

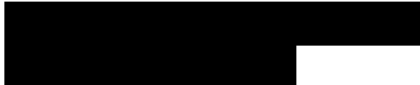
**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



|                         |                   |                       |            |
|-------------------------|-------------------|-----------------------|------------|
| <b>Appeal Decision:</b> | Denied            | <b>Appeal Number:</b> | 2408904    |
| <b>Decision Date:</b>   | 8/12/2024         | <b>Hearing Date:</b>  | 07/22/2024 |
| <b>Hearing Officer:</b> | Casey Groff, Esq. |                       |            |

**Appearance for Appellant:**



**Appearance for MassHealth:**

Katherine Moynihan, DMD, 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

|                           |  |                          |                      |
|---------------------------|--|--------------------------|----------------------|
| <b>Appeal Decision:</b>   | Denied   | <b>Issue:</b>            | Orthodontic Services |
| <b>Decision Date:</b>     | 8/12/2024                                      | <b>Hearing Date:</b>     | 07/22/2024           |
| <b>MassHealth's Rep.:</b> | Katherine Moynihan,<br>DMD                     | <b>Appellant's Rep.:</b> | Mother               |
| <b>Hearing Location:</b>  | Charlestown<br>MassHealth<br>Enrollment Center | <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 5/29/2024, MassHealth informed Appellant, a minor, that his prior authorization (PA) request for comprehensive orthodontic treatment was denied. See Exhibits 1 and 4. Appellant's mother filed a timely appeal on behalf of Appellant on 6/5/24. See 130 CMR 610.015(B) and 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 the hearing, MassHealth was represented by Katherine Moynihan, D.M.D., a board-certified orthodontist and consultant for DentaQuest (MassHealth representative). DentaQuest is the third-party contractor that administers MassHealth's dental program. According to testimony and documentary evidence presented by the MassHealth representative, Appellant is a minor child and MassHealth recipient. On 5/24/24, Appellant's orthodontic provider (provider) sent MassHealth a prior authorization (PA) request seeking coverage for procedure code D8080 - *comprehensive orthodontic treatment of the adolescent dentition* and eight (8) counts of procedure code D8670 - *periodic orthodontic treatment visits*. See Exh. 4, p. 4. On 5/29/24, MassHealth denied the PA request based on its finding that the documentation submitted by the provider failed to demonstrate medical necessity for the proposed treatment. See id. at 3-5.

Dr. Moynihan explained that MassHealth will only authorize coverage for comprehensive orthodontic treatment when there is evidence of a handicapping malocclusion. MassHealth uses the Handicapping Labio-Lingual Deviations (HLD) Index to determine whether a handicapping malocclusion exists. Under this methodology, objective measurements are taken from the subject's teeth to generate an overall numeric score representing the degree to which their case deviates from normal alignment and occlusion. MassHealth does not consider a condition to be "physically handicapping" unless the individual's HLD score is verified to be 22 points or higher, or if there is evidence that the member has one of the "auto-qualifying conditions" listed on the HLD Index.

As shown in the PA documentation, Appellant's orthodontist calculated a total HLD score of 17 points, which was comprised by the following measurements: 6mm overjet, 6mm overbite, and 5 points for anterior crowding. See id. at 10. The PA request did not identify the presence of an auto-qualifying condition or cite any alternative ground for the requested treatment. Id. at 10-11. The PA request included Appellant's relevant dental records, oral and facial photographs, a side x-ray, and panoramic x-ray from his most recent evaluation. In reviewing the PA request and accompanying documentation, a DentaQuest orthodontic consultant found no evidence that Appellant had any of the conditions that would automatically qualify Appellant for braces. Using the images provided, the dental consultant measured 6mm for overjet, 5mm for overbite, gave 3 points for ectopic eruption, and 2 points for labio-lingual spread, for a total HLD score of 16 points. Id. at 7. Absent evidence of an auto-qualifying condition or a qualifying HLD score of 22 points or higher, MassHealth denied the PA request. Id. at 2.

Dr. Moynihan conducted a secondary independent review of the PA documentation and performed an in-person oral examination of Appellant at hearing. During the examination, Dr. Moynihan took live measurements of the relevant characteristics of occlusion and alignment that are considered for purposes of HLD Index scoring. Pursuant to her examination, Dr.

Moynihan measured a 5mm overjet, a 7mm overbite, allotted 5 points for crowding,<sup>1</sup> and 2 points for labio-lingual spread, for a total HLD score of 19 points. Dr. Moynihan did not find that Appellant met any of the auto-qualifying conditions. Accordingly, she upheld the MassHealth denial.

Appellant and his mother appeared at the hearing in-person. Appellant's mother explained that she did not understand why her son did not qualify for braces, when his twin sister (her daughter) did qualify for coverage. Appellant's mother testified that her son had an excessive overbite and overjet, ectopic teeth, and upper crowding, resulting in difficulties for Appellant. She further testified that it is the orthodontist's medical opinion that braces are medically necessary to correct the malocclusion and treatment should start before his condition gets worse.

## Findings of Fact

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

1. Appellant is MassHealth member under the age of [REDACTED] (Testimony; Exh. 4).
2. On 5/24/24, Appellant's orthodontic provider sent MassHealth a PA request on behalf of Appellant seeking coverage of comprehensive orthodontic treatment. (Testimony; Exh. 4).
3. Appellant's provider reported Appellant had a total HLD score of 17 points. (Testimony; Exh. 4).
4. The provider did not report that Appellant had an auto-qualifying condition, nor did the provider include an alternative basis for the requested treatment via submission of a medical necessity narrative. (Testimony; Exh. 4).
5. In reviewing the PA request, which included Appellant's dental records, oral and facial photographs, and x-rays, a DentaQuest orthodontic consultant, acting on behalf of MassHealth, calculated an HLD score of 16 points and found no evidence of an auto-qualifying condition. (Testimony; Exh. 4).
6. On 5/29/24, MassHealth denied Appellant's PA request based on a finding that the

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<sup>1</sup> Dr. Moynihan explained when the observed crowding is caused by, or related to, an ectopic eruption, the HLD Index requires the examiner to score points under *only* one of the two categories, but not both, as this would result in duplicative scoring. Because Dr. Moynihan could give a greater score for anterior crowding, i.e., 5 points, she did not score points for the ectopic eruption. This practice was observed in the prior two examiners' scoring, as HLD points were awarded under *either* crowding or ectopic eruption but not both. See Exh. 4, pp. 7-10.

documentation submitted by the provider failed to demonstrate medical necessity for the proposed treatment. (Testimony; Exh. 1; Exh. 4).

7. At hearing, Dr. Moynihan – a board-certified orthodontist and DentaQuest consultant - conducted a secondary review of the records and performed an in-person oral examination of Appellant at hearing, resulting in her finding a total HLD score of 19 points with no evidence of an auto-qualifying condition. (Testimony).

## 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 ■ ***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 comprised of the Authorization Form for Comprehensive Orthodontic Treatment and the “Handicapping Labio-Lingual Deviations” (HLD) Index. The HLD Index is a quantitative and objective method for measuring malocclusion through which the examiner calculates a single cumulative HLD score based on a series of measurements that represent the degree to which a case deviates from normal alignment and occlusion. See Dental Manual, Appx. D, p. 1. 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 numerical HLD score, if the member presents with at least one of the 13 “auto-qualifying conditions,” which are identified on the HLD Index. Such conditions are characterized by a single deviation, which by itself is so severe, that it automatically renders the member eligible for orthodontic treatment. 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).<sup>2</sup>

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<sup>2</sup> A third alternative basis for demonstrating medical necessity for orthodontic treatment may be done through the submission of a clinical 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. Id. The contents of the clinical narrative must comply with the criteria outlined in Appendix D. Here,

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). It is the appellant’s burden, as the moving party, to prove beyond a preponderance of the evidence, that MassHealth erred in its determination. [REDACTED]

In this case, Appellant’s provider requested that MassHealth cover the cost of the proposed orthodontic treatment based solely on a finding that Appellant had an HLD score of 17 points. See Exh. 4. In reviewing the documentation and images included with the PA request, an orthodontic consultant from DentaQuest calculated a total HLD score of 16 points. See id. As part of the fair hearing process, a different MassHealth orthodontic consultant – Dr. Moynihan – performed an in-person oral examination of Appellant and came to a total HLD score of 19 points. Absent evidence of an auto-qualifying condition or an HLD score totaling at least 22 points, MassHealth appropriately denied Appellant’s PA request. While Appellant’s mother presented credible testimony indicating her son would indeed benefit from braces, there is ultimately no evidence in the record to indicate his condition rises to a “handicapping malocclusion” as defined under MassHealth regulations and the clinical criteria incorporated by reference therein. See 130 CMR 420.431(C)(3). Based on the foregoing, this appeal is DENIED.

## **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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Appellant’s provider did not include a clinical narrative in the PA request and there is no evidence to support an alternative basis for coverage through this exception.

Casey Groff, Esq.  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 2, MA