

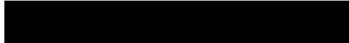
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516453
Decision Date:	1/29/2026	Hearing Date:	1/21/2026
Hearing Officer:	David Jacobs		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Benjamin Gamm, BeneCare
Camilla Gachald, 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

Appeal Decision:	Denied	Issue:	Prior Authorization - Orthodontics
Decision Date:	1/29/2026	Hearing Date:	1/21/2026
MassHealth's Rep.:	Dr. Benjamin Gamm, Camilla Gachald	Appellant's Rep.:	[REDACTED]
Hearing Location:	Charlestown MEC		

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 10/17/2025, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (Exhibit 1). The appellant filed this appeal in a timely manner on 11/7/2025 (see 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior authorization 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

The appeal issue is whether MassHealth was correct in determining that the appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

The appellant's mother appeared telephonically on behalf of the appellant, a minor under the age of 21. The MassHealth representative, a licensed orthodontist, appeared telephonically for MassHealth on behalf of BeneCare, the MassHealth dental contractor. Below is a summary of each party's testimony and the information submitted for hearing:

The appellant's orthodontic provider ("the provider") submitted a prior authorization request for comprehensive orthodontic treatment to BeneCare on behalf of the appellant on 3/26/2025. This request included the appellant's X-rays, photographs, and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) Form (Exhibit 4).

MassHealth will only provide coverage for comprehensive orthodontic treatment for members who have a "severe, handicapping, or deforming" malocclusion. Such a condition exists when the applicant has either (1) dental discrepancies that result in a score of 22 or more points on the HLD Form, as detailed in the MassHealth Dental Manual, or (2) evidence of a group of exceptional or handicapping dental conditions. If the applicant meets any of these qualifications, MassHealth, through BeneCare, will approve a request for prior authorization for comprehensive orthodontic treatment. Alternatively, a provider, such as the applicant's primary care physician or pediatrician, can submit a narrative and supporting documentation detailing how the treatment is medically necessary.

In this case, the appellant's provider submitted a HLD score of 7, indicated on the HLD form that the appellant auto-qualifies for treatment because he has at least 10mm of space in the mandibular arch, and selected "no" for medical necessity narrative (Exhibit 4). The Provider's HLD Form reflects the following scores:

Conditions Observed	Score
Overjet in mm	2
Overbite in mm	3
Mandibular Protrusion in mm	0
Open Bite in mm	0
Ectopic Eruption (# of teeth, excluding third molars)	0
Anterior Crowding	0
Labio-Lingual Spread, in mm (anterior spacing)	2
Posterior Unilateral Crossbite	0

Posterior impactions or congenitally missing posterior teeth	0
Total HLD Score	7

(Exhibit 4)

When BeneCare initially evaluated this prior authorization request on behalf of MassHealth, its orthodontist determined that the appellant has an HLD score of 8, and no auto-qualifying conditions. The BeneCare HLD Form reflects the following scores:

Conditions Observed	Score
Overjet in mm	3
Overbite in mm	4
Mandibular Protrusion in mm	0
Open Bite in mm	0
Ectopic Eruption (# of teeth, excluding third molars)	0
Anterior Crowding	0
Labio-Lingual Spread, in mm (anterior spacing)	1
Posterior Unilateral Crossbite	0
Posterior impactions or congenitally missing posterior teeth	0
Total HLD Score	8

(Exhibit 4).

Having found an HLD score below the threshold of 22, no auto-qualifying conditions, and no medical necessity, MassHealth denied the appellant's prior authorization request (Exhibit X). Thereafter, the appellant appealed the notice at issue and a second review by BeneCare was performed and determined an HLD score of 9 and no auto-qualifying conditions. The second review's HLD form reflects the following scores:

Conditions Observed	Score
Overjet in mm	3

Overbite in mm	4
Mandibular Protrusion in mm	0
Open Bite in mm	0
Ectopic Eruption (# of teeth, excluding third molars)	0
Anterior Crowding	0
Labio-Lingual Spread, in mm (anterior spacing)	2
Posterior Unilateral Crossbite	0
Posterior impactions or congenitally missing posterior teeth	0
Total HLD Score	9

(Exhibit 4)

At hearing, the BeneCare representative testified that he also scored the appellant far below the required HLD score of 22. Moreover, when he reviewed the spacing in the appellant’s mandibular arch the most he could measure was around 3mm on the left side and 5mm on the right side for a total of 8mm of spacing. Below the required 10mm of spacing for the auto-qualifying condition.

Lastly, the BeneCare representative addressed the additional documentation submitted by the appellant’s mother. Although, the box for medical necessity narrative was checked “no” on the HLD form, the appellant’s mother submitted four documents that seem to be intended to support a medical necessity narrative. First, there is a letter from her describing that the appellant has obsessive compulsive disorder (“OCD”) and is repeatedly running his tongue over his bottom teeth that stick out (Exhibit 5). This causes him physical pain and anxiety and exacerbates his condition *id.* Second, she submitted a log she kept of all the times her son had experienced pain due to his teeth misalignment (Exhibit 6). Third, she submitted a letter from the appellant’s doctor stating that the appellant is diagnosed with attention deficit/hyperactivity disorder, obsessive compulsive disorder, generalized anxiety disorder, and other tic disorders (Exhibit 7). Lastly, an IEP summary of objectives from the appellant’s school was submitted describing strategies to help the appellant manage the conditions described by the doctor (Exhibit 8). The doctor’s letter and IEP do not mention the appellant’s teeth (Exhibits 7 and 8).

The BeneCare representative reviewed the documentation and testified that they were unsatisfactory to support a medical necessity narrative. As described on the HLD form, a medical necessity narrative must be sent by the provider (Exhibit 4). Here, the only documentation from the provider is a list of the appellant’s medical diagnoses (Exhibit 7). Nothing in that letter

connects any of these diagnoses to the appellant's malocclusion *id.* The letter from the appellant's mother and the tooth pain log make that connection, but a letter from a parent cannot support a medical necessity narrative for MassHealth purposes (Exhibits 5 and 6).

The appellant's mother appeared on the appellant's behalf. She testified that her son has pain where his lower teeth jet out and turn in. Moreover, his OCD exacerbates the pain because he cannot stop himself from running his tongue over the teeth that are sticking out. She argued that her son is in pain and MassHealth has a duty to fix his teeth to alleviate that pain. His teeth are affecting his physical and mental health, and it is medically necessary that they be fixed.

Findings of Fact

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

1. On 3/26/2025, the appellant's provider requested prior authorization for comprehensive orthodontic treatment and submitted an Orthodontics Prior Authorization Form, an HLD Form, photographs, and x-rays.
2. The provider found an HLD score of 7, an auto-qualifying condition of a 10mm of spacing in the mandibular arch, and marked "no" for medical necessity narrative.
3. On 10/17/2025, MassHealth denied the appellant's prior authorization request, as BeneCare found an HLD score of 8, no auto-qualifying conditions, and no submitted medical necessity narrative.
4. On 11/7/2025, the appellant timely appealed the denial to the Board of Hearings.
5. A second review by BeneCare was performed that found an HLD score of 9, no auto-qualifying conditions, and no submitted medical necessity narrative.
6. During the hearing, the BeneCare representative testified that he too found far below the required 22 points on the HLD form and only a total of 8mm of spacing in the mandibular arch.
7. The appellant is diagnosed with attention deficit/hyperactivity disorder, obsessive compulsive disorder, generalized anxiety disorder, and other tic disorders.

Analysis and Conclusions of Law

MassHealth pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. 130 CMR 420.410(A)(1). 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 MassHealth.

130 CMR 450.204(A). Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment codified at 130 CMR 420.000 and in the MassHealth *Dental Manual*. Specifically, 130 CMR 420.431(C)(3) states, in relevant part:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, only 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*.

Those clinical standards for medical necessity are met when (1) the member has one of the "auto-qualifying" conditions described by MassHealth in the HLD Form,¹ (2) the member meets or exceeds the threshold score designated by MassHealth on the HLD Form, or (3) comprehensive orthodontic treatment is otherwise medically necessary for the member, as demonstrated by a medical-necessity narrative and supporting documentation submitted by the requesting provider. *See generally*, Appendix D of the *Dental Manual*. In such circumstances, MassHealth will approve payment for comprehensive orthodontic treatment. 130 CMR 420.431(C)(3).

¹ Auto-qualifying conditions include cleft palate, severe traumatic deviation, severe maxillary or mandibular crowding or spacing, deep impinging overbite, anterior impaction, overjet greater than 9 mm, or reverse overjet greater than 3.5 mm, anterior or posterior crossbite of 3 or more maxillary teeth per arch, 2 or more of at least one congenitally missing tooth per quadrant, and anterior or lateral open bite of 2mm or more or 4 or more teeth per arch (Appendix D at D-2 and D-5).

Appendix D of the *Dental Manual* includes the HLD form, which is described as “a quantitative, objective method for evaluating [prior authorization] requests for comprehensive orthodontic treatment.” Appendix D at D-1. The HLD form allows for the identification of those auto-qualifying conditions and also provides the method for discerning a single score, “based on a series of measurements, which represent the presence, absence, and degree of handicap.” *Id.* MassHealth will authorize treatment for cases with verified auto-qualifiers or verified scores of 22 and above. *Id.* at D-2.

Providers may also establish eligibility for comprehensive orthodontic treatment by submitting a medical necessity narrative from a physician that indicates that comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate certain medical or dental conditions. *Id.* at D-3-4.

While a MassHealth member may benefit from orthodontic treatment, the regulations clearly limit eligibility for such treatment to patients with handicapping malocclusions. 130 CMR 420.431(C)(3). As such, the appellant bears the burden of showing that he has an HLD score of 22 or higher, an auto-qualifying condition, or that the treatment is otherwise medically necessary. He has failed to do so.

Here, it is uncontested that the appellant does not have an HLD score of at least 22 points. The provider scored him 7 and BeneCare scored him an 8 and 9 during their two reviews (Exhibit 4). During the hearing, the BeneCare representative testified that he too found far below the required 22 points. What is contested is the auto-qualifying condition of 10mm or spacing in the mandibular arch. The appellant’s provider found this auto-qualifying condition, while the two BeneCare reviews and the consultant at hearing did not (Exhibit 4). The hearing officer measured the pictures himself to the best of his ability and the results aligned with the findings of the three BeneCare representatives. As three orthodontists found against the auto-qualifying condition existing vs. the appellant’s one provider finding for it, the weight of the evidence is in favor of BeneCare’s findings. Therefore, it is found that there is no auto-qualifying condition of 10mm of spacing in the mandibular arch.

Lastly, the appellant’s mother argues that the appellant malocclusion is exacerbating his OCD as the condition compels the appellant to run his tongue along his lower teeth that stick out which causes him pain. The appellant submitted a letter she wrote, a tooth pain log, a doctor’s letter of his diagnoses, and his IEP summary of objectives to support her arguments (Exhibits 5-8). Appendix D of the *Dental Manual* at D-3-4 requires that a medical necessity narrative be supported by a medical provider. Here, the only letter from a medical provider is the doctor’s letter that describes the appellant’s diagnoses. The letter in no way references the appellant’s teeth. The appellant’s mother’s letter and pain log do reference the appellant’s teeth but cannot be used to support a medical necessity narrative as they are not from a medical provider. Moreover, when the appellant’s provider submitted the prior authorization request

for comprehensive orthodontic treatment, the box for medical necessity narrative was marked “no” suggesting that it was never their intent to attempt to have the appellant’s braces be approved on the grounds that it exacerbates his OCD (Exhibit 4). As the appellant’s documents do not meet the standards required for a medical necessity narrative it is found that comprehensive orthodontic treatment is not medically necessary for the appellant.

The appellant’s mother also argued during the hearing that MassHealth is obligated to help the appellant because he is in pain. She argues that the pain is affecting his physical and mental health, it is medically necessary to treat, and thus MassHealth must treat it. However, the appellant’s mother provides no legal basis to support this argument. Therefore, it is rejected. MassHealth uses the method laid out in the Dental Manual discussed above to determine medical necessity for comprehensive orthodontic treatment.

Thus, as the consulting orthodontist persuasively argued the appellant does not have 22 points, no auto-qualifying conditions, and there is no documentation from a medical professional to support an argument of medical necessity, the appellant is not considered to have a condition that requires coverage by MassHealth for comprehensive orthodontic treatment.

The appeal is DENIED.

If the appellant’s dental condition should worsen or his orthodontist is able to provide the necessary documentation to demonstrate that the treatment is medically necessary, a new prior authorization request can be filed at that time.

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.

David Jacobs
Hearing Officer
Board of Hearings

cc:BeneCare 1, MA