.

¹ The Dental Manual and Appendix D are available on MassHealth’s website, in the MassHealth Provider Library. (Available at <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>, last visited November 18, 2025.) Additional guidance is at the MassHealth Dental Program Office Reference Manual (ORM). (Available at <https://massdhp.org/orm>, last visited November 18, 2025.)

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.

Christopher Jones
Hearing Officer
Board of Hearings

MassHealth Representative: BeneCare 1, Attn: Jessica Lusignan