

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2512449
Decision Date:	10/27/2025	Hearing Date:	10/01/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se with mother

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

Interpreter:
Language Line



*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:	Orthodontic Services
Decision Date:	10/27/2025	Hearing Date:	10/01/2025
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	Pro se with mother
Hearing Location:	Charlestown MassHealth Enrollment Center	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 August 26, 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 26, 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 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 lists a HLD score of 19 points and states that Appellant has a deep impinging overbite. (Exhibit 4, p. 25). Dr. Kaplan testified that a deep, impinging overbite is defined as the lower teeth striking the gum tissue in the upper mouth, causing ulcerations and soft tissue damage (Exhibit 4, p. 25). Appellant's orthodontist did not submit a medical necessity narrative. Dr. Kaplan examined Appellant's dentition and stated that Appellant has a deep overbite, confirmed in X-rays that show Appellant's lower teeth hitting his upper teeth, but there is no evidence that the overbite is impinging or damaging the soft tissue. Dr. Kaplan also testified that BeneCare completed HLD measurements and arrived at a score of 17 points based on photographs and X-rays, and that he scored 14 points, which is below the required 22 points for approval. Dr. Kaplan stated that Appellant can reapply if the condition worsens provided orthodontic services start before ■ years of age. Dr. Kaplan added that Appellant can also include a medical necessity narrative with documentation from medical providers in a new prior authorization request.

Appellant's mother testified that Appellant has speech impairments and social difficulties and depression because of his teeth.

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. The Handicapping Labio-Lingual Deviations (HLD) Form requires a total score of 22 or higher for approval. Appellant's orthodontic provider's HLD Form lists a HLD score of 19 points and states that Appellant has a deep impinging overbite.
3. Appellant's orthodontist did not submit a medical necessity narrative.
4. Appellant has a deep overbite, but does not have a deep impinging overbite causing soft tissue damage.
5. A BeneCare orthodontist reviewed X-rays and photographs and scored 17 HLD points.
6. Dr. Kaplan completed HLD measurements at the hearing and scored 14 HLD points.

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. Further, Appendix D of the *Dental Manual* designates for automatic approval: Impinging Overbite **with evidence of occlusal contact into the opposing soft tissue**. See Exhibit 4, p. 30.¹ Dr. Kaplan is a licensed orthodontist with many years of clinical experience and is qualified to testify on behalf of MassHealth. After examining Appellant's dentition at hearing, Dr. Kaplan testified that although Appellant has a deep overbite, there is no evidence of soft tissue damage, as required by MassHealth, for a deep impinging overbite to be an autoqualifying condition. Dr. Kaplan's testimony is credible and supported by his examination of Appellant's dentition and X-ray evidence in the hearing record. Appellant's orthodontist did not submit a medical necessity narrative and scored below 22 points on the HLD form. Dr. Kaplan, and a BeneCare orthodontist, 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.

¹ See also MassHealth Dental Manual, Transmittal DEN 111, 10/15/2021 available at: [Mass.gov](https://www.mass.gov)

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

MassHealth Representative: BeneCare, Attn: Christine Sobolewski