

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2503581
<b>Decision Date:</b>	5/6/2025	<b>Hearing Date:</b>	05/02/2025
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**  
Pro se with Mother

**Appearances for MassHealth:**  
Dr. Roger Wise, Orthodontist  
Nicholas Caravella, Appeals Representative



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Dental Services- Orthodontic Services
<b>Decision Date:</b>	5/6/2025	<b>Hearing Date:</b>	05/02/2025
<b>MassHealth's Rep.:</b>	Dr. Roger Wise, Nicholas Caravella	<b>Appellant's Rep.:</b>	Pro se with Mother
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center	<b>Aid Pending:</b>	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 February 3, 2025, MassHealth denied Appellant's request for prior authorization of comprehensive orthodontic treatment (130 CMR 420.431 and Exhibit 1). Appellant filed this appeal in a timely manner on March 4, 2025 (130 CMR 610.015 and Exhibit 2). Denial of a request for prior authorization is valid grounds for appeal (130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for comprehensive orthodontic treatment.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in denying Appellant's prior authorization request for comprehensive orthodontic services.

## Summary of Evidence

MassHealth was represented by Dr. Roger Wise, an orthodontic consultant from the MassHealth contractor BeneCare which administers the MassHealth orthodontic program. BeneCare was also represented by an Appeals Representative observing the hearing. Dr. Wise testified that he is a licensed orthodontist in the Commonwealth of Massachusetts. Dr. Wise testified that Appellant's orthodontist submitted the Handicapping Labio-Lingual Deviations (HLD) Form which requires a total score of 22 or higher for approval. Appellant's orthodontist recorded a score of 19 points based on HLD measurements (Exhibit 1, p. 9). A letter of medical necessity was not included with the prior authorization request. When the prior authorization request was submitted, DentaQuest administered the MassHealth orthodontic program. A DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 18 HLD points with no autoqualifying conditions identified (Exhibit 1, p. 7). Dr. Wise examined Appellant's dentition at hearing and testified that he agreed with scoring between 18 and 19 HLD points and found no autoqualifying conditions. Dr. Wise upheld the denial of payment for orthodontics because Appellant's HLD score is below 22 points, and no autoqualifying conditions are present.

Appellant's mother testified that she believed Appellant's orthodontic provider scored 26 points and that orthodontics are necessary.

## Findings of Fact

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

1. Appellant's orthodontist submitted the Handicapping Labio-Lingual Deviations (HLD) Form which requires a total score of 22 or higher for approval. Appellant's orthodontist recorded a score of 19 points based on HLD measurements and did not identify any autoqualifying conditions.
2. A letter of medical necessity was not included with the prior authorization request.
3. A DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 18 HLD points with no autoqualifying conditions identified.
4. Dr. Wise examined Appellant's dentition at hearing and scored 18-19 HLD points and found no autoqualifying conditions.

## Analysis and Conclusions of Law

Regulation 130 CMR 420.431(C)(3) states in relevant part:

The MassHealth agency pays for comprehensive orthodontic treatment only once per member under age 21 per lifetime and only when the member has a handicapping malocclusion. The MassHealth agency determines whether a malocclusion is handicapping based on the clinical standards 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 handicapping malocclusion. The HLD index also includes conditions that are listed as autoqualifiers that result in approval without HLD scores. Requirements for approval based on a medical necessity narrative are also outlined on the HLD form (Exhibit 1, p. 10). Here, Appellant’s orthodontic provider submitted the Handicapping Labio-Lingual Deviations (HLD) Form which requires a total score of 22 or higher for approval and recorded a score of 19 points and did not identify any autoqualifying conditions. When the prior authorization request was submitted to MassHealth, a DentaQuest orthodontist reviewed photographs and X-rays submitted with the request and scored 18 HLD points with no autoqualifying conditions identified. Dr. Wise examined Appellant’s dentition at hearing, scored between 18 and 19 HLD points and found no autoqualifying conditions. Because each orthodontist scored below the required 22 points on the HLD index, and no autoqualifying conditions were identified, Appellant does not have a handicapping malocclusion as defined above.

The MassHealth agency pays for a pre-orthodontic treatment examination for members younger than 21 years of age, once per six (6) months per member, and only for the purpose of determining whether orthodontic treatment is medically necessary and can be initiated before the member’s twenty-first birthday (130 CMR 420.431(C)(1)). Appellant can be reevaluated for comprehensive orthodontics and submit a new prior authorization request 6 months after the last evaluation.

The appeal is DENIED.

## 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.

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Thomas J. Goode  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: BeneCare 1, Attn: Jessica Lusignan