

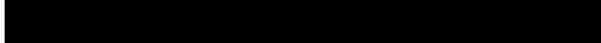
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2515139
<b>Decision Date:</b>	12/31/2025	<b>Hearing Date:</b>	11/17/2025
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Dr. Benjamin Gamm, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Dental Services – Orthodontic Services
<b>Decision Date:</b>	12/31/2025	<b>Hearing Date:</b>	11/17/2025
<b>MassHealth’s Rep.:</b>	Dr. Benajamin Gamm, BeneCare	<b>Appellant’s Rep.:</b>	Mother of Minor Appellant
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center	<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 09/17/2025, MassHealth denied the appellant’s request for prior authorization of comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibit 4). The appellant filed this appeal in a timely manner on 10/16/2025 (see 130 CMR 610.015(B) and Exhibit 2). MassHealth agency actions to suspend, reduce, terminate, or restrict a member's assistance are valid grounds 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(C), in determining that the appellant is ineligible for comprehensive orthodontic treatment.

## Summary of Evidence

The appellant is a minor MassHealth member whose mother appeared at hearing via telephone. MassHealth was represented at hearing by an orthodontic consultant from BeneCare, the MassHealth dental contractor. Exhibits 1 – 4 were admitted to the hearing record.

The appellant's provider, [REDACTED] submitted to MassHealth a prior authorization request for comprehensive orthodontic treatment, including photographs and X-rays on 09/17/2025. 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 provide an HLD score; however, he checked off that the appellant has an automatic qualifying condition ("autoqualifier") of spacing more than 10 mm. The appellant's orthodontist did not include a medical necessity narrative.

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 20, which did not reach the required 22 points for MassHealth approval. Additionally, Dr. Gamm testified that the appellant has 7-8 mm. of spacing in the front 6 teeth on either arch, which did not reach the required 10 mm. autoqualifier. Because DentaQuest found an HLD score below the threshold of 22 and no autoqualifier, MassHealth denied the appellant's prior authorization request on 09/17/2025.

The appellant's mother testified that she cannot afford to pay for her son's orthodontia. She understood the BeneCare representative's testimony and she responded that she will find a way to pay for his orthodontia.

The MassHealth orthodontist responded that the appellant would benefit from comprehensive orthodonture; however, his HLD score did not show a "severe, handicapping condition," that is required for MassHealth to pay for the braces.

## Findings of Fact

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

1. On 09/17/2025, the appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth (Exhibit 4).
2. The provider completed a Handicapping Labio-Lingual Deviations Form for the appellant. He indicated that the appellant has an automatic qualifying condition, specifically at least 10 mm of spacing between the six teeth on each arch. The appellant's orthodontist did not

provide an HLD score (Exhibit 4).

4. The provider did not include a medical necessity narrative with the prior authorization request (Exhibit 4).
5. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 20 points, with no automatic qualifying condition (Exhibit 4).
6. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more (Testimony).
7. On 09/17/2025, MassHealth notified the appellant that the prior authorization request had been denied (Exhibits 1 and 4).
8. On 10/16/2025, the appellant filed a timely appeal of the denial (Exhibit 2).
9. At hearing on 11/17/2025, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and X-rays and found an HLD score of 20 points (Testimony).
10. The appellant does not have at least 10 mm of spacing between the anterior six teeth on either the maxillary or mandibular arch (Testimony).
011. The appellant has between 7 – 8 mm of spacing between the anterior 12 teeth (6 on each arch) (Testimony).
12. The appellant's HLD score is below 22.
13. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment.

## **Analysis and Conclusions of Law**

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

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime under the age of [REDACTED] and only when the member has a handicapping malocclusion. The MassHealth agency determines whether a malocclusion is handicapping based on the clinical standards for medical necessity as 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 severe and handicapping malocclusion. MassHealth will also approve a prior authorization request, without regard for the HLD numerical score, if there is evidence of a cleft palate, deep impinging overbite, impaction where extraction is not indicated, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, **spacing of 10 mm or more on either arch**, anterior crossbite of 3 or more maxillary teeth per arch, posterior crossbite of 3 or more maxillary teeth per arch, lateral open bite 2 mm or more or 4 or more teeth per arch, or anterior open bite 2 mm or more or 4 or more teeth per arch.

The appellant’s provider asserted that the appellant has an autoqualifier of at least 10 mm of spacing. The provider did not otherwise provide an HLD score. After reviewing the provider’s submission, MassHealth found an HLD score of 20 points and no automatic qualifying condition. MassHealth determined that the appellant has between 7 – 8 mm of spacing between the anterior teeth.

The principal difference between the appellant’s provider’s score and that of the MassHealth orthodontist’s is the question of whether the appellant has 10 mm of spacing between either the top six front teeth or the bottom six front teeth. The appellant’s provider checked off that the appellant has “at least 10 mm of spacing.” MassHealth testified that the appellant has 7 - 8 mm of spacing. Without the autoqualifier, the appellant does not meet the requirements for MassHealth payment for his braces.

The MassHealth orthodontist’s score is supported by the photographs. Dr. Gamm, a licensed orthodontist demonstrated a familiarity with the HLD Index; his measurements are credible and his determination of the overall HLD score is consistent with the evidence. Moreover, he was available to be questioned by the hearing officer and cross-examined by the appellant’s representative.

The appellant’s mother testified credibly that the appellant would benefit from orthodonture; however, she was unable to show that the appellant met the requirements set out by MassHealth for approval for payment of the orthodonture. Accordingly, MassHealth’s testimony is given greater weight. As the appellant does not qualify for comprehensive orthodontic treatment under the HLD guidelines, MassHealth was correct in determining that she does not have a severe and handicapping malocclusion. 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.

---

Marc Tonaszuck  
Hearing Officer  
Board of Hearings

MassHealth Representative: BeneCare 1, Attn: Christine Sobolewski