

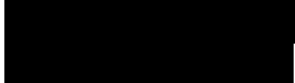
**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2408127
Decision Date:	08/13/2024	Hearing Date:	06/24/2024
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:	08/13/2024	Hearing Date:	06/24/2024
MassHealth's Rep.:	Dr. Moynihan	Appellant's Rep.:	██████████
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 May 7, 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 20, 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 parents. 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 May 2, 2024 (Exhibit 5, pp. 8-13). As required, his orthodontic provider completed the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form (Exhibit 5, p. 10). 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 25 points, broken down as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm.	5	1	5
Overbite in mm.	8	1	8
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: 0 Mandible: 0	Flat score of 5 for each ¹	0
Labio-Lingual Spread, in mm (anterior spacing)	12	1	12
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			25

The appellant's orthodontic provider indicated that a medical necessity narrative was submitted (Exhibit 5, p. 11).²

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

¹ The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

² The appellant's provider did not provide any additional documentation apart from indicating that a medical necessity narrative was submitted (See, Exhibit 5, pp. 8, 11).

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.	4	1	4
Overbite in mm.	6	1	6
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)	6	1	6
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 or about May 7, 2024 (Exhibit 1).

At the hearing, Dr. Moynihan completed an HLD form based on her examination of the appellant's mouth and a review of the X-rays and photographs submitted. She determined that the appellant's overall HLD score was 20. Dr. Moynihan explained that the main differences between the scoring performed by MassHealth and her measurements centers around the 4 mm overjet, as she found 5 mm. Additionally, Dr. Moynihan testified that the anterior spacing (Labio-Lingual Spread) measured 9 mm, whereas MassHealth measured 6 mm in anterior spacing. She agreed with MassHealth's remaining HLD scores as follows: 6 mm of overbite. Dr. Moynihan testified that the main differences between MassHealth's scoring, and the scoring performed by the appellant's provider centers around the overbite and anterior spacing (Labio-Lingual Spread) categories. In the overbite category, the appellant's orthodontist measured 8 mm. MassHealth measured 6 mm. Dr. Moynihan agreed that the appellant's overbite measures as 6 mm, upon conducting an examination of the appellant's mouth.

As to the category of anterior spacing (Labio-Lingual Spread), the appellant's orthodontist measured 12 mm. MassHealth measured 6 mm of anterior spacing because for this category,

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 5, p. 5).

measurements are made from the mesial upper-cuspid to the mesial upper-cuspid, totaling both arches. Dr. Moynihan measured 9 mm in this category, upon conducting her examination of the appellant's mouth. She explained that MassHealth conducts their scoring based off the documentation and x-rays submitted. Conversely, Dr. Moynihan was able to measure 9 mm upon conducting her examination of the appellant's mouth. Thus, the discrepancy in her scoring and MassHealth's scoring in this category. As to the discrepancy between her scoring of 9 mm and the appellant's orthodontist's score of 12 mm., Dr. Moynihan testified it appeared that the appellant's orthodontist included the spacing located in the back of the appellant's teeth as part of her measurement. However, for this category, MassHealth only considers the anterior spacing located in the front area.

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 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 father testified that the appellant's teeth stick out which will become worse over time and may result in structural issues in his mouth. He explained that the appellant never performed thumb-sucking as a child, rather, the appellant's teeth began sticking out as he became older in age. The appellant's father testified that while he is not an expert in dentistry, the appellant's orthodontist is an expert. In response, Dr. Moynihan stated that she agreed with the appellant's orthodontist's scoring of 5 mm in the overjet category. She explained that the discrepancy in measurements surround the overbite and the anterior spacing (Labio-Lingual Spread) categories.

Additionally, the appellant's father inquired whether MassHealth considers aesthetics when making determinations. Dr. Moynihan explained that MassHealth does not consider aesthetics. Rather, MassHealth will approve the request for comprehensive orthodontic treatment if it is medically necessary. Thus, 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. There are certain requirements for submission of a medical necessity narrative that the appellant's orthodontic provider would need to submit with her prior authorization request.

Findings of Fact

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

1. On or about May 2, 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 25.
3. The appellant's provider indicated that a medical necessity narrative was submitted. There was no additional paperwork submitted by his provider in support of this contention.
4. 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 present that warrant automatic approval of comprehensive orthodontic treatment.
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 May 7, 2024, MassHealth notified the appellant that the prior authorization request submitted on his behalf was denied.
7. The appellant timely appealed this MassHealth action.
8. At the hearing, a MassHealth orthodontic consultant conducted an examination of the appellant's mouth and reviewed the provider's paperwork, photographs, and X-rays. She calculated a HLD score of 20. She did find any evidence of any autoqualifying conditions that presently exist in the appellant's mouth.
9. The examination conducted by the MassHealth orthodontic consultant and the x-rays and photographs submitted on behalf of the appellant indicate that the appellant's overbite measures as 6 mm and anterior spacing (Labio-Lingual Spread) measures as 9 mm.

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 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 25 and indicated that a medical necessity narrative was submitted (See, Exhibit 5, pp. 10-11). However, the appellant's provider did not include any additional documentation with her submission to support this contention. Rather, the documentation submitted by the appellant's orthodontic provider includes an authorization form that was left blank (See, Exhibit 5, p. 8). Additionally, the documentation submitted indicates that the appellant's provider submitted a medical necessity narrative (See, Exhibit 5, p. 11). However, the record does not reflect that his provider submitted any additional documentation in accordance with the regulation set forth above. Without this documentation, MassHealth is unable to determine if the appellant's request for comprehensive orthodontic treatment is medically necessary.

With respect to HLD scoring, the appellant's provider scored 25 points (Exhibit 5, p. 10). After reviewing the provider's submission, MassHealth calculated an HLD score of 16. At the hearing, upon an examination of the appellant's mouth and review of the prior authorization documentation submitted, Dr. Moynihan calculated an HLD score of 20. All orthodontists agreed that there are no autoqualifying conditions that presently exist in the appellant's mouth.

As to the categories of overbite and anterior spacing (Labio-Lingual Spread) contained within the HLD scoring, the appellant's orthodontic provider measured 8 mm and 12 mm, respectively. MassHealth measured 6 mm for overbite and 6 mm for anterior spacing. Dr. Moynihan, upon her examination of the appellant's mouth, agreed with MassHealth's measurement of 6 mm for

overbite. Dr. Moynihan measured 9 mm for anterior spacing. Dr. Moynihan testified that the discrepancy between her measurements and MassHealth's measurements center around the fact that she was able to conduct an examination of the appellant's mouth. Conversely, MassHealth's measurements derive from x-rays and documentation submitted by the provider.

Regarding the discrepancies between the measurements calculated by the appellant's provider and Dr. Moynihan in these categories, Dr. Moynihan testified that it is dependent upon where the measurements take place in the mouth. Here, Dr. Moynihan measured 6 mm of overbite whereas the appellant's provider measured 8 mm. The examination performed by Dr. Moynihan and the photographs and x-rays submitted confirm the appellant's measurement of 6 mm for overbite. Further, Dr. Moynihan measured 9 mm for anterior spacing. The appellant's provider measured 12 mm in this category. Dr. Moynihan testified that anterior spacing is measured in the front (anterior) area only and does not factor in spacing in the back area. The examination performed by Dr. Moynihan and the photographs and x-rays submitted confirm the appellant's measurement of 9 mm for anterior spacing. 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.⁴

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

⁴ 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.

receipt of this decision.

Kimberly Scanlon
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 2, MA