

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2312984
<b>Decision Date:</b>	3/25/2024	<b>Hearing Date:</b>	01/08/2024
<b>Hearing Officer:</b>	Kimberly Scanlon	<b>Record Open to:</b>	01/23/2024

**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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization - Orthodontics
<b>Decision Date:</b>	3/25/2024	<b>Hearing Date:</b>	01/08/2024
<b>MassHealth's Rep.:</b>	Dr. Moynihan	<b>Appellant's Rep.:</b>	Mother
<b>Hearing Location:</b>	Tewksbury MassHealth Enrollment Center Room 3	<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 October 30, 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 December 12, 2023 (130 CMR 610.015(B) and 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 until January 23, 2024 for the appellant to submit additional evidence (Exhibit 6).

### Action Taken by MassHealth

MassHealth denied the appellant's request for 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, who testified as follows:

The appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and X-rays, on or about October 20, 2023 (Exhibit 5, pp. 6-14). As required, her orthodontic provider completed the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form (Exhibit 5, p. 7). 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 indicate any autoqualifying conditions were applicable to the appellant. *Id.* The appellant's orthodontic provider calculated a HLD score of 20 points, broken down as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm.	1	1	1
Overbite in mm.	1	1	1
Mandibular Protrusion in mm	0	5	0
Anterior Open Bite in mm.	1	4	4
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: 0 Mandible: 5	Flat score of 5 for each <sup>1</sup>	5
Labio-Lingual Spread, in mm (anterior spacing)	5	1	5
Posterior Unilateral Crossbite	4	Flat score of 4	4
Posterior Impactions or congenitally missing posterior teeth (excluding 3 <sup>rd</sup> molars)	0	3	0
<b>Total HLD Score</b>			<b>20</b>

The appellant's orthodontic provider did not indicate that a medical necessity narrative was submitted (Exhibit 5, p. 8).

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 16.<sup>2</sup> The DentaQuest HLD Form

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<sup>1</sup> The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

<sup>2</sup> DentaQuest's orthodontists did not find any autoqualifying conditions applicable to the appellant that would

reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm.	2	1	2
Overbite in mm.	1	1	1
Mandibular Protrusion in mm.	1	5	5
Open Bite in mm.	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: 0 Mandible: 5	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	3	1	3
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 <sup>rd</sup> molars)	0	3	0
<b>Total HLD Score</b>			<b>16</b>

Because it found an HLD score below the threshold of 22 and found that no autoqualifying conditions were applicable, MassHealth denied the appellant's prior authorization request on or about October 30, 2023 (Exhibit 1).

At hearing, Dr. Moynihan completed an HLD form based on her review of the X-rays and photographs submitted. She determined that the appellant's overall HLD score was 17. Dr. Moynihan explained that the main difference between the scoring performed by MassHealth and her measurements centers around the 2 mm overjet, as she found 3 mm. She agreed with MassHealth's remaining HLD scores as follows: 1 mm of overbite; 5 points for mandibular protrusion; 5 points for anterior crowding; and 3 points for anterior spacing. Dr. Moynihan testified that the main difference between MassHealth's scoring and the appellant's orthodontist's scoring centers around the anterior open bite. In this category, the appellant's orthodontist scored 4 points, MassHealth scored 0 points because there is no anterior spacing in the front of the appellant's mouth that could be quantified. All orthodontists agreed that no autoqualifying conditions were applicable to the appellant. Because the appellant's HLD score is below 22 and there were no autoqualifying conditions present, the appellant is not considered to have a handicapping malocclusion. Thus, MassHealth will not pay for comprehensive orthodontic treatment at this time. Dr. Moynihan stated that the appellant may be re-examined every six months by her orthodontic provider though, until she reaches the age of [REDACTED].

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warrant automatic approval of comprehensive orthodontic treatment (See, Exhibit 5, p. 15).

The appellant's mother testified that she understands the scoring performed by all orthodontists, however, the appellant was injured at a young age which resulted in the removal of her two front teeth. The appellant's treating dentist at the time of her injury stated that he would submit the necessary paperwork to DentaQuest, however, because of the holiday reason his submission was delayed. In response, Dr. Moynihan testified that if the appellant's dentist or physician had paperwork indicating a diagnosis that established that the requested treatment is medically necessary, DentaQuest would consider such in making its determination. She suggested that the appellant read through the medical necessity narrative first to ascertain whether it will meet the requirements for approval of orthodontic treatment. The appellant's mother stated that she believes orthodontic treatment is medically necessary for the appellant, given the previous injuries that she sustained. At the conclusion of the hearing the record was left open for a brief period to allow the appellant's orthodontic provider to submit additional evidence to DentaQuest (Exhibit 6). The appellant submitted a letter from her orthodontic provider during the record open period, which included recommendations for treatment (Exhibit 7). Upon review, Dr. Moynihan responded that the appellant's submission did not establish that orthodontic treatment is medically necessary for the appellant and upheld the denial because the threshold score of 22 points was not met (Exhibit 8).

## **Findings of Fact**

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

1. On or about October 20, 2023, the appellant's orthodontic provider submitted a prior authorization request to MassHealth for comprehensive orthodontic treatment on behalf of the appellant.
2. The appellant's provider completed a Handicapping Labio-Lingual Deviations Form for the appellant and calculated an overall score of 20. The provider did not indicate that a medical necessity narrative was submitted.
3. DentaQuest evaluated the appellant's prior authorization request on behalf of MassHealth, and its orthodontists determined that the appellant had an HLD score of 16, with no conditions warranting automatic approval of comprehensive orthodontic treatment.
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. The appellant's HLD score is below the threshold score of 22.
5. On or about October 30, 2023, MassHealth notified the appellant that the prior authorization

request submitted on her behalf was denied.

6. In preparation for hearing on January 8, 2024, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and X-rays and calculated a HLD score of 17. She did not receive any evidence of medical necessity from the appellant's orthodontic provider.
7. The appellant formerly sustained injuries to her teeth and jaw.
8. At the conclusion of the hearing the record was left open for the appellant's orthodontic provider to submit additional evidence.
9. The evidence submitted by the appellant's provider did not establish that the service is otherwise medically necessary based on a severe deviation affecting the appellant's mouth and/or underlying dentofacial structures; a diagnosed mental, emotional, or behavioral condition caused by the patient's malocclusion; a diagnosed nutritional deficiency and/or a substantiated inability to eat or chew caused by the patient's malocclusion; or a condition in which the overall severity or impact of the patient's malocclusion is not otherwise apparent.

## **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 3<sup>rd</sup> molars); spacing of 10 mm. or more in

either the maxillary or mandibular arch (excluding 3<sup>rd</sup> 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 calculated an overall HLD score of the appellant's orthodontic provider calculated an overall HLD score of 20.<sup>3</sup> After reviewing the provider's submission, MassHealth calculated an HLD score of 16. At hearing, upon review of the prior authorization documents, Dr. Moynihan calculated an HLD score of 17. All orthodontists agreed that no autoqualifying conditions were applicable to the appellant.

All of the scores noted above are below the threshold of 22. The appellant alleges that her orthodontic provider indicated that the requested treatment is medically necessary because of injuries to her teeth and jaw. As noted above, 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 include specific information as noted above. Here, the provider's submission of evidence during the record open period did not establish such.

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, the appeal is denied.<sup>4</sup>

## **Order for MassHealth**

None.

## **Notification of Your Right to Appeal to Court**

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<sup>3</sup> The provider did not include a medical necessity narrative.

<sup>4</sup> 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.



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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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA