

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403090
Decision Date:	05/09/2024	Hearing Date:	04/22/2024
Hearing Officer:	Alexandra Shube		

Appearances for Appellant:



Appearance for MassHealth:

Dr. Katherine Moynihan, DentaQuest



*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:	05/09/2024	Hearing Date:	04/22/2024
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 January 23, 2024, 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 March 13, 2024 (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, a minor MassHealth member, was present 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 January 17, 2024. 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 did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment and did not submit a medical necessity narrative. The provider's HLD Form indicates that he found a total score of 22, broken down as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	6	1	6
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)	1	3	3
Anterior Crowding ¹	Maxilla: n/a Mandible: x	Flat score of 5 for each ²	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	0	3	0
Total HLD Score			22

When DentaQuest initially evaluated this prior authorization request on behalf of MassHealth, its orthodontists did not find any of the conditions that would warrant automatic approval of comprehensive orthodontic treatment and determined that the appellant has an HLD score of 16. The DentaQuest HLD Form reflects the following scores:

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.

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	4	1	4
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: x	Flat score of 5 for each	5
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	0	3	0
Total HLD Score			16

Having found an HLD score below the threshold of 22, no auto-qualifying conditions, and no medical necessity, MassHealth denied the appellant's prior authorization request on January 23, 2024.

At hearing, the MassHealth representative was able to conduct her own examination of the appellant's mouth. She testified that, based on her own observations and measurements, she found 5 mm. of overbite, 5 mm. of overjet, and agreed with the appellant's provider that the appellant has an ectopic eruption in the upper jaw and lower anterior crowding, and therefore both scores should be counted. However, she disagreed with the provider's assertion that the appellant has 3 mm. of labio-lingual spread. She struggled to find even 2 mm. of labio-lingual spread as DentaQuest did, but scored it as such. As a result, the MassHealth representative calculated an HLD score of 20 and did not find enough evidence to overturn MassHealth's decision of a denial.

The appellant and his mother both commented that when the appellant bites down, the right side of his jaw juts out.

Dr. Moynihan examined his jaw and believed that the issue was muscular, and not related to his bite. She explained the process of including a medical necessity narrative in future prior authorization requests and 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.

Findings of Fact

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

1. The appellant is a MassHealth member under the age of 21 (Testimony and Exhibit 4).
2. The appellant's provider requested prior authorization for comprehensive orthodontic treatment and submitted an Orthodontics Prior Authorization Form, an HLD Form, photographs, and X-rays (Exhibit 5).
3. The provider calculated an HLD score of 22, did not find an auto-qualifying condition, and did not submit a medical necessity narrative (Exhibit 5).
4. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 16 and no conditions warranting automatic approval of comprehensive orthodontic treatment (Exhibit 5).
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 January 23, 2024, MassHealth notified the appellant that the prior authorization request had been denied (Exhibits 1 and 5).
7. On March 13, 2024, the appellant timely appealed the denial to the Board of Hearings (Exhibit 2).
8. 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 20. She also did not see any evidence of any autoqualifying conditions. (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 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 2 mm. or more of 4 or more teeth per arch; anterior open bite 2 mm. or more of 4 or more teeth per arch).

Analysis and Conclusions of Law

Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment codified at 130 CMR 420.000 and in the MassHealth Dental Manual.³ Specifically, 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.

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 2 mm. or more of 4 or more teeth per arch; or anterior open bite 2 mm. or more of 4 or more teeth per arch.

While a MassHealth member may benefit from orthodontic treatment, the regulations limit eligibility for such treatment to patients with handicapping malocclusions. 130 CMR 420.431(C)(3). As such, the appellant bears the burden of showing that he has an HLD score of

³ The Dental Manual is available in MassHealth’s Provider Library on its website.

22 or higher, an auto-qualifying condition, or that the treatment is otherwise medically necessary. He has failed to do so.

The appellant's provider found an overall HLD score of 22. After reviewing the provider's submission, MassHealth found an HLD score of 16. Upon review of the prior authorization documents and an in-person evaluation at hearing, Dr. Moynihan found an HLD score of 20. All orthodontists agreed that the appellant did not have any autoqualifying condition present in the mouth and there was no medical necessity narrative to consider.

The MassHealth orthodontist explained that while she agrees with some of the findings of the appellant's provider, she does not agree that the appellant's bite shows 3 mm. of labio-lingual spread, as the appellant's provider had indicated. The MassHealth representative stated that she struggled to find even 2 mm. of labio-lingual spread during her examination of the appellant. The other difference between Dr. Moynihan's scoring and the appellant's provider was in the measurement of the overjet. Dr. Moynihan's measurements and testimony are credible, and her determination of the overall HLD score and lack of autoqualifier is consistent with the evidence.

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