

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2310063
Decision Date:	12/28/2023	Hearing Date:	12/04/2023
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Katherine Moynihan



*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:	12/28/2023	Hearing Date:	12/04/2023
MassHealth's Rep.:	Dr. Moynihan	Appellant's Rep.:	Mother Pro se
Hearing Location:	Tewksbury 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 October 9, 2023, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibits 1 and 4). The appellant filed this appeal in a timely manner on October 19, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior authorization is a valid basis for appeal (see 130 CMR 610.032).

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 determining that the appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

The appellant is a minor MassHealth member who appeared at hearing with his mother. MassHealth was represented at hearing by Dr. Katherine Moynihan, an orthodontic consultant from DentaQuest, the MassHealth dental contractor.

The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and x-rays, on October 4, 2023. As required, the provider completed the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form, which requires a total score of 22 or higher for approval or that the appellant has one of the conditions that warrant automatic approval of comprehensive orthodontic treatment. The provider indicated she found crowding of 10 mm or more, in either the maxillary or mandibular arch (excluding third molars), a condition that warrants automatic approval of comprehensive orthodontic treatment. As she found an autoqualifying condition, the provider did not score the remainder of the HLD Form.

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined there was no crowding of 10 mm or more or any other autoqualifying condition. DentaQuest found that the appellant had an HLD score of 14. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	5	1	5
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: n/a Mandible: n/a	Flat score of 5 for each	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 rd molars)	0	3	0
Total HLD Score			14

Because it found an HLD score below the threshold of 22 and no autoqualifying condition, MassHealth denied the appellant's prior authorization request on October 9, 2023.

At hearing, Dr. Moynihan completed an HLD form based on an in-person examination of the appellant and a review of the x-rays and photographs. She determined that the appellant's overall HLD score was 15, and her HLD form is as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	7 ¹	1	7
Overbite in mm	4	1	4
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: n/a Mandible: n/a	Flat score of 5 for each	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 rd molars)	0	3	0
Total HLD Score			15

She also did not see any evidence of any autoqualifying conditions. She did not see any crowding in the upper teeth and only 1-2 mm of crowding in the bottom teeth. Therefore, the autoqualifying condition of crowding of 10 mm or more, in either the maxillary or mandibular arch (excluding third molars), is not applicable.

The appellant's mother testified that her child's orthodontist and dentist agree that he would benefit from braces. These are his adult teeth and they won't get any better. He gets bullied and people make fun of him because of his teeth. She felt that 15 was close enough to the qualifying score of 22.

Dr. Moynihan advised the appellant that he may be re-examined every six months 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. Dr. Moynihan explained that

¹ Dr. Moynihan testified that the appellant's overjet is a maximum of 7 mm and a minimum of 4 mm. As it is more beneficial to the appellant's score, the maximum was used here.

while the appellant's bite would be improved with braces, it is not severe enough for MassHealth to pay for it.

Findings of Fact

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

1. On October 4, 2023, the appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth (Exhibit 4).
2. The provider completed a Handicapping Labio-Lingual Deviations Form for the appellant and indicated she found crowding of 10 mm or more, in either the maxillary or mandibular arch (excluding third molars), a condition that warrants automatic approval of comprehensive orthodontic treatment. She did not calculate an HLD score. (Exhibit 4).
3. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant did not have crowding of 10 mm or more or any other autoqualifying condition and calculated an HLD score of 14 (Exhibit 4).
4. 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 (Testimony).
5. On October 9, 2023, MassHealth notified the appellant that the prior authorization request had been denied (Exhibits 1 and 4).
6. On October 19, 2023, the appellant filed a timely appeal of the denial (Exhibit 2).
7. At hearing, a MassHealth orthodontic consultant examined the appellant in person and reviewed the provider's paperwork, photographs, and x-rays and found an HLD score of 15. She did not see any evidence of crowding of 10 mm or more or any other autoqualifying condition. (Testimony).
8. The appellant had crowding of about 1-2 mm in the bottom teeth and no crowding in the upper teeth (Testimony).
9. The appellant's HLD score is below 22.
10. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (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 10mm or more in either the maxillary or mandibular arch (excluding 3rd molars); spacing of 10mm 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 2 mm or more of 4 or more teeth per arch; anterior open bite 2mm or more of 4 or more teeth per arch).

Analysis and Conclusions of Law

130 CMR 420.431(C)(3) states, in relevant part, as follows:

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.**

(Emphasis added).

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 10mm or more in either the maxillary or mandibular arch (excluding 3rd molars); spacing of 10mm 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 2mm or more of 4 or more teeth per arch.

The appellant’s provider indicated she found an autoqualifier of crowding of 10 mm or more, in either the maxillary or mandibular arch (excluding third molars) and did not calculate an HLD score. After reviewing the provider’s submission, MassHealth found an HLD score of 14 and no

autoqualifiers. Upon review of the prior authorization documents and an examination of the appellant at hearing, Dr. Moynihan found an HLD score of 14 and no autoqualifiers.

Dr. Moynihan's measurements and testimony are credible and her determination of the overall HLD score and the lack of autoqualifiers is consistent with the evidence. The appellant has 1-2 mm of crowding on the bottom and no crowding on the top. As a result, the appellant does not have enough crowding present to meet the threshold for the autoqualifier of 10 mm or more of crowding.

All the appellant's HLD scores fall below the necessary 22 points. The appellant also does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment.

As the appellant does not qualify for comprehensive orthodontic treatment under the HLD guidelines, MassHealth was correct in determining that he does not have a handicapping malocclusion. Accordingly, this appeal is denied.

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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA