

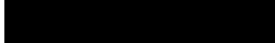
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2600297
Decision Date:	2/26/2026	Hearing Date:	02/18/2026
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Benjamin Gamm, BeneCare
Lily Weston, 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:	2/26/2026	Hearing Date:	02/18/2026
MassHealth's Rep.:	Dr. Benjamin Gamm; Lily Weston	Appellant's Rep.:	██████████
Hearing Location:	Remote	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 December 4, 2025, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment. See 130 CMR 450.204 and Exhibit 1. The appellant filed this appeal in a timely manner on January 13, 2026. See 130 CMR 610.015(B) and Exhibit 2. Denial of a request for prior authorization is a valid basis for appeal to the Board of Hearings. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment.

Issue

Whether MassHealth was correct, pursuant to 130 CMR 420.431(C), in determining that the appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

All parties appeared telephonically. MassHealth was represented by a licensed orthodontist and an administrator from BeneCare. The appellant was represented by her mother who verified her identity. The following is a summary of the testimony and evidence provided at the 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 October 30, 2025. This request included the appellant’s X-rays, photographs, and a completed MassHealth Handicapping Labio-Lingual Deviations (HLD) Form.

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. 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. If the applicant meets any of these qualifications, MassHealth, through BeneCare, will approve a request for prior authorization for comprehensive orthodontic treatment.

According to the prior authorization (PA) request, the appellant’s provider submitted an HLD form that alleged that the appellant had an auto-qualifying condition, namely: “crowding of 10 mm or more,” and reflected a score of 18. See Exhibit 5, p. 6. The appellant’s provider did not submit a “medical necessity” narrative with the request. The provider’s HLD form reflecting the score of 18 is detailed below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	4 ¹
Overbite in mm	0	1	4
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 ²	Maxilla: Yes Mandible: Yes	Flat score of 5 for each ³	10
Labio-Lingual Spread, in	0	1	0

¹ The provider only indicated the weighted score, not the raw score.

² 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.

³ The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

mm (anterior spacing)			
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			18

When BeneCare initially evaluated this prior authorization request on behalf of MassHealth, its orthodontist did not find any of the conditions that would warrant automatic approval of comprehensive orthodontic treatment and determined that the appellant has an HLD score of 17. See Exhibit 5, p.9. The BeneCare HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	4 ⁴
Overbite in mm	0	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
Anterior Crowding	Maxilla: No Mandible: Yes	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	0	1	3
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			17

Because BeneCare found an HLD score below the threshold of 22, no auto-qualifying conditions, and no medical necessity, it denied the appellant's prior authorization request on December 26, 2025. See Exhibit 1. Prior to the hearing, a second reviewer conducted a review of the appellant's submission on February 3, 2026, and found an HLD score of 17. See Exhibit 5, p. 14.

In preparation for the hearing, the MassHealth orthodontic consultant completed an HLD Form based on a review of the photographs, X-rays, and other documentation submitted by the provider. Based on his examination, he did not find an auto-qualifier and determined that the

⁴ It appears that the BeneCare reviewer only indicated the weighted score and not the raw score in their assessment.

appellant’s overall HLD score was 18, as detailed below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	4
Overbite in mm	0	1	5
Mandibular Protrusion in mm	0	5	0
Anterior Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: No Mandible: Yes	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	0	1	4
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			18

The MassHealth orthodontic consultant testified that MassHealth only provides coverage for comprehensive orthodontic treatment when there is a severe and handicapping malocclusion. He agreed that the appellant has an overjet, an overbite, mandibular anterior crowding, and labio-lingual spacing, which he scored accordingly. He also agreed that the appellant has some crowding in the lower teeth but stated that it did not measure 10 millimeters or more to qualify as an automatic qualifying condition. He explained that after examining the appellant’s x-rays using a measuring tool, he observed that the appellant’s lower right canine was crowded by 3- 4 millimeters and her lower left canine by 2 millimeters. As such, the crowding found does not meet the criteria for this automatic qualifying category. Thus, he upheld MassHealth’s denial of the request for comprehensive orthodontic services.

The appellant’s mother testified that she observed the provider measure her daughter’s teeth. She added that her daughter is getting worse each year and that she may need extractions in the future due to crowding. The MassHealth consultant responded that he does not agree with the need for extractions and added that the appellant may present to her provider every six months for a reevaluation of her dental needs.

Findings of Fact

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

1. The appellant is under [REDACTED] years of age. (Testimony and Exhibit 4).
2. On October 30, 2025, the appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth. (Testimony, Exhibit 5).
3. The appellant's provider documented that the appellant has an automatic qualifying condition, namely: crowding of 10 millimeters or more. (Exhibit 5).
4. The appellant's provider completed an HLD form finding an overall score of 18. (Testimony and Exhibit 5).
5. MassHealth provides coverage for comprehensive orthodontic treatment only when there is a severe and handicapping malocclusion. (Testimony).
6. An HLD score of 22 or higher denotes a severe and handicapping malocclusion. (Testimony).
7. When BeneCare initially evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 17. (Testimony and Exhibit 5).
8. On December 26, 2025, MassHealth notified the appellant that the prior authorization request had been denied. (Testimony and Exhibit 1).
9. The appellant filed this appeal in a timely manner on January 7, 2026. (Exhibit 2).
10. A fair hearing was conducted on February 18, 2026, and all parties appeared telephonically. (Exhibit 3).
11. Prior to the hearing, the MassHealth orthodontic consultant reviewed the provider's submissions, finding an HLD score of 18. (Testimony).
12. The MassHealth orthodontic consultant did not find any condition that would qualify as an automatic qualifying condition. (Testimony).
13. There is no crowding of 10 millimeters or more because the appellant's lower right canine is crowded by 3- 4 millimeters and her lower left canine by 2 millimeters. (Testimony).
14. There was no other documentation or evidence of medical necessity for the comprehensive orthodontic treatment provided to MassHealth. (Exhibit 5).

Analysis and Conclusions of Law

At the outset it should be noted that MassHealth pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. See 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.

See 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 within the MassHealth *Dental Manual*. Regulation 130 CMR 420.431(C)(3) states, in relevant part, as follows:

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*.

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,⁵ (2) the member meets

⁵ Auto-qualifying conditions include the following: cleft lip, cleft palate, or other craniofacial anomalies; impinging overbite: impinging overbite with evidence of occlusal contact into the opposing soft tissue; impactions: impactions (excluding third molars) that are impeding eruption in the maxillary and mandibular arches; severe traumatic deviations: traumatic deviations refer to accidents impacting the face, jaws, and teeth rather than congenital deformity; overjet greater than 9mm: this is recorded with the patient in the centric occlusion and measured from the labial of the lower incisor to the labial of the upper incisor; reverse overjet greater than 3.5mm: this is recorded with the patient in the centric occlusion and measured from the labial of the lower incisor to the labial of the upper incisor; crowding or spacing of 10 mm or more, in either the maxillary or mandibular arch (excluding 3rd molars); anterior or posterior crossbite of 3 or more teeth per arch; two or more congenitally missing

or exceeds the threshold score designated by MassHealth on the HLD Form,⁶ 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.⁷ See generally, Appendix D of the *Dental Manual*. In such circumstances, MassHealth will approve payment for comprehensive orthodontic treatment. See 130 CMR 420.431(C)(3).

When requesting prior authorization for comprehensive orthodontic treatment, the provider submits, among other things, a completed HLD form which documents the results of applying the clinical standards described in Appendix D of the *Dental Manual*. For MassHealth to pay for orthodontic treatment, the appellant's malocclusion must be severe and handicapping as indicated by an automatic qualifier on the HLD index or a minimum HLD index score of 22. See *id.* As such, the appellant bears the burden of showing that she has an HLD score of 22 or higher, an auto-qualifying condition, or that the treatment is otherwise medically necessary – a burden that the appellant has not met in this case. See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)("[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings").

In this case, there is no dispute that the HLD score is well below 22. Both the appellant's provider and the MassHealth orthodontic consultant found an HLD score of 18 which is below the threshold of 22. As such, I find that the appellant has not met its burden of showing that he has an HLD score of 22 or higher. See 130 CMR 420.431(C)(3).

teeth (excluding 3rd molars); lateral or anterior (of incisors) open bite 2 mm or more. See Appendix D at D-2 and D-5.

⁶ 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." See 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.

⁷Comprehensive orthodontic treatment is deemed medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate one of the following: a severe deviation affecting the patient's mouth and/or underlying dentofacial structures; a diagnosed mental, emotional, or behavioral condition caused by the patient's malocclusion; a diagnosed nutritional deficiency and/or a substantiated inability to eat or chew caused by the patient's malocclusion; a diagnosed speech or language pathology caused by the patient's malocclusion; or a diagnosed condition caused by overall severity of the patient's malocclusion. See Appendix D at D-3.

However, the appellant's provider documented that the appellant has an automatic qualifying condition, namely: crowding of over 10 millimeters. After reviewing the documentation included with the provider's submission, MassHealth did not find any automatic qualifying condition. At the hearing, the MassHealth orthodontic consultant agreed that the appellant has some crowding in the lower teeth but stated that it did not measure 10 millimeters or more to qualify as an automatic qualifying condition. He credibly testified that after examining the appellant's x-rays and using a measuring tool, he observed that the appellant's lower right canine was crowded by 3- 4 millimeters and her lower left canine by 2 millimeters. Based on my own review of the records, I find the MassHealth orthodontic consultant's testimony credible and conclude that the appellant's provider erroneously found crowding of 10 millimeters or more. I also find that there is no evidence that treatment is otherwise medically necessary as set forth in Appendix D of the *Dental Manual*. Based on the aforementioned, MassHealth was correct to deny the appellant's request for prior authorization for comprehensive orthodontic treatment.

If the appellant's dental condition worsens or her 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, provided she has not yet reached the age of [REDACTED]

For the foregoing reasons, 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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: BeneCare, Attn: Christine Sobolewski