

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2312043
Decision Date:	03/05/2024	Hearing Date:	03/04/2024
Hearing Officer:	Alexandra Shube		

Appearances 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:	Approved	Issue:	Prior Authorization – Orthodontics
Decision Date:	03/05/2024	Hearing Date:	03/04/2024
MassHealth's Rep.:	Dr. Katherine Moynihan	Appellant's Reps.:	
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 November 7, 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 November 27, 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).

The appeal was originally scheduled for January 8, 2024, but it was rescheduled at the request of the appellant.

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 whose mother and grandmother appeared at hearing on her behalf. The appellant was not present. 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 November 2, 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 he found a cleft lip, cleft palate, or other cranio-facial anomaly and impinging overbite with evidence of occlusal contact into the opposing soft tissue, conditions that warrant automatic approval of comprehensive orthodontic treatment. The appellant's provider also completed an HLD from indicating he found a total score of 16, broken down as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	0
Overbite in mm	6	1	6
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 ¹	Maxilla: x Mandible: x	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	0	3	0

¹ The HLD Form instructs the user to record the more serious (i.e., higher score) of either the ectopic eruption or the anterior crowding, but not to count both scores.

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

posterior teeth (excluding 3 rd molars)			
Total HLD Score			16

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined there were no autoqualifying conditions present. DentaQuest found that the appellant had an HLD score of 19. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	2	1	2
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: x Mandible: x	Flat score of 5 for each	10
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 rd molars)	0	3	0
Total HLD Score			19

Because it found an HLD score below the threshold of 22 and no autoqualifying conditions, MassHealth denied the appellant's prior authorization request on November 7, 2023.

As the appellant was not present at hearing, Dr. Moynihan completed an HLD form based on the x-rays and photographs. She agreed with DentaQuest's HLD score of 19. She did not see any evidence of an impinging overbite and the cleft palate was not visible in the photographs or x-rays. Dr. Moynihan advised the appellant that she 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.

The appellant's mother explained that her daughter was diagnosed with a submucosal cleft palate and bifid uvula at birth. She provided the appellant's medical records documenting this anomaly. She argued that cleft palate and cranio-facial anomalies are autoqualifying conditions. She also stated that her daughter develops a rash or irritation from her overbite. Additionally, she receives speech therapy and has difficulty with certain sounds due to her overbite. She was willing to get

medical necessity narratives from the appellant's doctor regarding the cleft palate and the speech pathologist.

Findings of Fact

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

1. On November 2, 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 he found a cleft lip, cleft palate, or other cranio-facial anomaly and impinging overbite with evidence of occlusal contact into the opposing soft tissue, conditions that warrant automatic approval of comprehensive orthodontic treatment. He also calculated an HLD score of 16. (Exhibit 4).
3. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant did not have any autoqualifying conditions and calculated an HLD score of 19 (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 November 7, 2023, MassHealth notified the appellant that the prior authorization request had been denied (Exhibits 1 and 4).
6. On November 27, 2023, the appellant filed a timely appeal of the denial (Exhibit 2).
7. The appellant did not appear in person at hearing, but her mother and grandmother attended on her behalf.
8. At hearing, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and x-rays and found an HLD score of 19. She did not see any evidence of an impinging overbite or cleft palate. (Testimony).
9. The appellant's mother provided medical records documenting that the appellant was diagnosed with a submucosal cleft palate and bifid uvula at birth (Testimony and Exhibit 6).
10. The appellant's HLD score is below 22.

11. The appellant does not have an impinging overbite, but she does have a submucosal cleft palate, one of the conditions that warrant automatic approval of comprehensive orthodontic treatment (Exhibit 6).

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.

While the submucosal cleft palate and bifid uvula were not visible in the x-rays or photographs, the appellant submitted sufficient evidence to establish that the appellant has a cleft palate, which is one of the conditions that warrant automatic approval of comprehensive orthodontic treatment. MassHealth did not provide any information as to why the appellant’s cleft palate would not qualify as an automatic qualifier. As the appellant has a cleft palate, the MassHealth determination was incorrect and the appeal is approved.

Order for MassHealth

Approve the appellant for comprehensive orthodontic treatment as requested in the prior authorization received on November 2, 2023.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Alexandra Shube
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 3, MA