

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2404606
Decision Date:	5/1/2024	Hearing Date:	04/29/2024
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:



Appearance for MassHealth:

Katherine Moynihan, DMD, Orthodontic
Consultant, 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:	Orthodontic Services
Decision Date:	5/1/2024	Hearing Date:	04/29/2024
MassHealth's Rep.:	Katherine Moynihan, DMD	Appellant's Rep.:	Mother
Hearing Location:	Charlestown 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 2/14/2024, MassHealth informed Appellant, a minor, that it denied his prior authorization (PA) request for comprehensive orthodontic treatment. See Exhibits 1 and 4. Appellant's mother filed a timely appeal with the Board of Hearings on 3/22/24. See 130 CMR 610.015(B); Exhibit 2. Denial of assistance is valid grounds for appeal. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's PA request for comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth correctly denied Appellant's request for comprehensive orthodontic treatment.

Summary of Evidence

At hearing, MassHealth was represented by Katherine Moynihan, D.M.D. a board-certified and Massachusetts-licensed orthodontist and dental consultant for DentaQuest (also referred to herein as the “MassHealth representative”). DentaQuest is the third-party contractor that administers and manages the MassHealth dental program. According to testimony and documentary evidence presented by the MassHealth representative, Appellant is under the age of 18, and a MassHealth recipient. On 2/13/24 Appellant’s provider sent MassHealth a prior authorization (PA) request seeking coverage for procedure code D8080 - *comprehensive orthodontic treatment of the adolescent dentition* with 8 counts of procedure code D8670 - *periodic orthodontic treatment visits*. See Exh. 4, p. 6. On 2/14/24, MassHealth denied the request based on its finding that the documentation submitted by the provider failed to demonstrate medical necessity for the proposed treatment. See id.

Dr. Moynihan testified that MassHealth only covers comprehensive orthodontic treatment for members who have a “severe, handicapping, or deforming” malocclusion. The Handicapping Labio-Lingual Deviations” (HLD) Index is a methodology that MassHealth uses to measure the degree to which characteristics of the member’s teeth and bite deviate from normal occlusion and alignment. MassHealth considers a malocclusion to be “physically handicapping,” only when the member’s cumulative measured deviations result in an HLD score of 22 points or higher, or if one characteristic of their bite is severe enough to be considered an “auto-qualifying” condition. MassHealth will also consider alternative bases for coverage when the request contains a clinical narrative and documentation establishing medical necessity.

In this case, Appellant’s orthodontic provider completed an HLD form based on measurements taken during an in-person examination of Appellant. According to the HLD form, the provider calculated a total numerical HLD score of 22 points. See Exh. 4, p. 10. The total score consisted of 3 points for overjet, 5 points for overbite, 10 points for anterior crowding of the upper and lower arches, and 4 points for labio-lingual spread. See id. The provider did not identify the presence of an auto-qualifying condition, nor did the provider submit a clinical narrative to offer an alternative basis for medical necessity.

An orthodontic consultant from DentaQuest, acting on behalf of MassHealth, reviewed Appellant’s PA request, which included Appellant’s most recent set of x-rays and oral and facial photographs. Using the images provided, the consultant came to a total HLD score of 17. Id. at 7. The total score consisted of 2 points for overjet, 3 points for overbite, 10 points for anterior crowding of upper and lower arches, and 2 points for labio-lingual spread. Id. Because MassHealth could not verify an HLD score of 22 points or higher, and absent evidence of an auto-qualifying condition or medical necessity narrative, it denied the PA request pursuant to its February 14th notice. Id. at 2.

At hearing, Dr. Moynihan conducted an in-person oral examination of Appellant to verify the accuracy of the HLD measurements and scores. On examination, Dr. Moynihan came to a total

HLD score of 19, based on the following individual scores: 3 points for overjet, 4 points for overbite, 10 points for crowding of the upper and lower arches, and 2 points for spacing. While she came to a score slightly higher than the reviewing MassHealth consultant, she was unable to verify an HLD score higher than 22 points. Given there was no evidence of an alternative basis for authorization, such as a medical necessity narrative or auto-qualifying condition, Dr. Moynihan upheld the MassHealth denial.

At hearing, Appellant was represented by his mother. Appellant's mother explained that orthodontic treatment has been recommended by Appellant's provider and that it is needed to correct the issues with his bite and teeth, including the observable crowding when he smiles.

In response, Dr. Moynihan agreed that Appellant does have observable deviations from normal alignment and that these were all accounted for in MassHealth's overall HLD scores. Because, however, the total combined score did not reach the threshold of 22 points, his condition is not severe enough for it to be considered "handicapping." While treatment could certainly be beneficial, it is not "medically necessary" under MassHealth's definition such that coverage is warranted. She noted that should anything change, Appellant's provider can resubmit the PA request with updated information for MassHealth's consideration.

Findings of Fact

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

1. Appellant is a minor and MassHealth recipient.
2. On 2/13/24, Appellant's orthodontic provider sent MassHealth a PA request seeking coverage for comprehensive orthodontic treatment (D8080) with periodic orthodontic treatment visits (D8670).
3. According to the PA request, the provider requested orthodontic treatment based on findings that Appellant had a total HLD score of 22 points, which included 3 points for overjet, 5 points for overbite, 10 points for anterior crowding of the upper and lower arches, and 4 points for labio-lingual spread. See id.
4. The PA request did not identify the presence of an auto-qualifying condition or cite an alternative basis for medical necessity of the requested treatment.
5. In reviewing the PA request and images included therein, a MassHealth orthodontic consultant calculated a total HLD score of 17 points, which included 2 points for overjet, 3 points for overbite, 10 points for anterior crowding of upper and lower arches, and 2 points for labio-lingual spread.

6. On 2/14/24, MassHealth denied Appellant's PA request based on its finding that the documentation submitted by the provider failed to demonstrate medical necessity for the proposed treatment.
7. At hearing, the MassHealth representative – a licensed and board certified orthodontist - conducted an in-person oral examination of Appellant and came to a total HLD score of 19 based on the following individual scores: 3 points for overjet, 4 points for overbite, 10 points for crowding of the upper and lower arches, and 2 points for spacing.
8. Based on the in-person examination, MassHealth affirmed the 2/14/24 denial as it could not find evidence that Appellant had an HLD score of 22 points or higher, an auto-qualifying condition, or an alternative basis to demonstrate medical necessity for the proposed treatment.

Analysis and Conclusions of Law

MassHealth regulations governing coverage of orthodontic treatment states, in relevant part, the following:

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 clinical standards for medical necessity as described in Appendix D of the Dental Manual.***

See 130 CMR 420.431(C)(3) (emphasis added).

Appendix D of the *Dental Manual* is the Authorization Form for Comprehensive Orthodontic Treatment and includes the "Handicapping Labio-Lingual Deviations" (HLD) Index, which must be completed by the requesting provider and submitted to MassHealth when seeking coverage for orthodontic treatment. The HLD Index is described as a quantitative, objective method for measuring the degree of a subject's malocclusion. See *Dental Manual*, Appendix D, p. 1. Through this methodology, members are assigned a single score, based on a series of measurements that represent the degree to which their case deviates from normal alignment and occlusion. Id. MassHealth has determined that an HLD score of 22 points or higher signifies a handicapping malocclusion. See id. at 2. MassHealth will also authorize treatment without regard for the HLD numerical score if the member has one of the 13 listed "auto-qualifying" conditions, which are identified on the HLD Index. These conditions are characterized by a single deviation, which by itself is so severe, that it automatically qualifies the member for

braces. See id. (emphasis added). The HLD form explicitly states that ***MassHealth will authorize treatment only “for cases with verified auto-qualifiers or verified scores of 22 and above.”*** See id. (emphasis added).

Alternatively, MassHealth allows providers to seek coverage of orthodontic treatment through submitting a medical necessity narrative written by a treating clinician. The narrative must sufficiently explain why comprehensive orthodontic treatment is medically necessary to correct or significantly ameliorate a health-related condition caused by the malocclusion. Examples of such conditions are further detailed in Appendix D, and include mental, emotional, and behavioral conditions; nutritional deficiencies; or a diagnosed speech or language pathology.¹ Id.

While a MassHealth member may benefit from orthodontic treatment, the regulations limit eligibility for such treatment to patients with “handicapping malocclusions” as defined within the strict parameters outlined above. See 130 CMR 420.431(C)(3). By appealing MassHealth’s 2/14/24 denial, it is Appellant’s burden to prove, beyond a preponderance of the evidence, that he meets the standard for coverage, and that the MassHealth denial was erroneous. See Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228, 231 (Mass. App. Ct. 2007).

Pursuant to its initial review, a MassHealth orthodontic consultant calculated a total HLD score of 17, which was less than the amount needed to demonstrate medical necessity for coverage of braces. Dr. Moynihan was able to score a total of 19 points through her in-person oral examination of Appellant at hearing. Despite the slightly higher score, both MassHealth consultants could not find evidence that Appellant had a handicapping malocclusion, as defined by a verified HLD score of 22 points or higher or by the presence of an auto-qualifying condition. See Dental Manual, Appendix D. Given the consistency in both MassHealth consultants’ findings, and in conjunction with Dr. Moynihan’s live testimony at hearing to explain her findings, there is insufficient evidence to show that MassHealth erred in denying Appellant’s request for orthodontic treatment.² See 130 CMR 420.431(C)(3). Accordingly, the appeal is DENIED.

¹ Under Appendix D of the Dental Manual the “medical necessity narrative” must show that the treatment will 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 a 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.” Additional submission requirements are outlined in Appendix D when the justification for 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. See MassHealth Dental Manual, Appendix D.

² If Appellant’s dental condition should worsen, his provider may submit a new prior authorization request for MassHealth consideration, provided six months has elapsed since the last examination and that Appellant has not reached the age of 21.

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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA