

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2410996
Decision Date:	10/1/2024	Hearing Date:	08/19/2024
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:



Appearance for MassHealth:

Dr. Katherine Moynihan

Interpreter:



*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 – Orthodontic Services
Decision Date:	10/1/2024	Hearing Date:	08/19/2024
MassHealth's Rep.:	Dr. K. Moynihan	Appellant's Rep.:	
Hearing Location:	Quincy Harbor South 2	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 June 10, 2024, MassHealth denied appellant's prior authorization for comprehensive orthodontic treatment. (Ex. 4). The appellant filed this appeal in a timely manner on July 11, 2024. (Ex. 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied appellant's request for prior authorization for braces or comprehensive orthodontic treatment.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining appellant does not meet the MassHealth requirements for coverage of orthodontic treatment.

Summary of Evidence

Appellant is a [REDACTED] male and a MassHealth member who was represented at hearing by his mother. (Ex. 2; Ex. 5). MassHealth was represented by Dr. Katherine Moynihan, a consultant from DentaQuest, (consultant), the entity that has contracted with MassHealth agency to administer and run the agency's dental program for MassHealth members. The consultant appeared in person at the hearing site in Quincy along with the mother of appellant. A Portuguese interpreter appeared by phone.¹ Appellant did not appear at hearing. On June 10, 2024, MassHealth denied the appellant's prior authorization request for comprehensive orthodontic treatment. (Ex. 4).

Dr. Moynihan stated that MassHealth does not cover every case for every child. They only cover severe and handicapping cases. By law, the agency can only cover requests and pay for treatment for full orthodontics when the bad bite or "malocclusion" meets a certain high standard. It is not enough to say that the appellant has imperfect teeth, or that the member and their family has been told by a dentist that the patient would generally need or benefit from braces. Instead, to obtain approval, the bite or condition of the teeth must have enough issues or discrepancies that it falls into the group of malocclusions with the most severe or handicapping issues.

The consultant stated appellant's orthodontist found an auto qualifier of Impactions where eruption is impeded but extraction is not indicated (Impactions). She stated the orthodontist then scored appellant's mouth. He found 4mm of Overjet, 3mm of Overbite and 4mm of Spacing, also called the Labio-Lingual Spread. (Testimony; Ex. 4, p. 9). The consultant stated to qualify for treatment, appellant needed either an auto qualifier or a score of 22 points or more. (Testimony). She stated the orthodontist found the presence of an auto qualifier but only a score of 11. (Testimony; Ex. 4, p. 9). The consultant testified the orthodontist submitted photos and x rays and DentaQuest did their own independent review. She stated DentaQuest did not find an auto qualifying condition of Impactions. (Testimony; Ex. 4, p. 5). She stated DentaQuest scored the mouth at 10. (Id). She stated after her own review of the photos and x rays, she did not find an auto qualifier of Impactions. (Testimony). She stated she also found 3mm of Overjet, same as DentaQuest. (Testimony). Her score of the mouth was also 10. The consultant described Impactions where a "tooth is stuck under the bone with no ability to come out on its own without orthodontic intervention." (Testimony). She stated, according to the x-rays, "the upper canines are coming in at a nice angle and the baby teeth are resorbing properly." (Testimony).

Appellant's mother stated appellant's dentist said there was not enough space in appellant's mouth and asked if the retainer appellant wore was needed. The consultant answered that is a space maintainer used to maintain space to have room for things to come into appellant's mouth.

¹ Appellant's mother requested the interpreter at the hearing.

The mother then asked if it was possible to get half of the treatment paid for because his dentist said it was necessary. The consultant told her MassHealth does not do partial payments. The mother asked if anything could be done and the consultant stated appellant could try again in six months from the last examination, which was in June 2024, meaning appellant can receive another exam in December 2024 and have MassHealth pay for the exam.

Findings of Fact

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

1. Appellant is a [REDACTED] male and a MassHealth member. (Ex. 2; Ex. 5).
2. On June 10, 2024, MassHealth denied the appellant's prior authorization request for comprehensive orthodontic treatment. (Ex. 4).
3. Neither the initial DentaQuest review nor the review testified to by Dr. Moynihan found evidence of 22 or more points on the HLD scale. (Ex. 4, p. 5; Testimony). 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).
4. Appellant's provider found an HLD score of 11. (Ex. 4, p. 9).
5. Appellant's orthodontist found an auto qualifier of Impactions where eruption is impeded but extraction is not indicated. (Testimony; Ex. 4, p. 9).
6. Neither DentaQuest nor Dr. Moynihan found an auto qualifier was present. (Testimony; Ex. 4, p. 5).
7. Appellant does not have Impactions where eruption is impeded but extraction is not indicated.
8. Appellant's orthodontic provider did not submit documentation related to whether treatment is medically necessary in accordance with the instructions on the latter pages of the HLD form. (Ex. 4, p. 10).
9. Dr. Moynihan's testimony does not support a Medical Necessity determination at this time. (Testimony).
10. DentaQuest's submitted evidence does not support a Medical Necessity determination at this time. (Ex. 4).

Analysis and Conclusions of Law

As a rule, the MassHealth agency and its dental program pays only for medically necessary services to eligible MassHealth members and may require that such medical necessity be established through a prior authorization process. (130 CMR 450.204; 130 CMR 420.410). In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq.,² covered services for certain dental treatments, including orthodontia, are subject to the relevant limitations of 130 CMR 420.421 through 420.456. (130 CMR 420.421 (A) through (C)).

130 CMR 420.431 contains the description and limitation for orthodontic services. As to comprehensive orthodontic requests, that regulation reads in relevant part as follows:

420.431: Service Descriptions and Limitations: Orthodontic Services

(A) General Conditions. The MassHealth agency pays for orthodontic treatment, subject to prior authorization, service descriptions and limitations as described in 130 CMR 420.431. ...

(C) Service Limitations and Requirements.

...

(3) Comprehensive Orthodontics. The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime 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**. ...

(**Bolded** emphasis added.)

Appendix D of the Dental Manual contains the current HLD Authorization Form found in Exhibit 4. As indicated by the paper record, the MassHealth testimony, and the relevant regulations, appendices, and manuals (including the HLD Authorization form), MassHealth approves comprehensive orthodontic treatment only when the member meets one of the three following requirements:

- (1) the member has an “auto qualifying” condition as described by MassHealth in the HLD Index;
- (2) the member meets or exceeds the threshold score (currently 22 points) listed by MassHealth on the HLD Index; or
- (3) comprehensive orthodontic treatment is medically necessary for the member, as

² 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program Office Reference Manual publication as a source of additional explanatory guidance beyond the regulations. It is noted that references in the regulations to the “Dental Manual” include the pertinent state regulations, the administrative and billing instructions (including the HLD form), and service codes found in related subchapters and appendices. See <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>.

demonstrated by a medical necessity narrative letter and supporting documentation submitted by the requesting provider. Usually this involves a severe medical condition that can include atypical or underlining health concerns which may be either dental or non-dental.

The appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228 (2007). On this record, the appellant has not demonstrated the invalidity of the denial of preauthorization for braces.

A review of the different HLD scores is required to ascertain if appellant's bad bite or malocclusion is severe enough to qualify as a handicapping malocclusion. The MassHealth standard requires a current score of 22 on the HLD index. Here, the appellant's orthodontic found a score on the HLD scale of 11. Dr. Moynihan only found an HLD score of 10. (Testimony). DentaQuest also found a score of 10 on the scale. The scores offered do not support the authorization of orthodontic treatment.

Appellant's orthodontist found the auto qualifier of Impactions to be present in appellant's mouth. Dr. Moynihan testified that in her review, she did not find this auto qualifier to be present, stating "the upper canines are coming in at a nice angle and the baby teeth are resorbing properly." (Testimony). DentaQuest also did not find an auto qualifier present. (Ex. 4, p. 5).

I credit the testimony of Dr. Moynihan. I find her explanation of her process in reviewing photos and x-rays to be very thorough. Dr. Moynihan is an orthodontist who provided credible testimony and based on the overall testimony given at hearing, I find that the opinion of the orthodontist present at hearing to be persuasive and plausible, especially as she was subject to cross examination by appellant's mother.

Appellant has not met his burden and the 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.

Thomas Doyle
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA