

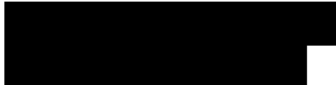
Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2409146
Decision Date:	09/03/2024	Hearing Date:	07/22/2024
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:



Appearance for MassHealth:

Katherine Moynihan, DMD, Orthodontic
Consultant, 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

Appeal Decision:	Denied	Issue:	Orthodontic Services
Decision Date:	09/03/2024	Hearing Date:	07/22/2024
MassHealth's Rep.:	Katherine Moynihan, DMD	Appellant's Rep.:	██████
Hearing Location:	Charlestown MassHealth Enrollment Center – in person	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 5/28/24, MassHealth informed Appellant, a minor, that it denied his prior authorization (PA) request for comprehensive orthodontic treatment. See Exhibits 1 and 4. Appellant's father filed a timely appeal on 6/10/24. 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 PA request for comprehensive orthodontic treatment.

Summary of Evidence

At 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 and manages the MassHealth dental program. Through oral testimony and documentary submissions, the MassHealth representative provided the following evidence: Appellant is a minor child and MassHealth recipient. Appellant's orthodontic provider sent MassHealth a prior authorization (PA) request on 5/23/24 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, pp. 4-5. On 5/28/24, MassHealth denied the request based on a finding that the documentation submitted by the provider failed to demonstrate medical necessity for the proposed treatment. See id.

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 the 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 in the Index.

In the present case, Appellant's orthodontist submitted the PA request citing multiple grounds for the requested treatment. First, the provider alleged that Appellant had two auto-qualifying conditions: (1) an impinging overbite with evidence of occlusal contact into the opposing soft tissue, and (2) an overjet greater than 9mm. See id. at 12. Additionally, the provider calculated a total HLD score of 29 points, comprised of a 10mm overjet, a 9mm overbite, and 10 points for anterior crowding of both arches exceeding 3.5mm per-arch. Id.

Dr. Moynihan explained that a DentaQuest orthodontic consultant, acting on behalf of MassHealth, reviewed the PA submission, which included facial and oral photographs, x-rays, and lateral cephalometric radiographs. Id. at 15-18. Using the documentation and images provided, the consultant calculated a total HLD score of 15 points, measuring 4mm for overjet, 3mm for overbite, 5mm for mandibular protrusion, and 3mm for labio-lingual spread. See id. at 7. The DentaQuest consultant found no evidence of an impinging overbite or an overjet greater than 9mm. Id. Because MassHealth could not verify the basis for the requested treatment, it denied the PA request pursuant to its 5/28/24 notice. Id. at 4-5.

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 HLD characteristics and came to a total score

of 12 points, comprised of a 6mm overjet, 3mm overbite, and 3mm labio-lingual spread. She did not find any evidence of mandibular protrusion. Additionally, Appellant's crowding did not exceed 3.5mm in either arch, therefore, could not award any points for this characteristic. Because Appellant had an overjet of 6mm, it was not considered severe enough to amount to an auto-qualifying condition. Additionally, Dr. Moynihan testified that on examination, Appellant's lower teeth were contacting the upper teeth and there was no evidence of an impinging overbite, which, to qualify, would need to come into contact with the soft tissue. Accordingly, Dr. Moynihan upheld the MassHealth denial.

Appellant and his father appeared at the hearing in-person. Appellant's father challenged the denial of coverage, asserting that his son requires braces. Specifically, Appellant's dental provider referred him to an orthodontist due to issues with his teeth. On examination, the orthodontic provider recommended Appellant obtain braces. The father testified that Appellant has been negatively impacted by peers because of his teeth. He further testified that his son's condition is going to worsen over time, thereby justifying treatment sooner and before it becomes more complicated.

In response, Dr. Moynihan noted that Appellant's provider did not include a "medical necessity narrative" with the current PA request. Dr. Moynihan explained that a "medical necessity narrative" may be a third option for demonstrating medical necessity without regard to a numerical score or auto-qualifying condition when additional clinical documentation is provided, in accordance with the applicable instructions and criteria outlined in Appendix D of the Dental Manual, on this topic. Appellant may seek re-determination of his need for braces by having his provider submit a new PA request every 6 months until he turns 21 years of age.

Findings of Fact

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

1. Appellant is a minor child and MassHealth recipient.
2. On 5/23/24, Appellant's orthodontic provider sent MassHealth a PA request seeking coverage for comprehensive orthodontic treatment (D8080).
3. The PA request included an HLD form reflecting the provider's findings that Appellant had an HLD score of 29 points, and two auto-qualifying conditions: (1) an impinging overbite with evidence of occlusal contact into the opposing soft tissue, and (2) an overjet greater than 9mm.
4. In reviewing the PA request, a MassHealth dental consultant calculated a total HLD score of 15 points, measuring only 4mm for overjet, and found no evidence of an

impinging overbite.

5. On 5/28/24, MassHealth denied the PA request based on a finding that the documentation submitted by the provider failed to demonstrate medical necessity for the proposed treatment.
6. At hearing, Dr. Moynihan – a board-certified orthodontist and DentaQuest consultant - conducted a secondary review and performed an in-person examination of Appellant, resulting in her findings that Appellant had a total HLD score of 12 points, with a 6mm overjet, and no evidence of an impinging overbite or any other auto-qualifying condition.

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 21 ***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 the Authorization Form for Comprehensive Orthodontic Treatment and includes the “Handicapping Labio-Lingual Deviations” (HLD) Index. This form must be completed by the requesting provider to establish medical necessity for the proposed treatment. The HLD Index is described as a quantitative, objective method for measuring the degree of a subject’s malocclusion. See *Dental Manual*, Appendix D, p. 1 (10/15/21).¹ Through this methodology, members are assigned a single score, based on a series of measurements, that represent the degree to which their case deviates from normal alignment and occlusion. Id. 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 HLD numerical score, if the member has one single characteristic, which by itself is so severe, that it is deemed an auto-qualifying condition. Id. MassHealth recognizes 13 “auto-qualifying” conditions, which are listed on the HLD Index. According to Appendix D of the *Dental Manual*, ***MassHealth will authorize treatment only “for cases with verified auto-***

¹ A copy of *Appendix D* of the MassHealth Dental Manual can be found at <https://www.mass.gov/doc/appendix-d-authorization-form-for-comprehensive-orthodontic-treatment-0/download>.

qualifiers or verified scores of 22 and above.” See id. (emphasis added).²

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). As the moving party, it is Appellant’s burden, to prove beyond a preponderance of the evidence, that MassHealth erred in its determination. See Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228, 231 (Mass. App. Ct. 2007).

In support of the requested treatment, Appellant’s provider alleged that Appellant had a total HLD score of 29 points and two auto-qualifying conditions: (1) an impinging overbite with evidence of occlusal contact into the opposing soft tissue, and (2) an overjet greater than 9mm. 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 15 points, measuring only a 4mm overjet, and found no evidence of an impinging overbite. See id. As part of the fair hearing process, a different DentaQuest orthodontic consultant – Dr. Moynihan – performed an in-person oral examination of Appellant and came to a total HLD score of 12 points, measuring a 6mm overjet. She further testified that, she found no evidence of an impinging overbite, but rather, observed that Appellant’s lower teeth came into contact with the upper teeth (as opposed to the soft tissue). Both of the reviewing/examining DentaQuest consultants came to findings that were largely inconsistent with the findings, as documented by the provider. As such, MassHealth was unable to “verify” the presence of an auto-qualifying condition or an HLD score of 22 points or more. While Appellant’s father presented credible testimony indicating his son would indeed benefit from braces, there is insufficient evidence in the record to indicate Appellant’s 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.

² Alternatively, providers may seek coverage of orthodontic treatment by submitting a medical necessity narrative written by a treating clinician. The narrative must sufficiently explain why comprehensive orthodontic treatment is medically necessary to correct or significantly ameliorate any of the following conditions: “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 a 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...” See MassHealth Dental Manual, Appendix D. In this case, the provider did not request orthodontic treatment through a medical necessity narrative.

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.

Casey Groff, Esq.
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 2, MA