

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2411462
Decision Date:	10/7/2024	Hearing Date:	08/26/2024
Hearing Officer:	Christopher Jones		

Appearances for Appellant:

Pro se



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 – Orthodontia
Decision Date:	10/7/2024	Hearing Date:	08/26/2024
MassHealth's Rep.:	Dr. Katherine Moynihan	Appellant's Reps.:	Pro se; Foster Parent
Hearing Location:	Charlestown MassHealth Enrollment Center	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 the appellant's prior authorization request for orthodontia. (See Exhibits 1; 5.) The appellant filed this appeal in a timely manner on July 24, 2024. (Exhibit 2; 130 CMR 610.015(B).) Denial of assistance is valid grounds for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for orthodontia.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.431, in determining that orthodontia was not medically necessary because she does not have a deep-impinging overbite or a Handicapping Labio-Lingual Deviations Score of at least 22 points.

Summary of Evidence

The appellant's provider submitted a prior authorization request on the appellant's behalf seeking MassHealth coverage for comprehensive orthodontic treatment. Along with photographs and x-rays, the provider submitted a Handicapping Labio-Lingual Deviations ("HLD") Form. The appellant's orthodontist identified the appellant as having an "impinging overbite with evidence of occlusal contact into the opposing soft tissue" and otherwise found an HLD Score of 24 points. The provider found an overbite of five millimeters, an overjet of nine millimeters, and she awarded 10 points for crowding in the upper and lower front teeth (five points per arch). (Exhibit 6, pp. 8-18.)

DentaQuest, MassHealth's dental contractor, reviewed the submitted images, determined that the appellant's HLD Score was 15, and they did not agree that she automatically qualified due to an impinging overbite. (Exhibit 6, p. 7.) At the hearing, Dr. Moynihan testified that MassHealth only pays for orthodontia when the member's bite is sufficiently severe to be considered handicapping. MassHealth uses the HLD Score to measure various aspects of a person's bite to determine if the member has a "handicapping malocclusion."

Dr. Moynihan looked at the appellant's bite in person and largely agreed with DentaQuest's determination based upon the photographs; she found 17 points on the HLD Scale. Further, she testified that the appellant's upper palate was not inflamed and appeared perfectly healthy. Therefore, she agreed that the appellant did not qualify as having an impinging overbite. She explained that the auto-qualifying criterion of impinging overbite requires some evidence that the lower teeth are striking the upper soft palate. Regarding scoring, she only saw an overbite of three millimeters and an overjet of six millimeters. She demonstrated for the appellant's foster parent how she measured, using a millimeter-marked instrument. She also explained that the appellant's provider should not have scored five points for crowding in the upper front teeth. To get five points, there must be 3.5 millimeters of crowding, and the appellant's upper teeth were fairly well aligned. She explained that the appellant can return every six months to be reevaluated, and if her condition worsens, she may be eligible for coverage in the future.

The appellant's foster parent understood MassHealth's determination, but asked for a written decision as it would enable further appeal if he felt up to challenging the structure of MassHealth's method for determining payment.

Findings of Fact

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

- 1) The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment with photographs and x-rays. The submitted HLD Form found an automatic qualifying condition, "Impinging overbite with evidence of occlusal contact into the opposing soft tissue." The provider also found an HLD Score of 24, including an overbite

of five millimeters, an overjet of nine millimeters, and 10 points for crowding in the upper and lower front teeth. (Exhibit 6, pp. 8-18.)

- 2) MassHealth denied comprehensive orthodontia, finding only 15 points on the HLD Scale and no impinging overbite. (Exhibit 6, p. 7.)
- 3) The appellant's lower teeth do not impinge on her upper soft tissue. She does not have at least 3.5 millimeters of crowding in her upper front teeth, and she only has an overjet of six millimeters. (Exhibit 6; Testimony by Dr. Moynihan.)

Analysis and Conclusions of Law

MassHealth covers orthodontic services when it determines them to be medically necessary. (130 CMR 420.431.) Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment, 130 CMR 420.000, and the MassHealth Dental Manual.¹ (130 CMR 450.204.) Pursuant to 130 CMR 420.431(C)(3), MassHealth "pays for comprehensive orthodontic treatment ... only when the member has a severe and handicapping malocclusion. The MassHealth agency determines whether a malocclusion is severe and handicapping based on the clinical standards described in Appendix D of the Dental Manual." The regulations do not speak directly to what conditions qualify as "severe and handicapping" except to specifically cover "comprehensive orthodontic treatment for members with cleft lip, cleft palate, cleft lip and palate, and other craniofacial anomalies to the extent treatment cannot be completed within three years." (130 CMR 420.431(C)(3).)

The HLD Scale is a quantitative and objective method for measuring malocclusions. It is used to add up a single score based on a series of measurements that represent the degree to which a bite deviates from normal alignment and occlusion. MassHealth made a policy decision that a score of 22 or higher signifies a "severe and handicapping malocclusion," ostensibly a medical necessity for orthodontia. Certain exceptional malocclusions are deemed automatically severe and handicapping, such as: "Impinging overbite with evidence of occlusal contact into the opposing soft tissue." The HLD Form also allows medical providers to explain how orthodontia is medically necessary, despite not satisfying the dental criteria otherwise captured on the form.

The ORM defines "Anterior Crowding" as

Arch length insufficiency [in excess of] 3.5 mm. Score only fully erupted incisors and canines. Mild rotations that may react favorably to stripping or mild expansion procedures are not to be scored as crowded. Enter 5 points for

¹ The Dental Manual and Appendix D are available on MassHealth's website, in the MassHealth Provider Library. (Available at <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>, last visited September 19, 2024.) Additional guidance is at the MassHealth Dental Program Office Reference Manual ("ORM"). (Available at <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>, last visited September 19, 2024.)

maxillary and mandibular anterior crowding. If condition no. 5, ectopic eruption, is also present in the anterior portion of the mouth, score only the most severe condition. Do not score both conditions.

(ORM, App. B., p. 6.)

There is no evidence of any occlusal contact with the soft tissue of the appellant's upper palate. Further, without contradictory testimony as to how the provider was measuring crowding in the appellant's upper front teeth, I credit Dr. Moynihan's testimony that there is not at least 3.5 millimeters of crowding. Dr. Moynihan also demonstrated her measurement of the overjet, and the appellant was satisfied that the correct measurement there was only six millimeters. In the absence of these points, all of the HLD scores are below 22 points. Therefore, the appellant does not qualify for MassHealth payment at this time, and 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.

Christopher Jones
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA