

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2406722
<b>Decision Date:</b>	7/23/2024	<b>Hearing Date:</b>	06/03/2024
<b>Hearing Officer:</b>	Kimberly Scanlon		

**Appearance for Appellant:**  
Maria Suarez, Mother

**Appearance for MassHealth:**  
Dr. Katherine Moynihan

**Interpreter:**



*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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization-Orthodontics
<b>Decision Date:</b>	7/23/2024	<b>Hearing Date:</b>	06/03/2024
<b>MassHealth's Rep.:</b>	Dr. Moynihan	<b>Appellant's Rep.:</b>	Mother
<b>Hearing Location:</b>	Charlestown MassHealth Enrollment Center - Room 1	<b>Aid Pending:</b>	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 9, 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 26, 2024 (130 CMR 610.015(B); Exhibit 2). 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.

### 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 who testified through an interpreter. MassHealth was represented at the 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 29, 2024. As required, his orthodontic provider completed the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form. 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 use the HLD scoring. Rather, he found the presence of an autoqualifying condition, namely, crowding of 10 mm or more, in either the maxillary or mandibular arch, excluding molars (Exhibit 5, p. 10). The appellant's orthodontic provider did not indicate that a medical necessity narrative was submitted (Exhibit 5, p. 11).

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that this autoqualifier did not apply to the appellant and as such, used the HLD scoring system. The DentaQuest HLD Form reflects the following scores:

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: 5 Mandible: 0	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	5	1	5
Posterior Unilateral Crossbite	4	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 <sup>rd</sup> molars)	0	3	0
<b>Total HLD Score</b>			<b>16</b>

(Exhibit 5, p. 7).

Because it found an HLD score below the threshold of 22 and no autoqualifying conditions, MassHealth denied the appellant's prior authorization request on April 9, 2024.

At hearing, Dr. Moynihan completed an HLD form based on an examination of the appellant's mouth and review of his submitted X-rays and photographs. She did not see any evidence of autoqualifying conditions. Dr. Moynihan explained that the autoqualifying condition (crowding of 10 mm in either the maxillary or mandibular arch, excluding third molars) checked off by the appellant's orthodontic provider does not apply because the appellant has only 1 tooth that is misaligned in his maxillary arch; this tooth is misaligned by 7 mm, which is less than the required 10 mm for this autoqualifying condition to be applicable.

Dr. Moynihan stated that she agreed with the HLD scoring that was performed by DentaQuest, though her measurements varied slightly. She explained that upon her examination of the appellant's mouth, she measured the following: 2 mm in overjet, 2 mm in overbite; 2 points for anterior crowding; and 5 points for anterior spacing, for a total of 11 points. She explained the difference in her scoring and the scoring performed by MassHealth was due to her measurements that she performed while examining the appellant's mouth in person. 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. Dr. Moynihan advised the appellant's representative that the appellant may be re-examined every six months by his orthodontic provider, and he has until the age of 21 to be treated.

The appellant's mother testified that she understands how the HLD scoring system operates, however, the appellant's upper tooth looks awful. In response, Dr. Moynihan testified that if the appellant's teeth were to worsen in time, it may assist him with receiving additional points on the HLD scoring system. The appellant's mother testified that she would bring the appellant back to his orthodontist every 6 months because she is a single mother of three (3) children and cannot afford to pay for dental costs at this time.

## **Findings of Fact**

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

1. On or about March 29, 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 found that one autoqualifying condition was present, namely, crowding of 10 mm or more in either the maxillary or mandibular arch (excluding third molars).
3. DentaQuest evaluated the appellant's prior authorization request on behalf of

MassHealth, and its orthodontists determined that the appellant's crowding in the maxillary arch measures 7 mm and not the required 10 mm. Therefore, MassHealth determined that this autoqualifier does not apply.

4. DentaQuest used the HLD scoring system and calculated an HLD score of 16 points.
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.
6. On or about April 9, 2024, MassHealth notified the appellant that the prior authorization request submitted on his behalf was denied.
7. On or about April 26, 2024, the appellant filed a timely appeal of this MassHealth action.
8. At the hearing, a MassHealth orthodontic consultant examined the appellant's mouth and reviewed the provider's paperwork, photographs, and X-rays. She calculated a HLD score of 11. She did not see any evidence of any autoqualifying conditions.
9. The appellant does not presently have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment.
10. The appellant's orthodontic provider did not indicate that a medical necessity narrative was submitted.

## **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 3<sup>rd</sup> molars); spacing of 10 mm. or more in either the maxillary or mandibular arch (excluding 3<sup>rd</sup> 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 indicated that one autoqualifying condition existed in the appellant's mouth, specifically, crowding of 10 mm or more in either the maxillary or mandibular arch, excluding third molars. After reviewing the provider's submission, MassHealth found crowding of 7 mm in the appellant's maxillary arch and as such, determined that this autoqualifier is not applicable. At hearing, the DentaQuest consultant measured the one tooth that is misaligned in the appellant's upper jaw. I was able to observe Dr. Moynihan's examination first-hand and could verify her conclusion that the maxillary crowding measures only 7 mm.

Because there is no evidence of an autoqualifying condition, no allegation of medical necessity, and no evidence of an HLD score of at least 22 points, MassHealth did not err in its decision to deny this request for prior authorization.

This appeal is denied.<sup>1</sup>

## **Order for MassHealth**

None.

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<sup>1</sup> 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.

## **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.

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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

MassHealth Representative: DentaQuest 2, MA