

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2515192
Decision Date:	2/11/2026	Hearing Date:	11/19/2025
Hearing Officer:	Kenneth Brodzinski	Record Open to:	12/17/2025

Appearance for Appellant:

Appearance for MassHealth:

Pro se with [redacted] (mother) and
Attorney [redacted]

Benjamin Gamm, DDS



*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:	Orthodontics
Decision Date:	2/11/2026	Hearing Date:	11/19/2025
MassHealth's Rep.:	Dr. Benjamin Gamm	Appellant's Rep.:	Attorney [REDACTED] [REDACTED]
Hearing Location:	Tewksbury MEC		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through notice dated September 17, 2025, MassHealth denied Appellant's request for prior authorization (PA) for comprehensive orthodontic treatment (Exhibit A). Appellant filed this appeal in a timely manner on October 17, 2025 (see 130 CMR 610.015(B) and Exhibit A). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by the Division

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

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it denied Appellant's request for comprehensive orthodontic treatment.

Summary of Evidence

The parties appeared in person. Prior to hearing, MassHealth submitted a packet of documentation including a copy of the PA request (Exhibit B).

The MassHealth representative, a practicing orthodontist, testified that Appellant's request for comprehensive orthodontic treatment was considered in light of the documentation provided in the prior authorization request as well as oral photographs submitted by Appellant's dental provider (collectively, Exhibit B). The information was then applied to a standardized HLD Index that is used to make an objective determination as to whether Appellant has a "*handicapping malocclusion*." The MassHealth representative testified that the HLD Index uses objective measurements taken from the subject's teeth to generate an overall numeric score. The MassHealth representative testified that a handicapping malocclusion is indicated with a minimum score of 22.¹ He further testified that according to the prior authorization request, Appellant's dental provider reported an overall score of 16. Dentists from MassHealth's dental consultant group, BeneCare, reviewed the documentation and oral photographs and took their own measurements. Two different dentists from BeneCare independently took measurements and determined scores of 11 and 13 (Exhibit B, pages 9-12).

The MassHealth representative examined Appellant's dentition during the hearing and testified that Appellant has an ideal overbite and overjet of 2mm each. He also testified that there was no evidence of a posterior crossbite involving three teeth. There are two posterior teeth in crossbite, but three are needed to affect the HLD scoring. Based on his on examination, the MassHealth representative testified that Appellant does not have a handicapping malocclusion per the HLD scoring.

The MassHealth representative further testified that Appellant's provider indicated on the HLD form that he was submitting a medical necessity narrative. A letter from a licensed social worker dated June 18, 2025 accompanied the PA request. In the letter the social worker stated that she has been working with Appellant due to truancy concerns. She opined that Appellant suffers from mental health pain and anxiety "due to her perception of" the appearance and dysfunction of her teeth. The social worker further opined that in her opinion, the proper way to improve this mental condition is to provide Appellant with orthodontic treatment (Exhibit B, page 13).

The MassHealth representative testified that the letter was reviewed and considered, but was deemed lacking the specifics required by the MassHealth Dental Manual Appendix D.

Appellant was accompanied by her mother and legal counsel who discussed Appellant's medical

¹ A handicapping malocclusion can also be evidenced by the presence of an "auto qualifier" which are conditions such as cleft lip/cleft pallet and deep impinging overbites among others. Appellant's provider did not assert the presence of any auto qualifier.

conditions which include social anxiety and [REDACTED] Appellant's representatives discussed Appellant's current difficulties at school with truancy. They explained that the truancy arises from the anxiety Appellant experiences being around her peers and being inside a school building. They believe that orthodontic treatment would help improve Appellant's teeth and appearance and thereby improve Appellant's self-esteem.

Appellant's representatives testified that Appellant has also been suffering from chronic ear infections as well as migraines and has been seeing a rheumatologist. They asserted that Appellant has been experiencing pain with chewing and talking. Upon questioning by the hearing officer, Appellant testified that she feels self-conscious about smiling. She also stated that her jaw clicks every now and then and she believes that she is grinding her teeth. Appellant's mother testified that she too has had multiple dental issues.

The MassHealth representative again examined Appellant. Upon examination, the MassHealth representative testified that there was no evidence of wear or grinding on Appellant's teeth. He testified that Appellant's bite is "excellent" and there was no evidence of any TMJ with her jaw. The MassHealth representative found no evidence of any dental involvement relative to Appellant's ear infections, migraines or pain from chewing or talking. He also testified that rheumatology is not affected by dentition.

At the time of hearing, Appellant's counsel had produced a packet of documentation concerning Appellant's medical and mental health treatment spanning several years. She requested that the record be left open so that she could obtain additional documentation to support the medical necessity narrative. The request was granted and counsel was directed by the hearing officer to take back her packet of documentation and resubmit everything in an organized fashion as one submission by the close of the record-open date.

Appellant made a post-hearing submission in a timely manner (Exhibit D).

The MassHealth representative reviewed the submission and submitted a post-hearing response (Exhibit E).

Appellant's post-hearing submission contains copies of the documentation and photographs submitted with the PA request including the letter from the social worker dated June 18, 2025. It also contains copies of two other letters, one from a psychiatric nurse and one from Appellant's pediatrician. These two additional letters are very similar to the social worker's letter in that they are one brief paragraph in length. Each author identifies him/herself as one of Appellant's providers and states what they are treating Appellant for. The pediatrician states that in addition to the diagnosis discussed at the time of hearing and in the PA request, Appellant has autism spectrum disorder and post traumatic stress disorder. Each of the three letters then concludes with the nearly identical sentence stating that *"Appellant suffers from mental health pain and anxiety due to her perception of the appearance and dysfunction of her teeth"* and each *"strongly*

believe[s] the proper way to improve this mental condition is to provide Appellant with orthodontic treatment.” (Exhibit C).

Appellant’s post hearing submission also contains clinical records from three medical providers: a 2024 Report of Psychological Evaluation from a licensed psychologist; an office visit note from November 2025 from a pediatric neurologist; and a January 2020 consult report from a rheumatologist. Nowhere in any of these records is there mention of Appellant’s dentition or orthodontic care (Exhibit C).

MassHealth’s post-hearing submission indicates that the MassHealth representative reviewed the additional clinical documentation and found no further medical evidence that orthodontic treatment would contribute to treating Appellant’s conditions and issues (Exhibit D).

Findings of Fact

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

1. Appellant’s treating orthodontist filed a PA request for comprehensive orthodontic treatment.
2. MassHealth reviewed and considered the documentation provided in the prior authorization request as well as oral photographs submitted by Appellant’s provider (collectively, Exhibit B).
3. MassHealth applied the information to a standardized HLD Index that is used to make an objective determination as to whether Appellant has a *“handicapping malocclusion”* pursuant to an HLD Index.
4. The HLD Index uses objective measurements taken from the subject’s teeth to generate an overall numeric score.
5. A handicapping malocclusion is indicated with a minimum score of 22.
6. A handicapping malocclusion can also be evidenced by the presence of an *“auto qualifier”* which are conditions such as cleft lip/cleft pallet and deep impinging overbites among others; Appellant’s provider did not assert the presence of any auto qualifier.
7. Appellant’s dental provider reported an overall score of 16.
8. Dentists from MassHealth’s dental consultant group, BeneCare, reviewed the documentation and oral photographs and took their own measurements.

9. Two different dentists from BeneCare independently took measurements and determined scores of 11 and 13 (Exhibit B, pages 9-12).
10. Appellant has an ideal overbite and overjet of 2mm each.
11. There is no evidence of a posterior crossbite involving three teeth.
12. There are two posterior teeth in crossbite.
13. Appellant does not have a handicapping malocclusion per the HLD scoring.
14. Appellant's provider indicated on the HLD form that he was submitting a medical necessity narrative.
15. A letter from a licensed social worker dated June 18, 2025 accompanied the PA request.
16. In the letter the social worker stated that she has been working with Appellant due to truancy concerns.
17. The social worker opined that Appellant suffers from mental health pain and anxiety "due to her perception of" the appearance and dysfunction of her teeth and that in her opinion, the proper way to improve this mental condition is to provide Appellant with orthodontic treatment (Exhibit B, page 13).
18. MassHealth deemed the letter to be lacking the specifics required by the MassHealth Dental Manual Appendix D.
19. Appellant has been diagnosed with social anxiety, [REDACTED] Autism spectrum disorder and post-traumatic stress disorder.
20. Appellant has been dealing with truancy arising from the anxiety Appellant experiences being around her peers and being inside a school building.
21. Appellant has also been suffering from chronic ear infections as well as migraines and has been seeing a rheumatologist.
22. Upon a second examination, the MassHealth representative found no evidence of wear or grinding on Appellant's teeth; that Appellant's bite is "excellent" and there is no evidence of any TMJ with her jaw.
23. The examining MassHealth representative found no evidence of any dental involvement

relative to Appellant's ear infections, migraines or pain from chewing or talking.

24. Rheumatology is not affected by dentition.
25. Appellant made a post-hearing submission in a timely manner (Exhibit D).
26. The MassHealth representative reviewed the submission and submitted a post-hearing response (Exhibit E).
27. Appellant's post-hearing submission contains copies of the documentation and photographs submitted with the PA request including the letter from the social worker dated June 18, 2025.
28. Appellant's post-hearing submission also contains copies of two additional letters, one from a psychiatric nurse and one from Appellant's pediatrician.
29. These two additional letters are very similar to the social worker's letter in that they are one brief paragraph in length and each author identifies him/herself as one of Appellant's providers and states what they are treating Appellant for.
30. Each of the three letters then concludes with the nearly identical sentence stating that *"Appellant suffers from mental health pain and anxiety due to her perception of the appearance and dysfunction of her teeth"* and each *"strongly believe[s] the proper way to improve this mental condition is to provide Appellant with orthodontic treatment."* (Exhibit C).
31. Appellant's post hearing submission also contains clinical records from three medical providers: 2024 Report of Psychological Evaluation from a licensed psychologist; an office visit note from November 2025 from a pediatric neurologist; and a January 2020 consult report from a rheumatologist.
32. Nowhere in any of these records is there mention of Appellant's dentition or orthodontic care (Exhibit C).
33. The MassHealth representative reviewed the additional clinical documentation and found no further medical evidence that orthodontic treatment would contribute to treating Appellant's conditions and issues (Exhibit D).

Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)). On this record, Appellant has not met her burden.

Regulations at 130 CMR 420.431(C)(3) state in pertinent part:

Service Descriptions and Limitations: Orthodontic Services:

*Comprehensive Orthodontics. The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime younger than 21 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. Upon the completion of orthodontic treatment, the provider must take post treatment photographic prints and maintain them in the member's dental record.*

(Emphasis supplied).

Appendix D of the MassHealth Dental Manual requires an HLD score of 22 and/or the existence of an auto qualifier to evidence the existence of a handicapping malocclusion. There was no dispute that neither Appellant's own provider, nor the two reviewing BeneCare dentists determined that Appellant had an HLD score of at least 22 and/or an autoqualifier.

This matter turns on the sufficiency of the medical necessity narrative to determine whether, despite not evidencing the existence of a handicapping malocclusion through the HLD scoring or the existence of an autoqualifier, comprehensive orthodontic treatment is otherwise medically necessary to treat a handicapping malocclusion.

The requirements for the medical necessity narrative are spelled out in Appendix D of the MassHealth Dental Manual as follows:

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 skeletal 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 a 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 diagnosed condition caused by the overall severity of the patient's malocclusion.

Providers may submit a medical necessity narrative (along with the required completed HLD) in any case where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. Providers must submit this narrative in cases where the patient does not have an autoqualifying condition or meet the threshold score on the HLD, but where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion.

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 nutritional deficiency; a speech or language pathology; or the presence of any other condition 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 dietitian, 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 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.*

The medical necessity narrative must be signed and dated by the requesting provider and submitted on the office letterhead of the provider. If applicable, any supporting documentation from the other involved clinician(s) must also be signed and dated by such clinician(s), and appear on office letterhead of such clinician(s). The requesting provider is responsible for coordinating with the other involved clinician(s) and is responsible for compiling and submitting any supporting documentation furnished by other involved clinician(s) along with the medical necessity narrative.

Appellant's post-hearing documentation fails to meet the requirements of the medical necessity narrative set forth above. The three one-paragraph letters each fail to discuss any treatments for the patient's condition (other than comprehensive orthodontic treatment) considered or attempted by the clinician(s) and fail to provide any other relevant information from the clinician(s) that supports the requesting provider's justification of the medical necessity of comprehensive orthodontic treatment.

Each of the three letters is conclusory in their recommendation and each is oddly nearly identical, if not identical, to the other. This reasonably calls into question whether they were drafted at the direction of their patient.

Each of the three letters also states that Appellant's "*mental health pain and anxiety*" are due to "her perception" of the appearance and dysfunction of her teeth. Orthodontia cannot correct "perceptions". Orthodontic treatment can only mechanically correct actual dental misalignments. Such misalignments were not shown to exist, not only to the standard of constituting a handicapping malocclusion, but to any significant extent, either through the PA request submitted by Appellant's own orthodontist, by the reviewing orthodontists at BeneCare or by the examining MassHealth representative at the time of hearing. Additionally, none of the clinical records from three of Appellant's providers, which involved extensive examinations and resulting reports, even mention Appellant's dentition or orthodontics.

The information provided by Appellant through the PA request and her post-hearing submission fail to meet the requirements of the medical necessity narrative in Appendix D of the MassHealth Dental Manual (*supra*). Additionally, Appellant has otherwise failed to assert that she has an HLD score of 22 or higher or an auto qualifier.

On this record, Appellant has failed to meet her burden to show that MassHealth's determination that she does not meet the requirements for MassHealth to pay for comprehensive orthodontic treatment is based on an error of fact and/or law. Accordingly, 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.

Kenneth Brodzinski
Hearing Officer
Board of Hearings

MassHealth Representative: BeneCare 1, Attn: Christine Sobolewski