

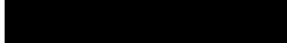
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516422
Decision Date:	1/29/2026	Hearing Date:	12/09/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:



Appearances for MassHealth:

Camilla Gottschald, BeneCare Representative;
Dr. Benjamin Gamm, Board-Certified
Orthodontist



*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:	1/29/2026	Hearing Date:	12/09/2025
MassHealth's Reps.:	Camilla Gottschald, Dr. Benjamin Gamm	Appellant's Rep.:	Mother
Hearing Location:	Springfield MassHealth Enrollment Center (Telephone)	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 22, 2025, MassHealth denied the Appellant's request for prior authorization for comprehensive orthodontic treatment. See 130 CMR 420.431 and Exhibit 1. The Appellant's representative filed this appeal in a timely manner on November 6, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's request for coverage of comprehensive orthodontic treatment.

Issue

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

Summary of Evidence

On May 13, 2025, the Appellant's orthodontist submitted a request for prior authorization for comprehensive orthodontic treatment on behalf of the Appellant. As part of this request, the Appellant's orthodontist submitted photographs and X-rays of the Appellant's mouth. Exhibit 5. The Appellant's orthodontist also submitted an Orthodontics Prior Authorization form and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) form indicating that the Appellant had no auto-qualifying conditions and an HLD score of 20 points based on 7 points for overjet, 7 points for overbite, and 6 points for anterior crowding.¹ *Id.* at 6-7. The submission from Appellant's orthodontist did not include a medical necessity narrative. *Id.*

The hearing was held by telephone.² At the hearing, MassHealth was represented by an orthodontist consultant, Dr. Benjamin Gamm, with BeneCare, the contracted agent of MassHealth that makes dental prior authorization determinations, and a BeneCare appeals representative. The Appellant is a minor and she was represented by her mother at the hearing. The Appellant's mother verified the Appellant's identity.

The MassHealth orthodontist representative, Dr. Gamm, testified that MassHealth covers the cost of orthodontic treatment if there is an automatic qualifier or an HLD score of 22 or higher. Dr. Gamm testified neither the Appellant's provider's request nor MassHealth's review demonstrated that the Appellant qualified for comprehensive orthodontic treatment. Dr. Gamm explained that to determine whether the Appellant has an HLD score of 22 or higher, an HLD form is completed by both the Appellant's orthodontic provider and MassHealth. The HLD form lists 13 auto-qualifiers and 9 characteristics with corresponding numerical values that constitute an individual's HLD score.

Prior to the hearing, MassHealth had two orthodontists review the Appellant's photos and X-rays. The first reviewer determined that the Appellant had an HLD score of 15.³ This was based on 7 points for overjet, 5 points for overbite, and 3 points for labio-lingual spread. *Id.* at 10. The second reviewer determined that the Appellant had an HLD score of 14. This was based on 7 points for overjet, 4 points for overbite, and 3 points for labio-lingual spread. *Id.* at 12.

Dr. Gamm, testified that he identified 14 possible HLD points, based on 6 points for an overjet, 5 points for overbite, and 3 points for the labio-lingual spread. He explained that none of the reviewing orthodontists found an auto-qualifying condition or an HLD score high enough to authorize MassHealth to pay for comprehensive orthodontic coverage. Dr. Gamm also suggested that Appellant request an in-person hearing in the future, so that a MassHealth orthodontist could

¹ While not relevant to the overall outcome of the case, the scoring instructions for anterior crowding only allow for 5 points per arch. Exhibit 5.

² The Appellant's mother requested that the appeal take place by telephone. Exhibit 2.

³ The reviewer totaled the HLD as 17 points, but the accurate tally of the points found is 15. Exhibit 5 at 10.

examine the Appellant's teeth and bite, instead of relying on photographs and X-rays for their review.

The Appellant's mother testified that her daughter has a bad overbite, and that one of her bottom front teeth has grown crooked. The Appellant's mother testified that her daughter feels very self-conscious. Dr. Gamm explained that both he and the two other reviewers agreed that her daughter's overbite and overjet exceed the ideal distance of 2 millimeters, but that overcrowding is only scored once it exceeds 3.5 millimeters, which is not the case here.

Findings of Fact

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

1. The Appellant's orthodontic provider submitted a request for orthodontic treatment on behalf of the Appellant on May 13, 2025 (Testimony; Exhibit 5).
2. The Appellant's orthodontic provider completed an Orthodontic Prior Authorization form and an HLD form, which were submitted to MassHealth along with photographs and X-rays of the Appellant's mouth (Exhibit 5).
3. Prior to the hearing, MassHealth had two orthodontists review the Appellant's records, and they calculated an HLD score of 15 points and 14 points, respectively, and no auto-qualifying conditions (Testimony; Exhibit 5).
4. The Appellant's orthodontist calculated an HLD score of 20 based on 7 points for overjet, 7 points for overbite, and 6 points for anterior crowding. The Appellant's orthodontist stated that the Appellant had no auto-qualifying conditions and his request did not include a medical necessity narrative (Testimony; Exhibit 5).
5. An HLD score of 22 is the minimum score indicative of a handicapping malocclusion (Testimony).
6. MassHealth denied the Appellant's request for comprehensive orthodontic treatment by notice dated October 22, 2025 (Testimony; Exhibit 1).
7. Through her parent, the Appellant filed a timely appeal with the Board of Hearings on November 6, 2025 (Exhibit 2).
8. The MassHealth orthodontist representative reviewed the Appellant's records and calculated an HLD score of 14 points and no auto qualifiers (Testimony).

9. Specifically, the MassHealth representative testified that the HLD score was the sum of 6 points for overjet, 5 points for overbite, and 3 points for labio-lingual spread (Testimony).

Analysis and Conclusions of Law

As a rule, MassHealth 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 420.410; 130 CMR 450.204. The MassHealth regulations at 130 CMR 420.410(A)(3) state:

The provider must not start a service that requires prior authorization until the provider has requested and received written prior authorization from the MassHealth agency. The MassHealth agency may grant prior authorization after a procedure has begun if, in the judgment of the MassHealth agency

- (a) the treatment was medically necessary;
- (b) the provider discovers the need for additional services while the member is in the office and undergoing a procedure; and
- (c) it would not be clinically appropriate to delay the provision of the service.

130 CMR 420.410(A)(3).

In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq., covered services for certain dental treatments, including orthodontia, are subject to the relevant limitations of 130 CMR 420.421 through 130 CMR 420.456. The MassHealth regulations at 130 CMR 420.431 provide service descriptions and limitations for orthodontic services. As relevant to comprehensive orthodontic treatment requests, the regulation provides:

130 CMR 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. The provider must seek prior authorization for orthodontic treatment and begin initial placement and insertion of orthodontic appliances and partial banding or full banding and brackets prior to the member's [REDACTED] birthday.

(B) Definitions.

(1) Pre-orthodontic Treatment Examination. Includes the periodic observation of the member's dentition at intervals established by the orthodontist to determine when orthodontic treatment should begin.

(2) Interceptive Orthodontic Treatment. Includes treatment of the primary and

transitional dentition to prevent or minimize the development of a handicapping malocclusion and therefore, minimize or preclude the need for comprehensive orthodontic treatment.

(3) Comprehensive Orthodontic Treatment. Includes a coordinated diagnosis and treatment leading to the improvement of a member's craniofacial dysfunction and/or dentofacial deformity which may include anatomical and/or functional relationship. Treatment may utilize fixed and/or removable orthodontic appliances and may also include functional and/or orthopedic appliances. Comprehensive orthodontics may incorporate treatment phases, including adjunctive procedures to facilitate care focusing on specific objectives at various stages of dentofacial development.

(4) Orthodontic Treatment Visits. Periodic visits which may include, but are not limited to, updating wiring, tightening ligatures or otherwise evaluating and updating care while undergoing comprehensive orthodontic treatment.

(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 for a member 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. Upon the completion of orthodontic treatment, the provider must take post treatment photographic prints and maintain them in the member's dental record. The MassHealth agency pays for the office visit, radiographs and a record fee of the pre-orthodontic treatment examination (alternative billing to a contract fee) when the MassHealth agency denies a request for prior authorization for comprehensive orthodontic treatment or when the member terminates the planned treatment. The payment for a pre-orthodontic treatment consultation as a separate procedure does not include models or photographic prints. The MassHealth agency may request additional consultation for any orthodontic procedure. Payment for comprehensive orthodontic treatment is inclusive of initial placement, and insertion of the orthodontic fixed and removable appliances (for example: rapid palatal expansion (RPE) or head gear), and records. Comprehensive orthodontic treatment may occur in phases, with the anticipation that full banding must occur during the treatment period. The payment for comprehensive orthodontic treatment covers a maximum period of three calendar years. The MassHealth agency pays for orthodontic treatment as long as the member remains eligible for MassHealth, if initial placement and insertion of fixed or removable orthodontic appliances begins before the member reaches █ years of age. Comprehensive orthodontic care should commence when the first premolars and first permanent molars have erupted. It

should only include the transitional dentition in cases with craniofacial anomalies such as cleft lip or cleft palate. Comprehensive treatment may commence with second deciduous molars present. Subject to prior authorization, the MassHealth agency will pay for more than one comprehensive orthodontic treatment for members with cleft lip, cleft palate, cleft lip and palate, and other craniofacial anomalies to the extent treatment cannot be completed within three years.

130 CMR 420.431(A); (B); (C)(3).

130 CMR 450.204: Medical Necessity

The MassHealth agency does not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

(A) A service is medically necessary if

(1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and

(2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007: Potential Sources of Health Care, or 517.007: Utilization of Potential Benefits.

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

(C) A provider's opinion or clinical determination that a service is not medically necessary does not constitute an action by the MassHealth agency.

(D) Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.

(E) Any regulatory or contractual exclusion from payment of experimental or unproven services refers to any service for which there is insufficient authoritative evidence that such service is reasonably calculated to have the effect described in 130 CMR 450.204(A)(1).

130 CMR 450.204.

Appendix D of the Dental Manual contains the authorization form for comprehensive orthodontic treatment.⁴ As indicated by the paper record, 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;⁵
2. the member meets or exceeds the threshold score (currently 22 points) listed by MassHealth on the HLD index;⁶ 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.⁷ Usually this involves a severe medical condition that can include atypical or underlying health concerns, which may be either dental or non-dental.

The Appellant's prior authorization request did not include a medical necessity narrative. Exhibit 5. None of the four orthodontists (the Appellant's own provider and the three reviewing MassHealth providers) found that she had an auto qualifying condition or an HLD score of 22 points or higher. *Id.* Accordingly, the Appellant has not established that MassHealth erred in denying the prior authorization request, by its notice dated October 22, 2025. 130 CMR 450.204; Appendix D of the Dental Manual. This appeal is denied.⁸

Order for MassHealth

None.

⁴ Appendix D of the Dental Manual is available at <https://www.mass.gov/doc/appendix-d-authorization-form-for-comprehensive-orthodontic-treatment-0/download>.

⁵ Found on page D-5 of Appendix D of the Dental Manual.

⁶ Found on page D-6 of Appendix D of the Dental Manual.

⁷ Found on page D-3 of Appendix D of the Dental Manual.

⁸ This denial does not preclude the Appellant or the Appellant's orthodontist from submitting a new prior authorization request to MassHealth every six months after re-examination, until the Appellant reaches the age of



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.

Emily Sabo
Hearing Officer
Board of Hearings

cc: MassHealth Representative: BeneCare 1, Attn: Christine Sobolewski