

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2403376
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 February 20, 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 5, 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 under the age of 21, was present at hearing with her 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 February 15, 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 she found a total score of 43, broken down as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	0
Overbite in mm	0	1	0
Mandibular Protrusion in mm	3	5	15
Open Bite in mm	3	4	12
Ectopic Eruption (# of teeth, excluding third molars)	3	3	9
Anterior Crowding ¹	Maxilla: n/a Mandible: n/a	Flat score of 5 for each ²	0
Labio-Lingual Spread, in mm (anterior spacing)	7	1	7
Posterior Unilateral Crossbite		Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			43

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 10. 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	Maxilla: n/a Mandible: n/a	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	4	1	4
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			10

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 February 20, 2024.

At hearing, the MassHealth representative was able to conduct her own examination of the appellant's mouth. The MassHealth representative found the same measurements as DentaQuest for an HLD score of 10. Dr. Moynihan explained that main differences between the appellant's provider's score and that of hers and DentaQuest's is the measurement and/or scoring of the anterior open bite, mandibular protrusion, ectopic eruption, and labio-lingual spread. The appellant's provider recorded that the appellant has a 3 mm. anterior open bite. Dr. Moynihan explained that an anterior open bite is where there is no contact or overlap between the upper and lower front teeth. Here, she said the appellant's front teeth are edge-to-edge and there is clearly no anterior open bite. For that reason, the appellant's provider was incorrect to score 12 points for a 3 mm. anterior open bite.

The appellant's provider also scored 15 points for a 3 mm. mandibular protrusion. The MassHealth representative explained that a mandibular protrusion is where the lower jaw is further forward than the upper jaw. She testified that a mandibular protrusion is not evident in the photographs and X-rays submitted, nor in her own examination of the appellant's mouth. The appellant's provider also scored 9 points for three ectopic eruptions. The MassHealth representative explained that an ectopic eruption consists of a tooth that is growing in the wrong position. Based on her examination of the X-rays and the appellant's mouth, all the appellant's teeth are growing in the correct position. Additionally, the appellant's provider inaccurately measured the labio-lingual spread at 7 mm. The most Dr. Moynihan could find for the labio-lingual spread was 4 mm. As a result, the MassHealth representative found an HLD score of 10 and did not see enough

evidence to overturn MassHealth's denial.

Findings of Fact

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

1. The appellant is a minor 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 43, did not find an auto-qualifying condition, and did not submit a medical necessity narrative (Exhibit 5).
4. As part of its HLD form, the appellant's provider found that the appellant has a 3 mm. anterior open bite for 12 points; a 3 mm. mandibular protrusion for 15 points; three ectopic eruptions for 9 points; and 7 mm. of labio-lingual spread for 7 points (Exhibit 5).
5. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 10 and no conditions warranting automatic approval of comprehensive orthodontic treatment (Exhibit 5).
6. 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).
7. On February 20, 2024, MassHealth sent a notice to the appellant that the prior authorization request had been denied (Exhibits 1 and 5).
8. On March 5, 2024, the appellant timely appealed the denial to the Board of Hearings (Exhibit 2).
9. 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 10. She also did not see any evidence of any autoqualifying conditions. (Testimony).
10. The appellant does not have an anterior open bite, mandibular protrusion, or ectopic eruptions . (Testimony).
11. The appellant's HLD score is below 22.

12. 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);

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

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 she has an HLD score of 22 or higher, an auto-qualifying condition, or that the treatment is otherwise medically necessary. She has failed to do so.

The appellant's provider found an overall HLD score of 43. After reviewing the provider's submission, MassHealth found an HLD score of 10. Upon review of the prior authorization documents and an in-person evaluation at hearing, Dr. Moynihan also found an HLD score of 10. 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 main differences in the appellant's provider's HLD score and that of Dr. Moynihan and DentaQuest were based on determinations of both Dr. Moynihan and DentaQuest that the appellant did not have an anterior open bite, mandibular protrusion, or ectopic eruptions, for which the appellant's provider inaccurately scored 12 points, 15 points, and 9 points, respectively. Additionally, the appellant only had 4 mm. of labio-lingual spread, not 7 mm. as indicated by the appellant's provider. As Dr. Moynihan explained, an anterior bite occurs when there is no contact or overlap between the upper and lower front teeth. That condition is not present in the appellant's mouth because her teeth are edge-to-edge. Dr. Moynihan explained that a mandibular protrusion is where the lower jaw is further forward than the upper jaw, which is not evident in the appellant based on an in-person examination, and the photographs and X-rays. An ectopic eruption occurs where a tooth is growing in the wrong position. Based on the photographs, X-rays, and an in-person examination, all the appellant's teeth are growing in the correct position. 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 she 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