

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2407365
<b>Decision Date:</b>	8/6/2024	<b>Hearing Date:</b>	06/24/2024
<b>Hearing Officer:</b>	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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization-Orthodontics
<b>Decision Date:</b>	8/6/2024	<b>Hearing Date:</b>	06/24/2024
<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 29, 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 May 8, 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. 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 April 11, 2024 (Exhibit 5, pp. 10-16)<sup>1</sup>. As required, his orthodontic provider completed the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form (Exhibit 5, 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. *Id.* The appellant's orthodontic provider calculated a HLD score of 22 points, broken down as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm.	6	1	6
Overbite in mm.	6	1	6
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 <sup>2</sup>	10
Labio-Lingual Spread, in mm (anterior spacing)	5	1	5
Posterior Unilateral Crossbite	0	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>22</b>

The appellant's orthodontic provider did not indicate that a medical necessity narrative was submitted (Exhibit 5, p. 12).

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its

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<sup>1</sup> DentaQuest received the appellant's request for comprehensive orthodontic treatment on April 24, 2024 (See, Exhibit 5, p. 4).

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

orthodontists determined that the appellant had an HLD score of 11.<sup>3</sup> The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm.	4	1	4
Overbite in mm.	4	1	4
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: 0	Flat score of 5 for each	0
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 <sup>rd</sup> molars)	0	3	0
<b>Total HLD Score</b>			<b>11</b>

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 or about April 29, 2024 (Exhibit 1).

At the hearing, Dr. Moynihan completed an HLD form based on her review of the X-rays and photographs submitted.<sup>4</sup> She determined that the appellant's overall HLD score was 12. Dr. Moynihan explained that the main difference between the scoring performed by MassHealth and her measurements centers around the 4 mm overjet, as she found 5 mm. She agreed with MassHealth's remaining HLD scores as follows: 4 mm of overbite 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 the maxilla and mandibular arches. In this category, the appellant's orthodontist scored 5 points for crowding in each arch, for a total of 10 points. MassHealth scored 0 points because the crowding must exceed 3.5 mm in each arch and in this case, crowding does not exceed 3.5 mm in the appellant's mouth. All orthodontists agreed that no autoqualifying conditions were applicable to the appellant. Because the appellant's HLD score is below 22 and there were no autoqualifying conditions present, the appellant is not considered to have a handicapping malocclusion. Thus, MassHealth will not pay for comprehensive

<sup>3</sup> DentaQuest's orthodontists did not find any autoqualifying conditions applicable to the appellant that would warrant automatic approval of comprehensive orthodontic treatment (See, Exhibit 5, p. 15).

<sup>4</sup> At the hearing, the appellant's mother explained that her son could not be present today because it was his last day of school.

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 the appellant previously received braces by the same orthodontic provider two years ago. She inquired whether this was the reason that MassHealth denied the appellant's request for comprehensive orthodontic treatment, namely, because his braces were previously paid for by MassHealth. In response, the MassHealth representative explained that the reason for the denial is not due to exhaustion of benefits. She explained that while she does not have access to the appellant's previous dental records, it sounds like the appellant was previously approved for Phase 1 treatment. She explained that Phase 1 treatment is more problem-focused and specific as to conditions that require immediate treatment. The issue is that once the severe conditions are treated, a subsequent prior authorization request for braces that is submitted will no longer show the severity of the condition that exists, because it was treated. MassHealth will only cover the costs for comprehensive orthodontic treatment in severe cases.

The appellant's mother explained that their orthodontic provider stated that severe conditions presently exist in the appellant's mouth. The MassHealth representative explained that the paperwork submitted by the appellant's orthodontic provider, including the x-rays and photographs, does not indicate that severe conditions presently exist in his mouth though. She stated that it may be helpful in the future for the appellant to be present because an orthodontic consultant would be able to perform an examination of his mouth at the hearing.

The MassHealth representative testified that, with respect to anterior crowding, the x-rays indicate that some crowding exists in each arch. However, the x-rays and photographs submitted by the appellant's orthodontic provider does not indicate that over 3.5 mm of crowding is present in either arch. Additionally, she testified that MassHealth found 3 mm of anterior spacing exists in the appellant's mouth and scored 3 points in this category. The appellant's orthodontic provider scored 0 points for anterior spacing. With respect to measurements of the appellant's overbite and overjet, the MassHealth representative used a ruler to show the appellant's mother how the overbite and overjet are measured, in accordance with the x-rays and photographs submitted. The appellant's mother inquired whether MassHealth would consider approving exceptional circumstances. In response, the MassHealth representative explained that MassHealth would consider approval if the appellant is being seen by another specialist, such as a speech therapist or psychiatrist who can state that the appellant suffers from a medical condition that braces would alleviate. She stated that there are certain requirements for submission of a medical necessity narrative that the appellant's orthodontic provider would submit with his prior authorization request.

## **Findings of Fact**

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

1. On or about April 11, 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 22.
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 11, with no conditions present that warrant 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 or about April 29, 2024, MassHealth notified the appellant that the prior authorization request submitted on his behalf was denied.
6. The appellant timely appealed this MassHealth action.
7. In preparation for the hearing that took place on June 24, 2024, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and X-rays and calculated a HLD score of 12. She did find any evidence of any autoqualifying conditions that presently exist in the appellant's mouth.
8. The x-rays and photographs submitted on behalf of the appellant indicate that anterior crowding in the maxilla and mandibular arches does not exceed 3.5 mm in either arch.

## **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 dietician, 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 22.<sup>5</sup> After reviewing the provider's submission, MassHealth calculated an HLD score of 11. At the hearing, upon review of the prior authorization documentation, Dr. Moynihan calculated an HLD score of 12. All orthodontists agreed that there are no autoqualifying conditions that presently exist in the appellant's mouth.

With respect to the category of anterior crowding, the appellant's orthodontic provider scored 10 points, 5 points each for both arches. MassHealth did not score any points here, and the photographs submitted confirm that there is not 3.5 mm of crowding in either the maxilla or the mandible arch. Thus, MassHealth's score of 0 in this category is supported by the record. With these adjustments, the appellant has not demonstrated that his HLD score meets the minimum score for approval.

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.<sup>6</sup>

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<sup>5</sup> The prior authorization request and accompanying documentation that was received from the appellant's orthodontic provider did not include a medical necessity narrative.

<sup>6</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.



## **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.

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Kimberly Scanlon  
Hearing Officer  
Board of Hearings

MassHealth Representative: DentaQuest 2, MA