

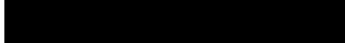
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2505171
<b>Decision Date:</b>	8/22/2025	<b>Hearing Date:</b>	06/18/2025
<b>Hearing Officer:</b>	Kimberly Scanlon		

**Appearance for Appellant:**



**Appearances 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization - Orthodontics
<b>Decision Date:</b>	8/22/2025	<b>Hearing Date:</b>	06/18/2025
<b>MassHealth's Reps.:</b>	Dr. Harold Kaplan; Kara Gonzalez	<b>Appellant's Rep.:</b>	██████████
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center - Room 1	<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 4, 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 March 31, 2025. (130 CMR 610.015(B); Exhibit 1). Denial of a request for prior authorization is valid grounds for appeal. (130 CMR 610.032). A hearing was scheduled to take place on May 14, 2025. (Exhibit 5). On May 19, 2025, the Board of Hearings dismissed the appeal for failure to appear at the May 14<sup>th</sup> hearing. (Exhibit 7). On May 22, 2025, the Board of Hearings received further correspondence from the appellant's mother, including her reason for failing to appear at the May 14<sup>th</sup> hearing. (Exhibit 8). Upon receipt, the Board of Hearings scheduled a subsequent hearing for June 18, 2025. (Exhibits 9).

### 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, 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 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 January 16, 2025. 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 6, p. 9). The provider's HLD Form indicates that he found a total score of 11, broken down as follows:

*Id.*

The  
appellant's

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm.	3	1	3
Overbite in mm.	4	1	4
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: 0 Mandible: 0	Flat score of 5 for each <sup>1</sup>	0
Labio-Lingual Spread, in mm (anterior spacing)	4	1	4
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 <sup>rd</sup> molars)	0	3	0
<b>Total HLD Score</b>			<b>11</b>

---

<sup>1</sup> The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

orthodontic provider indicated that a medical necessity narrative was submitted (Exhibit 6, p. 10).

When BeneCare evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 10. The HLD Form reflects the following scores:

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

Because it found an HLD score below the threshold of 22 and no autoqualifying conditions, MassHealth denied the appellant's prior authorization request on February 4, 2025.

At the hearing, Dr. Kaplan completed an HLD form based on a review of the X-rays and photographs that were submitted. He scored 17 points, broken down as follows: 5 points in the Overjet category, 5 points in the Overbite category, 3 points in the Ectopic Eruption category, and 4 points in the Labio-lingual Spread category. All orthodontists agreed that no autoqualifying conditions were applicable to the appellant. 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. Because the appellant's HLD score is below 22 and there were no auto qualifiers present, the appellant does not have a handicapping malocclusion and MassHealth will not pay for comprehensive orthodontic treatment at this time. Dr. Kaplan explained that the appellant may be re-examined every six months by her orthodontic provider, until she reaches the age of 21.

The appellant's mother testified that the HLD scoring is confusing and added that the appellant attends speech therapy because the spacing between her teeth affects her speech. She explained that she has 2 other daughters who also need braces. She stated that she cannot afford to pay out

of pocket for the costs of orthodontic treatment for all her children. Dr. Kaplan asked if the appellant is currently receiving treatment through a speech therapist; the appellant's mother responded affirmatively. 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. Here, the appellant's orthodontist indicated that a medical necessity narrative was submitted. (Exhibit 6, p. 10). However, the appellant's orthodontist's medical necessity submission consisted of a letter indicating that the appellant needs orthodontic treatment. (Exhibit 6, p. 7). Dr. Kaplan stated that the letter submitted does not meet the requirements set forth in the Medical Necessity Narrative. (See, Exhibit 6, p. 10). Dr. Kaplan explained that the appellant's orthodontist can resubmit his request for treatment, including a letter from the appellant's speech therapist, supporting that it is medically necessary for the appellant to receive orthodontic treatment, and to include in the submission that the appellant is currently receiving speech therapy. Additionally, Dr. Kaplan suggested that if the appellant's mother were to appeal subsequent dental denial notices, to bring the appellant with her so that BeneCare can conduct an examination of her mouth.

## Findings of Fact

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

1. On or about January 16, 2025, 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 11, with no conditions warranting automatic approval of comprehensive orthodontic treatment. The provider indicated that a medical necessity narrative was submitted.
3. The letter submitted by the appellant's provider indicates only that she needs orthodontic treatment and does not meet the requirements set forth in the Medical Necessity Narrative.
4. DentaQuest evaluated the appellant's prior authorization request on behalf of MassHealth, and its orthodontists determined that the appellant had an HLD score of 10, with 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 February 4, 2025, MassHealth notified the appellant that the prior authorization request submitted on her behalf was denied.

7. At the hearing, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and x-rays and calculated an HLD score of 17. He did not find evidence of any autoqualifying conditions that presently exist in the appellant's mouth.
8. The appellant timely appealed this MassHealth action.

## **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 3<sup>rd</sup> molars); spacing of 10 mm. or more in either the maxillary or mandibular arch (excluding 3<sup>rd</sup> 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 dietician, 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 calculated an overall HLD score of 11. After reviewing the provider's submission, MassHealth calculated an HLD score of 10. At the hearing, upon review of the prior authorization documents and X-rays that were submitted on the appellant's behalf, Dr. Kaplan calculated an HLD score of 17. All orthodontists agreed that

no autoqualifying conditions were applicable to the appellant. All orthodontists, including the appellant's own orthodontist, scored below the threshold of 22.

The letter from the appellant's orthodontist is insufficient to establish medical necessity. The orthodontist's letter is a statement that the appellant needs orthodontic treatment, it does not establish that comprehensive orthodontic treatment will correct or significantly ameliorate any of the appellant's conditions or behaviors that currently exist.

For these reasons, the appeal is denied.<sup>2</sup>

## **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

---

Kimberly Scanlon  
Hearing Officer  
Board of Hearings

MassHealth Representative: BeneCare 1, Attn: Jhanelle Boapea

---

<sup>2</sup> 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.