

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2405681
Decision Date:	7/29/2024	Hearing Date:	06/03/2024
Hearing Officer:	Kimberly Scanlon		

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

Appeal Decision:	Denied	Issue:	Prior Authorization - Orthodontics
Decision Date:	7/29/2024	Hearing Date:	06/03/2024
MassHealth's Rep.:	Dr. Moynihan	Appellant's Rep.:	Mother
Hearing Location:	Charlestown MassHealth Enrollment Center - Room 1	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 April 3, 2024, 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 or about April 15, 2024 (130 CMR 610.015(B); Exhibit 2).¹ Denial of a request for prior authorization is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request for comprehensive orthodontic treatment.

¹ The Board of Hearings (BOH) initially dismissed the appeal for failure to include a parent signature on the fair hearing request form (Exhibit 4). The BOH subsequently received the fair hearing request form with the proper signature and scheduled a hearing (Exhibit 5).

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 the hearing by his 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 March 27, 2024 (Exhibit 6, pp. 9-16). As required, his orthodontic provider completed the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form (Exhibit 6, p. 11). 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 that any autoqualifying conditions were applicable to the appellant (Exhibit 6, pp. 10-11). The appellant's orthodontic provider calculated a HLD score of 20 points, broken down as follows:

The appellant's	Conditions Observed	Raw Score	Multiplier	Weighted Score
	Overjet in mm.	6	1	6
	Overbite in mm.	4	1	4
	Mandibular Protrusion in mm	0	5	0
	Anterior Open Bite in mm.	0	4	0
	Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
	Anterior Crowding	Maxilla: 5 Mandible: 5	Flat score of 5 for each ²	10
	Labio-Lingual Spread, in mm (anterior spacing)	5	1	0
	Posterior Unilateral Crossbite	4	Flat score of 4	0
	Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
	Total HLD Score			20

² The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

orthodontic provider did not indicate that a medical necessity narrative was submitted (Exhibit 6).

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 16.³ The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm.	3	1	3
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: 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 rd molars)	0	3	0
Total HLD Score			16

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 April 3, 2024 (Exhibit 1).

At the hearing, Dr. Moynihan completed an HLD form based on her examination of the appellant's mouth and review of the X-rays and photographs that were submitted. She determined that the appellant's overall HLD score was 19. Dr. Moynihan explained that the main difference between the scoring performed by MassHealth and her measurements centers around the 3 mm overjet, as she found 6 mm. She agreed with MassHealth's remaining HLD scores as follows: 5 mm of overbite; 5 points for anterior crowding in the mandible (lower) arch; 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 crowding. In this category, the appellant's orthodontist scored 10 points, MassHealth scored 5 points because crowding in the appellant's maxilla (upper) arch does not exceed 3.5 mm. All orthodontists agreed that no autoqualifying conditions were applicable to the appellant. Because the appellant's HLD score is below 22 and

³ DentaQuest's orthodontists did not find any autoqualifying conditions applicable to the appellant that would warrant automatic approval of comprehensive orthodontic treatment (See, Exhibit 6, p. 7).

there were no autoqualifying conditions present, the appellant is not considered to have a handicapping malocclusion. Therefore, 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 his orthodontic provider though, until he reaches the age of 21.

The appellant's mother testified that she is concerned about waiting another 6 months because of the appellant's age. Dr. Moynihan suggested that she speak to the appellant's orthodontist to determine what is best for the appellant moving forward. The appellant's mother stated that the appellant's orthodontist strongly recommended treatment for the appellant which is the reason for her appeal. Dr. Moynihan explained that while there is no question that the appellant would benefit from orthodontic treatment, currently he does not meet the requisite HLD score of 22 points. The appellant's mother explained that she understands the scoring process now that she heard the explanation given. She asked if there are other scenarios that MassHealth would consider in order to approve the appellant's prior authorization request for orthodontic treatment.

In response, Dr. Moynihan explained that another option is submission of a medical necessity narrative, if applicable to the appellant. She stated that if the appellant receives care from another medical professional (i.e. a speech therapist or psychiatrist) who can attest that the appellant has a medical diagnosis that braces would resolve, MassHealth would consider paying for orthodontic treatment. She explained that the instructions for the appellant's orthodontist to submit a medical necessity narrative, if applicable, are included in the packet given to her at hearing.⁴

The appellant's mother stated that she is also concerned about the costs associated with orthodontic treatment. Dr. Moynihan explained that there are dental schools (i.e. Harvard, Tufts, or Boston University) where the appellant could seek orthodontic treatment; these schools tend to charge less than private providers. Dr. Moynihan explained that if the appellant were to choose this route, he must wait 6 months to be re-examined. Otherwise, MassHealth will not cover the costs of his re-examination. Additionally, Dr. Moynihan suggested that the appellant's mother should consider contacting the appellant's orthodontist to ascertain whether the office would consider charging a discounted rate or setting up a payment plan for her if she does not want to wait 6 months for the appellant to be re-examined.

⁴ At hearing, the appellant's mother stated that she had not received the DentaQuest packet that was mailed to her. This hearing officer provided a copy to her, for her records.

Findings of Fact

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

1. On or about March 27, 2024, 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, with no conditions warranting automatic approval of comprehensive orthodontic treatment. 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.
5. On April 3, 2024, MassHealth notified the appellant that the prior authorization request submitted on his behalf was denied.
6. In preparation for hearing on June 3, 2024, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and X-rays. At hearing, she examined the appellant's mouth and calculated a HLD score of 19. She also found no conditions warranting automatic approval of comprehensive orthodontic treatment. She did not receive any evidence of medical necessity from the appellant's orthodontic provider.
7. The appellant timely appealed this MassHealth action.

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 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 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 20. After reviewing the provider's submission, MassHealth calculated an HLD score of 16. At hearing, upon review of the prior authorization documents and performing an examination of the appellant's mouth, Dr. Moynihan calculated an HLD score of 19. All orthodontists agreed that no autoqualifying conditions were applicable to the appellant. All orthodontists, including the appellant's own orthodontist, scored below the threshold of 22. Because the appellant's HLD score falls below the necessary 22 points and he does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment, the appeal is denied.⁵

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

⁵ 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 he reaches the age of 21. Further, this denial does not preclude the appellant from considering other payment options if he does not wish to wait 6 months, as discussed at hearing.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 2, MA