

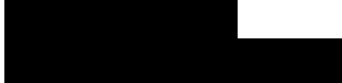
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2516545
Decision Date:	1/27/2025	Hearing Date:	12/15/2025
Hearing Officer:	Christopher Jones		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Benjamin Gamm – BeneCare
Jennifer Laramée – 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:	Dental Services; Orthodontic Services
Decision Date:	1/27/2025	Hearing Date:	12/15/2025
MassHealth's Reps.:	Dr. Benjamin Gamm; Jennifer Laramee	Appellant's Reps.:	Pro se; Mother
Hearing Location:	Tewksbury 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 21, 2025, MassHealth denied the appellant's prior authorization request for comprehensive orthodontia. (Exhibits 1.) The appellant filed this appeal in a timely manner on November 10, 2025. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for orthodontia.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that comprehensive orthodontia was not medically necessary because the appellant does not have a Handicapping Labio-Lingual Deviations Score of at least 22 points.

Summary of Evidence

The appellant's provider submitted a prior authorization request on the appellant's behalf seeking MassHealth coverage for comprehensive orthodontic treatment. Along with photographs and x-rays, the provider submitted a Handicapping Labio-Lingual Deviations (HLD) Form. The appellant's orthodontist identified the appellant as having an HLD Score of 18 based upon: 4 millimeters of overjet; 4 millimeters of overbite; and 10 points due to anterior crowding of the upper and lower arch, worth 5 points per arch. (Exhibit 5, pp. 3-6, 11-13.) BeneCare, MassHealth's dental benefits administrator, reviewed the submitted images and agreed with the appellant's provider that the HLD Score was 18 points. (Exhibit 5, p. 7-8.)

At the hearing, Dr. Gamm explained that many children on MassHealth seek coverage for orthodontia. Due to the limited resources of the program, MassHealth has implemented the HLD system to identify the most severe, handicapping conditions. The program limits coverage to those children with a handicapping condition under the HLD system. Dr. Gamm explained that the HLD form includes auto-qualifying conditions and less severe conditions that are measured and scored. If an auto-qualifying condition is present, orthodontia is automatically approved. If there are not auto-qualifying conditions, the member must have an HLD score of 22 points or higher.

Once an appeal is filed, BeneCare performs a second-level review based upon the submitted documentation. The second-level reviewer found the appellant's HLD score to be 19 points. This orthodontist found crowding of 3.5 millimeters in one arch, an ectopic eruption, and 3 millimeters of labio-lingual spread. They otherwise agreed with the 4 millimeters of overjet and overbite. (Exhibit 5, pp. 9-10.)

Dr. Gamm performed his own examination and found an HLD score of 17. Dr. Gamm testified that the appellant did not have at least 3.5 millimeters of crowding in the lower arch. He agreed there was 3.5 millimeters of crowding in the upper arch, but this was in part due to an ectopic eruption in that arch. Instead of 3 points for an ectopic eruption, Dr. Gamm gave 5 points for crowding greater than 3.5 millimeters. Both conditions could not be scored in the same arch. Otherwise, he found 4 millimeters of overbite, overjet, and labio-lingual spread. Dr. Gamm noted that the appellant's ■-year molars were still developing and had not yet erupted. He suggested that the appellant be reevaluated and resubmit for orthodontia. Because the last Panorex x-ray was over 6 months ago, he suggested that she do so now. If there were no movement in these teeth, it was possible that they could be considered impacted. If they were impacted, the appellant would automatically qualify for coverage.

The appellant's mother believed the appellant should be approved. The appellant's provider had said the appellant should definitely be approved, despite the score being below 22 points. Dr. Gamm noted that the appellant's ectopic eruptions is a pretty severe cosmetic issue, but that MassHealth does not cover orthodontia on cosmetic grounds. He also noted that the provider's own HLD score was below 22 points. The appellant's mother responded that the provider had

explained the point system, but the provider had also explained all of the ways in which the appellant's teeth might get worse if they were not treated now. Dr. Gamm explained that the treatment could be approved if the appellant's teeth worsened, but that MassHealth only approves coverage for current conditions, not potential ones. The appellant's mother asked that a decision be issued.

Findings of Fact

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

- 1) The appellant's orthodontist submitted a prior authorization request seeking comprehensive orthodontia. A completed HLD Form was submitted with a score of 18 points. No auto-qualifying conditions were identified. (Exhibit 5, pp. 4-6.)
- 2) Upon initial review of the submitted documentation, BeneCare found an HLD Score of 18. A second review found an HLD Score of 19 points. BeneCare did not identify any auto-qualifying conditions. (Exhibit 4, pp. 7-10.)
- 3) The appellant's HLD Score is below 22 points and none of auto-qualifying conditions are present in the appellant's mouth. (Testimony by Dr. Gamm.)

Analysis and Conclusions of Law

MassHealth covers orthodontic services when it determines them to be medically necessary. (130 CMR 420.431.) Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment, 130 CMR 420.000, and the MassHealth Dental Manual.¹ (130 CMR 450.204.) Pursuant to 130 CMR 420.431(C)(3), MassHealth "pays for comprehensive orthodontic treatment ... only when the member has a severe and handicapping malocclusion. The MassHealth agency determines whether a malocclusion is severe and handicapping based on the clinical standards described in Appendix D of the Dental Manual." The regulations do not speak directly to what conditions qualify as "severe and handicapping" except to specifically cover "comprehensive orthodontic treatment for members with cleft lip, cleft palate, cleft lip and palate, and other craniofacial anomalies" (130 CMR 420.431(C)(3).)

The HLD Scale is a quantitative and objective method for measuring malocclusions. It is used to add up a single score based on a series of measurements that represent the degree to which a bite

¹ The Dental Manual and Appendix D are available on MassHealth's website, in the MassHealth Provider Library. (Available at <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>, last visited December 15, 2025.) Additional guidance is at the MassHealth Dental Program Office Reference Manual (ORM). (Available at <https://massdhp.org/orm>, last visited December 15, 2025.)

deviates from normal alignment and occlusion. MassHealth made a policy decision that a score of 22 or higher signifies a “severe and handicapping malocclusion,” ostensibly a medical necessity for orthodontia. Certain exceptional malocclusions are deemed automatically severe and handicapping. The HLD Form also allows medical providers to explain how orthodontia is medically necessary, despite not satisfying the dental criteria otherwise captured on the form.

All of the orthodontist’s who have evaluated the appellant have confirmed that her HLD Score is below the 22 points needed to qualify. None of the orthodontists identified an auto-qualifying condition. The appellant does not qualify for MassHealth payment for orthodontia at this time, 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.

Christopher Jones
Hearing Officer
Board of Hearings

MassHealth Representative: BeneCare 1, Attn: Christine Sobolewski