

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2312317
Decision Date:	3/4/2024	Hearing Date:	01/08/2024
Hearing Officer:	Kimberly Scanlon		

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:	3/4/2024	Hearing Date:	01/08/2024
MassHealth's Rep.:	Dr. Moynihan	Appellant's Rep.:	Mother
Hearing Location:	Tewksbury MassHealth Enrollment Center Room 3	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 2, 2023, 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 November 30, 2023 (130 CMR 610.015(B); Exhibit 2). Denial of a request for prior authorization is valid grounds for appeal (130 CMR 610.032). At the conclusion of the hearing, the record was left open for the appellant to submit additional evidence (Exhibit 6).

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 hearing by her mother. MassHealth was represented at hearing by Dr. Katherine Moynihan, an orthodontic consultant from DentaQuest, 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 September 28, 2023. 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 use the HLD scoring. Rather, he found the presence of an autoqualifying condition, namely, posterior crossbite of 3 or more maxillary teeth per arch (Exhibit 5, p. 9).

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that this autoqualifier did not apply to the appellant and as such, used the HLD scoring system. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm.	3	1	3
Overbite in mm.	2	1	2
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	4	Flat score of 4	4
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			11

Because it found an HLD score below the threshold of 22 and no autoqualifying conditions, MassHealth denied the appellant's prior authorization request on October 3, 2023.

At hearing, Dr. Moynihan completed an HLD form based on a review of the appellant's submitted X-rays and photographs. She did not see any evidence of autoqualifying conditions. Dr. Moynihan explained that the autoqualifying condition (Posterior crossbite of 3 or more maxillary teeth per arch) checked off by the appellant's orthodontic provider does not apply for the following reason: because the appellant currently has a posterior crossbite of 2, not 3 maxillary teeth per arch. Dr. Moynihan stated that she agreed with the HLD scoring of 11 points that was performed by DentaQuest. 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 advised the appellant's representative that the appellant may be re-examined every six months by her orthodontic provider and she has until the age of 21 to be treated.

The appellant's mother testified that the appellant complains of pain and made inquiry as to whether this factor would support that orthodontic treatment is medically necessary for the appellant. She stated that she has a letter from the appellant's psychiatrist regarding her mental health. Further, the appellant complains of pain on her right side of her mouth and is teased because of her teeth, which is affecting her mental health.

Dr. Moynihan testified that she did not receive a letter or supporting documentation from the appellant's psychiatrist nor from her orthodontic provider. The record was left open until January 17, 2024 for the appellant to submit additional documentation, including the aforementioned letter. Dr. Moynihan responded during the record open period that upon review of the appellant's submission of additional documentation, there is no evidence that the appellant's diagnosis of ADHD "is caused by the malocclusion and that said diagnosis would be corrected or significantly ameliorated via comprehensive orthodontic treatment." Additionally, the appellant's submission lacks the statement from the appellant's psychiatrist that "treatment would be medically necessary in her professional opinion." As such, the appellant's submission "does not meet the guidelines of Medical Necessity or circumvent her HLD score of 11 points and her denial of comprehensive orthodontic treatment must be upheld" (See, Exhibit 6 and Exhibit 7, p. 1).

Findings of Fact

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

1. On or about September 28, 2023, the appellant's orthodontic provider submitted a prior authorization request to MassHealth for comprehensive orthodontic treatment on behalf of the appellant (Exhibit 4).
2. The appellant's provider completed a Handicapping Labio-Lingual Deviations Form for the appellant and found that one autoqualifying condition was present, namely, posterior

crossbite of 3 or more maxillary teeth per arch (Exhibit 4, p. 9).

3. DentaQuest evaluated the appellant's prior authorization request on behalf of MassHealth, and its orthodontists determined that the appellant has a posterior crossbite of only 2 maxillary teeth per arch. Therefore, this autoqualifier does not apply. (Testimony).
4. DentaQuest used the HLD scoring system and calculated an HLD score of 11 points. (Testimony; Exhibit 4, p. 16).
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 (Testimony).
6. On or about October 2, 2023, MassHealth notified the appellant that the prior authorization request submitted on her behalf was denied (Exhibit 1).
7. On November 30, 2023, the appellant filed a timely appeal of the denial (Exhibit 2).
8. At hearing, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and X-rays and calculated a HLD score of 11. She did not see any evidence of any autoqualifying conditions. (Testimony).
9. The appellant does not presently have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (Testimony).
10. The appellant's orthodontic provider did not indicate that a medical necessity narrative was submitted (Exhibit 4, p. 10).
11. The appellant is seen by a psychiatrist (Testimony; Exhibit 5).
12. At the conclusion of the hearing the record was left open for the appellant to submit additional evidence (Exhibit 6).
13. The MassHealth representative subsequently responded that the submitted documentation does not meet the medical necessity requirements (Exhibit 7).

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 3rd molars); spacing of 10 mm. 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 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 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 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 indicated that one autoqualifying condition existed in the appellant's mouth, specifically, a posterior crossbite of 3 or more maxillary teeth per arch. After reviewing the provider's submission, MassHealth found a posterior crossbite of 2 maxillary teeth per arch and as such, determined that this autoqualifier is not applicable. As such, DentaQuest used the HLD scoring system and calculated an HLD score of 11 points. Upon reviewing the appellant's prior authorization documentation, Dr. Moynihan also did not find that this autoqualifying condition applied and agreed with the HLD score of 11 points calculated by DentaQuest.

Thus, the appellant's HLD score falls below the necessary 22 points and she does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment. At hearing, however, the appellant's mother addressed a letter that was written by the appellant's psychiatrist.

Unfortunately, the submitted letter from the appellant's psychiatrist is insufficient to establish medical necessity. As stated above, said letter does not indicate that the appellant's ADHD

diagnosis is caused by the malocclusion and that said diagnosis would be corrected or significantly ameliorated via comprehensive orthodontic treatment. Additionally, the appellant's psychiatrist never indicated in the letter that comprehensive orthodontic treatment is medically necessary for the appellant, in her professional opinion.

Because the appellant's HLD score falls below the necessary 22 points and she does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment, this appeal is denied.¹

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

cc:
MassHealth Representative: DentaQuest 1, MA

¹ 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.