

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2515246
Decision Date:	12/16/2025	Hearing Date:	November 18, 2025
Hearing Officer:	Brook Padgett		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Benjamin Gamm, DMD



*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:	Prior Authorization – Orthodontics 130 CMR 420.432
Decision Date:	12/16/2025	Hearing Date:	November 18, 2025
MassHealth’s Rep.:	Dr. Gamm, DMD	Appellant’s Rep.:	██████████
Hearing Location:	Quincy 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 October 07, 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 October 20, 2025. (See 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior approval 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

Is the Appellant eligible for comprehensive orthodontic treatment?

Summary of Evidence

A MassHealth orthodontic consultant testified that on September 18, 2025, the Appellant’s provider submitted a prior authorization (PA) request for comprehensive orthodontic treatment, including photographs, and x-rays. The provider completed the MassHealth Handicapping Labio-Lingual Deviations (“HLD”) Form, which requires a total score of 22 or higher for approval. The provider did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment. The provider’s HLD Form indicates that the provider calculated a total score of 27, broken down as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	8	1	8
Overbite in mm	7	1	7
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 ¹	Maxilla:	Flat score 5 for each ²	5
Labio-Lingual Spread, in mm (anterior spacing)	7	1	7
Posterior Unilateral Crossbite	0	Flat score 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			27

BeneCare evaluated this PA request on behalf of MassHealth, and its orthodontists determined that the Appellant has an HLD score of 17. The BeneCare HLD Form reflects the following score:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	7	1	7
Overbite in mm	4	1	4
Mandibular Protrusion in mm	0	5	0

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.

Open Bite on mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: n/a Mandible: n/a	Flat score 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	6	1	6
Posterior Unilateral Crossbite	0	Flat score 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			17

Because BeneCare calculated a HLD score below the threshold of 22, MassHealth denied the Appellant's prior authorization request on October 07, 2025. The Appellant appealed that denial on October 20, 2025.

Because the Appellant did not attend the appeal hearing, the BeneCare consultant completed an HLD form solely based on a review of the records. The consultant determined an HLD score of 16:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	8	1	8
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
Labio-Lingual Spread, in mm (anterior spacing)	3	1	3
Posterior Unilateral Crossbite	0	Flat score 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			16

The BeneCare consultant stated because he determined the Appellant's HLD score is below 22, the Appellant does not have a severe and handicapping malocclusion and MassHealth will not pay for comprehensive orthodontic treatment. The consultant advised the Appellant's representative that

the Appellant may be re-examined every six months and until the age of 21.

The Appellant's mother responded that the Appellant's orthodontist found a score over 22 and so she should be approved. At hearing, she also provided a letter dated October 15, 2025 from the orthodontist's office that stated the following:

I am writing on behalf of [Appellant] to seek reconsideration of her orthodontic treatment denial.

[Appellant] presents with a Class II div1, sub-division right malocclusion. She has a severe overbite (OB) this can impinge into the palatal tissue, and a severe overjet (OJ) that are prone to trauma. Both conditions exacerbate one another. Orthodontic treatment will safeguard both periodontal and dental health for [Appellant].

Please contact me if any additional information is required to process this authorization request.

The BeneCare consultant responded, testifying that the letter states the Appellant has an overbite which can impinge on palatal tissue and a severe overjet which is prone to trauma. The consultant argued that the letter does not state the overbite does impinge on palatal tissue, only that it "can". Similarly, the letter states the overjet is "prone" to trauma, but does not state trauma exists. As a result, the letter is insufficient to support a medical necessity determination. Further if the orthodontist believed the Appellant had an impinging overbite, he would have indicated it as an autoqualifier.

The Appellant's mother responded that the orthodontist has stated the Appellant has a Class II div 1, sub-division right malocclusion with a severe overbite and a severe overjet. She argued the MassHealth decision should be overturned based on the orthodontist letter and her observation that the Appellant is unable to clean her teeth properly because of their alignment. She stated that food often gets trapped which causes redness and irritation, which in turn affects her oral hygiene. The representative provided a daily impact log of the Appellant's chewing and hygiene difficulties. The Appellant submitted into evidence a statement from the Appellant's parent, impact log (Exhibit 5); and orthodontist's letter. (Exhibit 6).

The BeneCare consultant responded that the x-rays that were presented did not demonstrate a deep impinging overbite, but this could be from the way the x-rays were taken. The consultant reiterated that the Appellant could be reexamined in 6 months, at which time the orthodontist could submit clearer x-rays and provide a more complete letter of medical necessity.

Findings of Fact

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

1. On September 18, 2025, the Appellant's orthodontic provider submitted to MassHealth a PA request for comprehensive orthodontic treatment. (Exhibit 4).
2. The provider completed a HLD form for the Appellant and calculated an overall score of 27. (Exhibit 4).
3. BeneCare evaluated the PA request on behalf of MassHealth, and determined that the Appellant had an HLD score of 17. (Exhibit 4).
4. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more. (Testimony).
5. On October 07, 2025, MassHealth notified the Appellant that the prior authorization request had been denied. (Exhibit 1).
6. On October 27, 2025, the Appellant filed a timely appeal of the denial. (Exhibit 2).
7. The Appellant did not attend the hearing.
8. At hearing on November 18, 2025, a MassHealth orthodontic consultant reviewed the provider's paperwork and photographs and calculated an HLD score of 16.
9. The Appellant's provider did not indicate the appellant had any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (cleft palate, deep impinging overbite, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, or severe maxillary anterior crowding greater than 8 mm). (Exhibit 4).
10. The Appellant provided a medical necessity narrative from her orthodontist to justify the request for comprehensive orthodontic treatment. (Exhibit 6).

Analysis and Conclusions of Law

130 CMR 420.431(E) 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 21 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, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, or severe maxillary anterior crowding, greater than 8 mm.

The Appellant’s provider determined the Appellant's overall HLD score of 27. After reviewing the provider’s submission, the BeneCare reviewer calculated an HLD score of 17. Upon review of the prior authorization documents at the appeal, the reviewing MassHealth/BeneCare orthodontic consultant found an HLD score of 16.

The scoring of the BeneCare reviewer and the MassHealth/BeneCare orthodontist consultant show a divergence from the HLD scoring by the Appellant’s provider. All three orthodontists calculated a similar score except for anterior crowding where the appellant’s provider measured 3.5 millimeters in the upper arch (maxilla) for a score of 5 points; however, neither the BeneCare reviewer nor the MassHealth/BeneCare consultant determined there was crowding in the either the upper or lower arch (maxilla or mandibular), resulting in a score of 0. Further, both reviewers measured the Appellant's overbite at 4mm and 5mm, respectively, and not 7mm as scored by the Appellant's provider. As a result, neither reviewers found the Appellant to have an HLD Index score of greater than 22 indicating a severe and handicapping malocclusion. Upon review of the photographs in the record, I find that the reviewers’ determinations are supported by the record. While the Appellant's dental condition may benefit from orthodontic treatment, the requirements of 130 CMR 420.431(E) is clear and unambiguous, MassHealth will cover orthodontic treatment “only” for members who have a “severe and handicapping malocclusion.” In this instance, the Appellant has not demonstrated that she meets the requirements for approval of a request for prior authorization for comprehensive orthodontic services on the basis of the HLD score or an automatic qualifier.

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... 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 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.

Although the Appellant's provider submitted a letter of medical necessity, the letter fails to definitively state the Appellant has an impinging overbite and severe overjet, but without the Appellant to examine, the statement that the Appellant's overbite "can" impinge on her palatal tissue or that her overjet is "prone" to cause trauma not able to be substantiated and is thus insufficient to support a medical necessity determination. Letters of medical necessity must clearly demonstrate why comprehensive orthodontic treatment is medically necessary by substantiating the condition. Here, the medical necessity claim has not been substantiated, it has only been alleged that it may occur. The fact the provider did not check the box for impinging overbite as an autoqualifier demonstrates the provider did not feel the Appellant met the criteria for deep impinging over bite at the time of the request.

Neither of the MassHealth reviewers found the Appellant to have an HLD Index score at the level indicating a severe and handicapping malocclusion, and the Appellant's provider did not provide sufficient evidence of medical necessity or that MassHealth erred in their evaluation of the Appellant's condition as it related to the HLD scoring. The MassHealth denial of the PA request is upheld and 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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth Representative: BeneCare