

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403159
Decision Date:	5/9/2024	Hearing Date:	April 01, 2024
Hearing Officer:	Brook Padgett	Record Open:	May 01, 2024

Appearance for Appellant:

[Redacted] (mother)
[Redacted] (father)

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 130 CMR 420.431
Decision Date:	5/9/2024	Hearing Date:	April 01, 2024
MassHealth's Rep.:	Dr. Moynihan	Appellant's Reps.:	Mother, father
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 Exhibit 1). The Appellant filed this appeal in a timely manner on February 29, 2024. (See 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior approval 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

Was MassHealth correct in determining the Appellant is ineligible for comprehensive orthodontic treatment?

Summary of Evidence

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

The Appellant's provider submitted a prior authorization (PA) request for comprehensive orthodontic treatment, including photographs and x-rays. As required, the provider completed the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form, which requires a total score of 22 or higher for approval. The provider did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment, nor did he include a medical necessity narrative. The provider's HLD Form indicates that he found a total score of 20 as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	5	1	5
Overbite in mm	3	1	3
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 ¹	Maxilla: n/a Mandible: n/a	Flat score of 5 for each ²	0
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 rd molars)	1	3	3
Total HLD Score			20

When DentaQuest initially evaluated this PA request on behalf of MassHealth, its orthodontists determined that the Appellant has an HLD score of 11. 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	3	1	3
Overbite in mm	3	1	3
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 ³	Maxilla: n/a Mandible: n/a	Flat score of 5 for each ⁴	0
Labio-Lingual Spread, in mm (anterior spacing)	0	1	2
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	1	3	3
Total HLD Score			11

Because DentaQuest found an HLD score below the threshold of 22, MassHealth denied the Appellant's PA request on January 23, 2024.

At hearing, the MassHealth orthodontic consultant reviewed the HLD scores and after a review of the records and an examination of the Appellant, she agreed with the HLD score of 11. The consultant stated because the Appellant's HLD score is below 22, the Appellant does not have a severe and handicapping malocclusion and MassHealth will not pay for comprehensive orthodontic treatment. The Appellant's representative was advised that the Appellant may be re-examined every six months until the age of 21.

The Appellant's mother responded that the Appellant was prematurely born with a birth defect. The Appellant had a misaligned jaw, a missing adult tooth, a severe underbite and was tongue tied. The Appellant has a skeletal malocclusion⁵ which effects mandibular and maxillary development and will have a huge impact on the positioning, alignment and health of his permanent teeth. The Appellant has undergone surgery to correct his tongue tie issue; however the Appellant's mother has been told by his doctor that he needs braces to continue his progress. At hearing, the representative provided a letter from the Appellant's pediatrician's office that stated the following:

³ 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.

⁴ The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

⁵ A skeletal malocclusion is an abnormal position of the jaws relative to each other. It affects 28% of the American population. It has a large impact on the position of the teeth, the health of the teeth and the bite, where it often causes dental malocclusion. [What is a skeletal malocclusion – The Ortho Guide.](#)

“[The Appellant] has the concave profile with Class III tendency. He has a cross bite on left side involving the lateral incisors and canines. Most of the first premolars have fully erupted. As the panoramic x-ray shows, he has the congenitally missing tooth # 29 with the retained Tooth K.

I have recommended to start orthodontic treatment to prevent worsening of the cross bite related to the upper arch constriction, as his mandible grows further forward, and the eruption of canines while their roots are still developing. It is to prevent these canines from becoming impacted, and eventually avoid surgical procedures to expose them.”

The testifying consultant responded that she did not consider the letter sufficient to support a medical necessity determination.

At the request of the Appellant's representative the record was left open until May 01, 2024, to submit additional evidence or documentation to establish medical necessity for the requested orthodontic procedure. (Exhibit 5).

No additional information was submitted by the Appellant within the record open period.

Findings of Fact

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

1. On January 23, 2024, the Appellant's orthodontic provider submitted a PA request for comprehensive orthodontic treatment to MassHealth. (Exhibit 4).
2. The provider completed a Handicapping Labio-Lingual Deviations form for the Appellant and calculated an HLD score of 20. (Exhibit 4).
3. DentaQuest evaluated the PA request on behalf of MassHealth and determined an HLD score of 11 (Exhibit 4).
4. A MassHealth orthodontic consultant at the hearing reviewed the provider's paperwork, the photographs, and Appellant's teeth and bite, and agreed with the HLD score of 11. (Testimony).
5. The Appellant does not have any of the conditions that warrant automatic approval of orthodontic treatment (cleft palate, deep impinging overbite, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, or severe maxillary anterior crowding greater than 8 mm). (Exhibit 4 and Testimony).

Analysis and Conclusions of Law

When requesting prior authorization for orthodontic treatment, a provider must submit a completed HLD Index recording form with the results of the clinical standards described in Appendix D of the *Dental Manual* (130 CMR 420.413(E)(1)).⁶

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

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime under the age of 21 and only when the member has a handicapping malocclusion. The MassHealth agency determines whether a malocclusion is handicapping based on the 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 severe and handicapping malocclusion. MassHealth will also approve a prior authorization request, without regard for the HLD numerical score, if there is evidence of a cleft palate, deep impinging overbite, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, or severe maxillary anterior crowding, greater than 8 mm.

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:

⁶ 130 CMR 420.431: Service Descriptions and Limitations: Orthodontic Services (E) Comprehensive Orthodontic Treatment. (1) The MassHealth agency pays for comprehensive orthodontic treatment only once per member under age 21 per lifetime and only when the member has a severe and handicapping malocclusion. The MassHealth agency determines whether a malocclusion is severe and handicapping based on the clinical standards described in Appendix D of the *Dental Manual*. The permanent dentition must be reasonably complete (usually by age 11). Payment covers a maximum period of two and one-half years of orthodontic treatment visits. Upon the completion of orthodontic treatment, the provider must take photographic prints and maintain them in the member’s dental record (See Exhibit 4).

- 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...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.

While the Appellant's dental condition may benefit from orthodontic treatment the requirements of 130 CMR 420.431(E) are clear and unambiguous. MassHealth will cover orthodontic treatment "only" for members who have a "severe and handicapping malocclusion." The minimum HLD index score which indicates a severe and handicapping malocclusion is 22.

In this instance the Appellant's orthodontist calculated a HLD index score of 20, the MassHealth

consultant DentaQuest calculated a HLD index score of 11 and after review of the Appellant at the hearing the testifying orthodontist also determined a score of 11. All three of the Appellant's HLD scores fall below the necessary 22 points required. Because the Appellant's own dental provider as well as MassHealth all calculate the Appellant's HLD index score below 22, the clinical information indicates the Appellant does not have a severe and handicapping malocclusion and the Appellant does not meet MassHealth criteria for orthodontia at this time.

While the Appellant's representative has indicated the Appellant has a skeletal malocclusion, the Appellant's HLD score remains below 22 and the letter from the Appellant's pediatrician is insufficient to establish medical necessity as it fails to meet the requirements of Appendix D of the MassHealth Dental Manual. Without such information, the statement that the pediatrician recommends "orthodontic treatment to prevent worsening of the cross bite related to the upper arch constriction" does not justify approval of the PA request.

Based on the current submission the Appellant does not meet the requirements of 130 CMR 420.431(E) and therefore the denial of the prior authorization request is upheld and 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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: MassHealth representative: DentaQuest, PO Box 9708, Boston, MA 02114-9708

