

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2512260
<b>Decision Date:</b>	10/27/2025	<b>Hearing Date:</b>	10/01/2025
<b>Hearing Officer:</b>	Thomas J. Goode		

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

**Appearances for MassHealth:**  
Dr. Harold Kaplan, Orthodontist  
Kiara Gonzalez, 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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Orthodontic Services
<b>Decision Date:</b>	10/27/2025	<b>Hearing Date:</b>	10/01/2025
<b>MassHealth's Rep.:</b>	Dr. Harold Kaplan	<b>Appellant's Rep.:</b>	Pro se with mother
<b>Hearing Location:</b>	Charlestown Enrollement 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 July 18, 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 August 20, 2025 (130 CMR 610.015 and Exhibit 2). On August 21, 2025, the Board of Hearings dismissed the request for appeal because a reason for the appeal was not specified (Exhibit 2A). On August 26, 2025, Appellant submitted to the Board of Hearings the denial dated July 18, 2025 (Exhibit 1). 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 at hearing by Dr. Harold Kaplan, an orthodontic consultant from BeneCare, which is the MassHealth dental contractor. Dr. Kaplan testified that he is a licensed orthodontist with many years of clinical experience. On May 28, 2025, Appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment, together with X-rays and photographs. The provider's HLD Form states a HLD score of 17 points and does not specify any autoqualifying conditions (Exhibit 4, p. 25). Appellant's orthodontist did not submit a medical necessity narrative but indicated that additional supporting documentation was included with the request (Exhibits 5-7). Dr. Kaplan testified that the clinical documentation discusses Appellant's concerns about temporomandibular joint disorder (TMJ), but the documentation does not state that orthodontics is medically necessary as part of a treatment plan which includes a night guard, mouth opening exercises, compresses and stretches, Diclofenac gel, and heating pads. Dr. Kaplan testified that Appellant could reapply and ask her orthodontist to include a medical necessity narrative with documentation from medical providers in a new prior authorization request. Dr. Kaplan examined Appellant's dentition and completed HLD measurements totaling 17 points. Dr. Kaplan also testified that BeneCare completed HLD measurements by two different orthodontists who recorded scores of 16 and 17 points based on photographs and X-rays. Dr. Kaplan added that because no autoqualifying conditions are identified, and HLD scores are below 22 points, the denial of payment for orthodontics remained denied.

Appellant's mother testified to Appellant's and her own history of TMJ. She testified that Appellant wakes up with headaches and has trouble opening her jaw. She explained that TMJ symptoms persist despite doing jaw exercises icing and heat treatments and taking Advil and Tylenol. Appellant's mother testified that she feels orthodontics is the next step in treating TMJ symptoms.

## **Findings of Fact**

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

1. On May 28, 2025, Appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment, together with X-rays and photographs.
2. Appellant's orthodontic provider's HLD Form states a HLD score of 17 points and does not specify any autoqualifying conditions.
3. Appellant's orthodontist did not submit a medical necessity narrative but indicated that additional supporting documentation was included with the request. The clinical documentation discusses Appellant's concerns about temporomandibular joint disorder (TMJ), but the documentation does not state that orthodontics is medically necessary as

part of the treatment plan which includes a night guard, mouth opening exercises, compresses and stretches, Diclofenac gel, and heating pads (Exhibits 5, 6 at pp. 5-6, and 7).

4. Dr. Kaplan examined Appellant's dentition and completed HLD measurements totaling 17 points.
5. BeneCare completed HLD measurements by two different orthodontists who scored 16 and 17 points based on photographs and X-rays.

## 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 ■ 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 (HLD) Form 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 established that a score of 22 or higher signifies a handicapping malocclusion. Appendix D of the *Dental Manual* also designates various conditions that would result in automatic approval for comprehensive orthodontics (See Exhibit 4, p. 16). Appellant's orthodontist did not identify any autoqualifying conditions. Moreover, Appellant's orthodontist did not submit a medical necessity narrative but indicated that additional supporting documentation was included with the request. The clinical documentation discusses Appellant's concerns about temporomandibular joint disorder (TMJ), but the documentation does not state that orthodontics is medically necessary as part of the treatment plan which includes a night guard, mouth opening exercises, compresses and stretches, Diclofenac gel, heating pads (Exhibits 5, 6 at pp. 5-6, and 7).<sup>1</sup>

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<sup>1</sup> See Exhibit 4, p. 20: Instructions for Medical Necessity Narrative and Supporting Documentation (if applicable) 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 skeletal 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 a 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 diagnosed condition caused by the overall severity of the patient's malocclusion. Providers may submit a medical necessity narrative (along with the required completed HLD) in any case where, in the professional judgment of

Appellant's orthodontist submitted HLD scores totaling 17 points (Exhibit 4, p. 25). Dr. Kaplan, and BeneCare orthodontists who reviewed X-rays and photographs of Appellant's teeth, also scored below 22 points on the HLD form. Therefore, Appellant does not have a handicapping malocclusion as defined by MassHealth, and the prior authorization request for comprehensive orthodontic services must be DENIED.

## Order for MassHealth

None.

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the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. Providers must submit this narrative in cases where the patient does not have an autoqualifying condition or meet the threshold score on the HLD, but where, in the professional judgment of the requesting provider and any other involved clinician(s), comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion. 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; a 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 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. The medical necessity narrative must be signed and dated by the requesting provider and submitted on the office letterhead of the provider. If applicable, any supporting documentation from the other involved clinician(s) must also be signed and dated by such clinician(s) and appear on office letterhead of such clinician(s). The requesting provider is responsible for coordinating with the other involved clinician(s) and is responsible for compiling and submitting any supporting documentation furnished by other involved clinician(s) along with the medical necessity narrative.

## **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

MassHealth Representative: BeneCare, Attn: Christine Sobolewski