

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2503899
Decision Date:	7/30/2025	Hearing Date:	06/18/2025
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Harold Kaplan, D.M.D.
Kara Gonzalez, 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

Appeal Decision:	Denied	Issue:	Prior Authorization - Orthodontics
Decision Date:	7/30/2025	Hearing Date:	06/18/2025
MassHealth's Rep.:	Dr. Harold Kaplan; Kara Gonzalez	Appellant's Rep.:	Parent
Hearing Location:	Charlestown MassHealth Enrollment Center - Room 1 (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 February 18, 2025, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment. (130 CMR 420.431; Exhibit 1). The appellant filed this appeal in a timely manner on or about February 26, 2025. (130 CMR 610.015(B); Exhibit 2).¹ Denial of a request for prior authorization is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

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

¹ On March 10, 2025, the Board of Hearings (BOH) dismissed the appeal for failure to receive a parent signature on the fair hearing request form (Exhibit 4). On March 17, 2025, the BOH received the necessary signature and on April 8, 2025, scheduled a hearing for May 7, 2025. (Exhibits 5, 6). On [REDACTED] 2025, the appellant's representative was unable to attend because she was hospitalized. On May 23, 2025, the BOH scheduled a hearing to take place on June 18, 2025 (Exhibit 8).

Issue

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

Summary of Evidence

The appellant is a minor MassHealth member who was represented telephonically at the hearing by her mother. MassHealth was represented at the hearing by Dr. Harold Kaplan, an orthodontic consultant from BeneCare, the MassHealth dental contractor.

The appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and X-rays, on or about November 22, 2024. As required, her orthodontic provider completed the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form. The HLD Form requires a total score of 22 or higher for approval, unless the appellant has one of the conditions that warrant automatic approval of comprehensive orthodontic treatment. The appellant's orthodontic provider did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (Exhibit 7, p. 8). The provider's HLD Form indicates that he found a total score of 22, broken down as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm.	4	1	4
Overbite in mm.	3	1	3
Mandibular Protrusion in mm	1	5	5
Anterior Open Bite in mm.	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: 5 Mandible: 5	Flat score of 5 for each ²	10
Labio-Lingual Spread, in mm (anterior spacing)	0	1	0
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0

² The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

Total HLD Score			22
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Id. Further, the appellant's orthodontic provider did not indicate that a medical necessity narrative was submitted (Exhibit 7, p. 9).

When BeneCare evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 20. The HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm.	4	1	4
Overbite in mm.	3	1	3
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: 5 Mandible: 5	Flat score of 5 for each	10
Labio-Lingual Spread, in mm (anterior spacing)	2	1	3
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			20

Because it found an HLD score below the threshold of 22 and no autoqualifying conditions, MassHealth denied the appellant's prior authorization request on or about February 18, 2025.

At the hearing, Dr. Kaplan completed an HLD form based on a review of the X-rays and photographs submitted. He agreed with MassHealth's scoring of 20 points and he did not see any evidence of autoqualifying conditions. Dr. Kaplan explained that the main difference between BeneCare's scoring and the scoring performed by the appellant's orthodontic provider surrounds the mandibular protrusion category. He explained that mandibular protrusion exists when a bottom molar comes into contact in front of the corresponding top molar. Here, both MassHealth and Dr. Kaplan did not see any evidence of a mandibular protrusion that exists in the appellant's mouth and therefore scored 0 points in that category. The appellant's orthodontic provider scored a total of 5 points; he did not note which teeth he feels exhibit mandibular protrusion.

Dr. Kaplan testified that the appellant would likely benefit from orthodontic treatment; however, based on the HLD Form, she does not currently meet the criteria necessary for approval. Dr. Kaplan explained that the appellant may be re-examined every six months by her orthodontic provider and has until the age of 21 to be treated. Because the appellant's HLD score is below 22 and there were no autoqualifiers present, the appellant does not have a handicapping malocclusion and MassHealth will not pay for comprehensive orthodontic treatment at this time.

The appellant's parent testified that she is concerned about the appellant's overbite. She stated that she has been appealing MassHealth's denial of her request for orthodontic treatment for the past 3 years and the appellant's overbite is getting worse. Additionally, the appellant has developed a lisp and on occasion, chewing food is uncomfortable for her. She stated that it is frustrating to learn that there was a difference in scoring performed by MassHealth's orthodontists versus the appellant's orthodontist. She testified that she does not understand why the appellant's request for orthodontic treatment is denied. She stated that there is no question that the appellant requires braces, which she cannot afford to pay for out of pocket because she was recently hospitalized. She testified that she is concerned that if the appellant does not receive braces soon, it will start to affect her self-esteem.

In response, Dr. Kaplan inquired whether the appellant is currently being seen by a medical provider; the appellant's parent responded affirmatively. Dr. Kaplan explained that the appellant's parent may wish to consider having the medical provider write a letter establishing that it is medically necessary for the appellant to have orthodontic treatment due to her diagnosis, in accordance with the Medical Necessity Narrative. (See, Exhibit 7, p. 9). The appellant's orthodontist can then resubmit his request, including the medical necessity narrative, and note on his request that a medical necessity narrative was submitted. *Id.* Dr. Kaplan explained that medical necessity is a third option that BeneCare will consider when determining whether it can approve the request for orthodontic treatment. He suggested that if the appellant appeals subsequent dental denial notices, she can opt for an in-person hearing so that BeneCare is able to conduct an examination of her mouth.

Findings of Fact

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

1. On or about November 22, 2024, the appellant's orthodontic provider submitted a prior authorization request to MassHealth for comprehensive orthodontic treatment on behalf of the appellant.
2. The appellant's provider completed a Handicapping Labio-Lingual Deviations Form for the appellant and calculated an overall score of 22.

3. The appellant's provider did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment, nor did he submit a medical necessity narrative on behalf of the appellant.
4. BeneCare evaluated the appellant's prior authorization request on behalf of MassHealth, and its orthodontists determined that the appellant had an HLD score of 20, also finding no conditions warranting automatic approval of comprehensive orthodontic treatment.
5. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more or has one of the conditions that warrant automatic approval of comprehensive orthodontic treatment.
6. On or about February 18, 2025, MassHealth notified the appellant that the prior authorization request that was submitted on her behalf was denied.
7. On or about March 17, 2025, the appellant filed a timely appeal of the MassHealth action.
8. At the hearing, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and x-rays and calculated an HLD score of 20. He did not find evidence of any autoqualifying conditions that presently exist in the appellant's mouth.
10. There is no evidence in the appellant's submission that mandibular protrusion exists in the appellant's mouth.

Analysis and Conclusions of Law

Per 130 CMR 420.431(C)(3), the MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime for a member younger than 21 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.

(130 CMR 420.431(C)).

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. MassHealth will also approve a prior authorization request, without regard for the HLD numerical score, if there is evidence of one of the following automatic qualifying conditions: cleft palate; impinging overbite with

evidence of occlusal contact into the opposing soft tissue; impaction where eruption is impeded but extraction is not indicated (excluding third molars); severe traumatic deviation; overjet greater than 9 mm.; reverse overjet greater than 3.5 mm.; crowding of 10 mm. or more in either the maxillary or mandibular arch (excluding 3rd molars); spacing of 10 mm. or more in either the maxillary or mandibular arch (excluding 3rd molars); anterior crossbite of 3 or more maxillary teeth per arch; posterior crossbite of 3 or more maxillary teeth per arch; two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant; lateral open bite 2mm or more of 4 or more teeth per arch; or anterior open bite 2 mm. or more of 4 or more teeth per arch.

Appendix D of the Dental Manual also includes the instructions for submitting a medical necessity narrative. It states the following:

Providers may establish that comprehensive orthodontic treatment is medically necessary by submitting a medical necessity narrative and supporting documentation, where applicable. The narrative must establish that comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate

- i. a severe deviation affecting the patient's mouth and/or underlying dentofacial structures;
- ii. a diagnosed mental, emotional, or behavioral condition caused by the patient's malocclusion;
- iii. a diagnosed nutritional deficiency and/or substantiated inability to eat or chew caused by the patient's malocclusion;
- iv. a diagnosed speech or language pathology caused by the patient's malocclusion; or
- v. a condition in which the overall severity or impact of the patient's malocclusion is not otherwise apparent.

The medical necessity narrative must clearly demonstrate why comprehensive orthodontic treatment is medically necessary for the patient. If any part of the requesting provider's justification of medical necessity involves a mental, emotional, or behavioral condition, nutritional deficiency, a speech or language pathology, or the presence of any other condition that would typically require the diagnosis, opinion, or expertise of a licensed clinician other than the requesting provider, then the narrative and any attached documentation must:

- i. clearly identify the appropriately qualified and licensed clinician(s) who furnished the diagnosis or opinion substantiating the condition or pathology (e.g. general dentist, oral surgeon, physician, clinical psychologist, clinical dietitian, speech therapist);
- ii. describe the nature and extent of the identified clinician(s) involvement and interaction with the patient, including dates of treatment;

- iii. state the specific diagnosis or other opinion of the patient's condition furnished by the identified clinician(s);
- iv. document the recommendation by the clinician(s) to seek orthodontic evaluation or treatment (if such a recommendation was made);
- v. discuss any treatments for the patient's condition (other than the comprehensive orthodontic treatment) considered or attempted by the clinician(s); and
- vi. provide any other relevant information from the clinician(s) that supports the requesting provider's justification of the medical necessity of comprehensive orthodontic treatment.

(Appendix D).

In the present case, the appellant's orthodontic provider found an overall HLD score of 22. After reviewing the provider's submission, MassHealth found an HLD score of 20. Upon review of the prior authorization documents, Dr. Kaplan found an HLD score of 20. All the orthodontists agreed that the appellant does not have any autoqualifying conditions present in her mouth. The difference in scoring surrounds the mandibular protrusion category.

As Dr. Kaplan explained, there must be evidence that a bottom molar comes into contact in front of the corresponding top molar for a mandibular protrusion to exist. Here, according to the x-rays and photographs submitted by the appellant's orthodontic provider, there is no evidence that the appellant's bottom molars come into contact in front of the corresponding top molar. I have reviewed the paperwork, x-rays, and photographs that were submitted by the appellant's provider and find that Dr. Kaplan's measurements and testimony are credible and his determination of the overall HLD score and the lack of autoqualifiers is consistent with the evidence.

Because the appellant's HLD score falls below the necessary 22 points and she does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment, the appeal is denied.³

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

³ This denial does not preclude the appellant's orthodontic provider from re-submitting prior authorization requests for comprehensive orthodontic treatment on behalf of the appellant every 6 months upon reexamination until she reaches the age of 21.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

MassHealth Representative: BeneCare 2, Attn: Jessica Lusignan