

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2409610
<b>Decision Date:</b>	08/15/2024	<b>Hearing Date:</b>	07/29/2024
<b>Hearing Officer:</b>	Alexandra Shube		

**Appearance for Appellant:**

[REDACTED]  
[REDACTED]

**Appearance for MassHealth:**

Dr. Katherine Moynihan, Orthodontist



*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>	08/15/2024	<b>Hearing Date:</b>	07/29/2024
<b>MassHealth's Rep.:</b>	Dr. Katherine Moynihan	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Tewksbury MassHealth 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 May 28, 2024, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibit 1). The appellant filed this appeal in a timely manner on June 19, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior authorization is a valid basis for appeal (see 130 CMR 610.032).

### Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment.

### Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that the appellant is ineligible for comprehensive orthodontic treatment.

## Summary of Evidence

The appellant, a minor MassHealth member, was present at hearing with her mother. MassHealth was represented at hearing by Dr. Katherine Moynihan, an orthodontic consultant from DentaQuest, the MassHealth dental contractor.

The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and x-rays, on May 22, 2024. As required, the provider completed the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form, which requires a total score of 22 or higher for approval, or that the appellant has one of the conditions that warrant automatic approval of comprehensive orthodontic treatment. The provider did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment and did not submit a medical necessity narrative. The provider's HLD Form indicates that she found a total score of 25, broken down as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
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 <sup>1</sup>	Maxilla: x Mandible: x	Flat score of 5 for each <sup>2</sup>	10
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	0	3	0
<b>Total HLD Score</b>			<b>25</b>

When DentaQuest initially evaluated this prior authorization request on behalf of MassHealth, its orthodontists also did not find any of the conditions that would warrant automatic approval of comprehensive orthodontic treatment and determined that the appellant has an HLD score of 18. The DentaQuest HLD Form reflects the following scores:

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<sup>1</sup> The HLD Form instructs the user to record the more serious (i.e., higher score) of either the ectopic eruption or the anterior crowding, but not to count both scores.

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

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	2	1	2
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)	1	3	3
Anterior Crowding	Maxilla: x Mandible: n/a	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	4	1	4
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
<b>Total HLD Score</b>			<b>18</b>

Having found an HLD score below the threshold of 22, no auto-qualifying conditions, and no medical necessity, MassHealth denied the appellant's prior authorization request on May 28, 2024.

At hearing, Dr. Moynihan completed an HLD form based on an in-person examination of the appellant and a review of the x-rays and photographs. She determined that the appellant's overall HLD score was 19, as calculated below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
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)	1	3	3
Anterior Crowding	Maxilla: x Mandible: n/a	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	4	1	4
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
<b>Total HLD Score</b>			<b>19</b>

Dr. Moynihan indicated that the main differences between the appellant's provider's score and that of hers and DentaQuest are the scoring of the anterior crowding, ectopic eruption, overbite, and

labio-lingual spread. She explained that for crowding, there must be at least 3.5mm of crowding with the normal complement of teeth. The appellant has an extra tooth in her lower jaw (or mandible). When that extra tooth is excluded, there is not at least 3.5mm of crowding among the full complement of teeth. The extra tooth is considered an ectopic eruption, which is a tooth that is coming into position where it is not supposed to come in, and the appellant did get 3 points for that. Thus, she could only count anterior crowding for the upper jaw (maxilla).

Dr. Moynihan also testified that she carefully measured both the overbite and labio-lingual spread. For the overbite, the most she could measure it at was 4mm, not the 6mm the appellant's provider recorded. Similarly, for the labio-lingual spread, the most she could measure it at was 4mm, not the 6mm found by the appellant's provider. She explained that the appellant's provider may have measured and scored it wrong.

The appellant's mother testified that the appellant has an extra tooth that is in the position where the incisor should be. The appellant needs braces to move it into the correct position. It is for proper functioning of her mouth, not esthetics. Additionally, the appellant's 12-year molars are coming in and will cause more crowding. The appellant has complained of pain while chewing food as well as bullying at school because of her teeth.

Dr. Moynihan explained the process of including a medical necessity narrative in future prior authorization requests and advised the appellant that she may be re-examined every six months and has until the age of 21 to be treated. 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.

## **Findings of Fact**

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

1. The appellant is a MassHealth member under the age of 21 (Testimony and Exhibit 5).
2. The appellant's provider requested prior authorization for comprehensive orthodontic treatment and submitted an Orthodontics Prior Authorization Form, an HLD Form, photographs, and x-rays on May 22, 2024 (Exhibit 4).
3. The provider calculated an HLD score of 25, did not find any auto-qualifying conditions, and did not submit a medical necessity narrative (Exhibit 4).
4. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 18 and no conditions warranting automatic approval of comprehensive orthodontic treatment (Exhibit 4).

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 (Testimony).
6. On May 28, 2024, MassHealth notified the appellant that the prior authorization request had been denied (Exhibits 1 and 4).
7. On June 19, 2024, the appellant timely appealed the denial to the Board of Hearings (Exhibit 2).
8. At hearing, a MassHealth orthodontic consultant examined the appellant in person and reviewed the provider's paperwork, photographs, and x-rays and found an HLD score of 19. She also did not see any evidence of any autoqualifying conditions. (Testimony).
9. The appellant's HLD score is below 22.
10. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (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 10mm or more in either the maxillary or mandibular arch (excluding 3<sup>rd</sup> molars); spacing of 10mm 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; anterior open bite 2mm or more of 4 or more teeth per arch).

## **Analysis and Conclusions of Law**

Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment codified at 130 CMR 420.000 and in the MassHealth Dental Manual.<sup>3</sup> Specifically, 130 CMR 420.431(C)(3) states, in relevant part, as follows:

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

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<sup>3</sup> The Dental Manual is available in MassHealth's Provider Library on its website.

clinical standards for medical necessity as described in Appendix D of the Dental Manual.

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 10mm or more in either the maxillary or mandibular arch (excluding 3<sup>rd</sup> molars); spacing of 10mm 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 2mm or more of 4 or more teeth per arch.

While a MassHealth member may benefit from orthodontic treatment, the regulations limit eligibility for such treatment to patients with handicapping malocclusions. 130 CMR 420.431(C)(3). As such, the appellant bears the burden of showing that she has an HLD score of 22 or higher, an auto-qualifying condition, or that the treatment is otherwise medically necessary. She has failed to do so.

The appellant’s provider found an overall HLD score of 25. After reviewing the provider’s submission, MassHealth found an HLD score of 18. Upon review of the prior authorization documents and an in-person evaluation at hearing, Dr. Moynihan found an HLD score of 19. All orthodontists agreed that the appellant did not have any autoqualifying condition present in the mouth and there was no medical necessity narrative to consider.

As Dr. Moynihan explained, the appellant’s provider did not accurately measure and score certain conditions in the mouth. The appellant’s provider should not have scored 10 points for both upper and lower anterior crowding because there is less than 3.5mm of crowding in the lower teeth when the full complement of teeth, which excludes the appellant’s extra tooth, is considered. She should have only received 5 points for anterior crowding in the upper teeth, plus the 3 points for the ectopic eruption (the extra tooth in the lower jaw). Additionally, the overbite and labio-lingual spread were both only 4mm, not 6mm as measured by the appellant’s orthodontist. Dr. Moynihan’s measurements and testimony are credible and her determination of the overall HLD score and the lack of autoqualifiers is consistent with the evidence. Thus, the appellant’s HLD score

falls below the necessary 22 points and she does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment.

As the appellant does not qualify for comprehensive orthodontic treatment under the HLD guidelines, MassHealth was correct in determining that she does not have a handicapping malocclusion. Accordingly, 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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Alexandra Shube  
Hearing Officer  
Board of Hearings

MassHealth Representative: DentaQuest 2, MA