

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2415078
Decision Date:	02/07/2025	Hearing Date:	11/18/2024
Hearing Officer:	Marc Tonaszuck	Record Open to:	01/06/2025

Appearance for Appellant:



Appearance for MassHealth:

Dr. Katherine Moynihan, 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:	Approved	Issue:	Dental Services – Orthodontic Services
Decision Date:	02/07/2025	Hearing Date:	11/18/2024
MassHealth's Rep.:	Dr. K. Moynihan, DentaQuest	Appellant's Rep.:	██████
Hearing Location:	Springfield 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 08/04/2024, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibit 4). A timely appeal was filed on the appellant's behalf¹ on 10/01/2024 (see 130 CMR 610.015(B); Exhibit 2). Denial of a request for prior approval is a valid basis for appeal (see 130 CMR 610.032).

A fair hearing was held before the Board of Hearings on 11/18/2024. The appellant's representative requested an opportunity to submit additional documentation to the hearing record. Her request was granted, and the record remained open until 12/30/2024 for her submission and until 01/06/2025 for DentaQuest's response (Exhibit 5). The appellant made a submission during the record open; however, the DentaQuest representative did not (Exhibit 6).

Action Taken by MassHealth

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

¹ The appellant is a minor child who was represented in these proceedings by her mother.

treatment.

Issue

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

Summary of Evidence

The appellant is a minor MassHealth member. She was represented at the fair hearing by her mother, who appeared in person. MassHealth was represented at hearing by Dr. Katherine Moynihan from DentaQuest, an orthodontic consultant from DentaQuest, the MassHealth dental contractor, who appeared virtually.

The appellant's provider, [REDACTED], submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and X-rays on 07/30/2024. 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 indicated that the appellant has an HLD score of 25, as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	5	1	5
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: 5 Mandible: 5	Flat score of 5 for each	10
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 (excluding 3 rd molars)	0	3	0
Total HLD Score			25

The appellant's orthodontist did not identify any automatic qualifying condition, nor did he include a medical necessity narrative.

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 15. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	2	1	2
Overbite in mm	5	1	5
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	Maxilla: 0 Mandible: X	Flat score of 5 for each	5
Labio-Lingual Spread, in mm (anterior spacing)	3	1	3
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			15

DentaQuest did not find an automatic qualifying condition. Because it found an HLD score below the threshold of 22 and no autoqualifier, MassHealth denied the appellant's prior authorization request on 08/04/2024.

At hearing, Dr. Moynihan testified that she reviewed the materials submitted with the PA, including the photographs, X-rays and all written materials. She testified that the appellant has an HLD score of 15, as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	2	1	2
Overbite in mm	5	1	5
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	Maxilla: 0 Mandible: X	Flat score of 5 for each	5

Labio-Lingual Spread, in mm (anterior spacing)	3	1	3
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			15

The MassHealth orthodontist first testified that he could not find any evidence of maxillary (upper jaw) anterior crowding. She testified that points are given in this field when the front six teeth on the upper jaw have at least 3.5 mm of crowding. She testified that the materials provided to DentaQuest do not show at least 3.5 mm. Therefore, she could not give the appellant 5 points for mandibular crowding. Dr. Moynihan next addressed the “ectopic eruption,” as scored by the treating orthodontist. She explained that she could not give the 3 points for ectopic eruption because the tooth that is referenced by the treating orthodontist is not “ectopic,” but is in crossbite; however, it cannot be scored as a cross-bite because it is a pre-molar.

Without the score for maxillary anterior crowding (5 points), and the ectopic eruption (3 points), the appellant’s HLD score does not reach the required 22 points. Therefore, MassHealth could not approve the appellant’s request for comprehensive orthodontics.

The appellant’s mother testified that she is frustrated because she has appealed the appellant’s orthodontic denials in the past. The appellant “refuses to smile,” and she suffers from “significant” mental health issues. Also, the appellant has “soft teeth,” which cause her problems. She has had four wisdom teeth extracted. The mother testified that she cannot afford braces because she is “divorced.” The mother also testified that the appellant suffers from jaw pain because of her malocclusion. The mother requested an opportunity to submit medical necessity documentation in support of the appellant’s request. Her request was granted, and the record remained open in this matter until 12/20/2024 for her submission and until 01/06/2025 for MassHealth’s response.

On 12/05/2024, the appellant submitted a letter from her dentist that states:

I am writing on behalf of [the appellant]. [She] is a patient of [REDACTED] for bilateral pericoronitis resulting from partial impactions of teeth 18 and 31. Due to multiple denials for Orthodontic treatment, [the appellant] has suffered from recurrent abscess resulting in the extraction of teeth 18 and 31. [The appellant] may have benefited from orthodontic treatment to possibly prevent the pericoronitis on tooth 18 and 31. [The appellant] continues to display bilateral TMJ discomfort and clicking with function and pain to palpation of bilateral temporalis and masseter muscles. I am writing to request orthodontic treatment to maximize function

for [the appellant] and alleviate her TMJ dysfunction.

(Exhibit 6.)

Findings of Fact

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

1. On 07/30/2024, the appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth (Exhibit 4).
2. The provider completed a Handicapping Labio-Lingual Deviations Form for the appellant, calculated an HLD score of 25 points. She did not indicate that any automatic qualifying conditions exist (Exhibit 4).
4. The provider did not include a medical necessity narrative with the prior authorization request (Exhibit 4).
5. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 15, with no automatic qualifying condition (Exhibit 4).
6. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more (Testimony).
7. On 08/04/2024, MassHealth notified the appellant that the prior authorization request was denied (Exhibits 1 and 4).
8. On 10/01/2024, the appellant filed a timely appeal of the denial (Exhibit 2).
9. On 11/18/2024, a fair hearing took place before the Board of Hearings (Exhibit 3).
10. At the fair hearing, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and X-rays. In addition, after obtaining permission from the appellant's mother, he physically examined the appellant's mouth, teeth and the way his teeth come together. MassHealth found an HLD score of 15 (Testimony).
11. The appellant does not have at least 3.5 mm of crowding among the top (maxillary) front six teeth (Testimony).
12. The appellant does not have an ectopic eruption (Testimony).

13. The appellant's HLD score is below 22 (Testimony).
14. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (e.g., cleft palate, severe maxillary anterior crowding greater than 8 mm, impinging overbite, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, or reverse overjet greater than 3.5 mm) (Testimony).
15. At the fair hearing, the appellant's representative requested an opportunity to submit medical necessity documentation in support of the request for comprehensive orthodontia. Her request was granted, and the record remained open for her submission until 12/20/2025 and until 01/06/2025 for MassHealth/DentaQuest's response (Exhibit 5).
16. On 12/05/2024, the appellant submitted a letter from her dentist that states:

I am writing on behalf of [the appellant]. [She] is a patient of [REDACTED] for bilateral pericoronitis resulting from partial impactions of teeth 18 and 31. Due to multiple denials for Orthodontic treatment, [the appellant] has suffered from recurrent abscess resulting in the extraction of teeth 18 and 31. [The appellant] may have benefited from orthodontic treatment to possibly prevent the pericoronitis on tooth 18 and 31. [The appellant] continues to display bilateral TMJ discomfort and clicking with function and pain to palpation of bilateral temporalis and masseter muscles. I am writing to request orthodontic treatment to maximize function for [the appellant] and alleviate her TMJ dysfunction.

(Exhibit 6.)

Analysis and Conclusions of Law

130 CMR 420.431(C) states, in relevant part, as follows:

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 the 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 severe and handicapping malocclusion. MassHealth will also approve a prior authorization request, without regard for the HLD numerical score, if there is

evidence of a cleft palate, impinging overbite, impactions, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, crowding or spacing greater than 10 mm, anterior or posterior crossbite of three or more teeth on either arch, two or more congenitally missing teeth, or lateral open bite greater than 2 mm of four or more teeth (“automatic qualifying condition” or “autoqualifier”).

The appellant’s provider documented that the appellant has an HLD score of 25. Upon receipt of the PA request and after reviewing the provider’s submission, MassHealth found an HLD score of 15 and no automatic qualifying condition. As a result, MassHealth denied the request for comprehensive orthodontics. The appellant appealed to the Board of Hearings and a fair hearing took place, at which MassHealth was represented by an orthodontist. Both parties appeared in person.

In his testimony at the fair hearing, the MassHealth orthodontist testified she reviewed the prior authorization documents. As a result of her examination and review of the documents, the MassHealth orthodontist testified that she found an HLD score of 15 and no automatic qualifying condition. The main difference between the appellant’s provider’s score and that of Dr. Moynihan’s score is the scoring of the anterior crowding and ectopic eruption.

In order for the malocclusion to score in the category of anterior crowding, there must be at least 3.5 mm of crowding in the anterior (front) six teeth on either arch. The appellant’s orthodontist checked off that the appellant has at least 3.5 mm of crowding on both the top and the bottom arches, scoring 10 points (5 for each arch). Dr. Moynihan testified that although the appellant has at least 3.5 mm of crowding in the anterior teeth of the bottom (mandibular) arch, there is not at least 3.5 mm of crowding in the six anterior teeth on the top (maxillary) arch. Therefore, she could give only 5 points for anterior crowding, not 10, as documented by the treating orthodontist. She explained his scores to the appellant’s mother and to the hearing officer, referencing the photographs of the appellant’s teeth that were included with the PA request.

Also, Dr. Moynihan testified that the appellant’s provider incorrectly scored 3 points for an ectopic eruption. Dr. Moynihan testified that there is no ectopic eruption that can be scored in this case. Accordingly, her HLD Index score was 15, which did not meet the required 22 points for MassHealth approval.

Dr. Moynihan’s score is supported by the photographs and other documents submitted with the PA request. Dr. Moynihan, a licensed orthodontist, demonstrated a familiarity with the HLD Index. Her measurements are credible and his determination of the overall HLD score is consistent with the evidence. Moreover, she was available to be questioned by the hearing officer and cross-examined by the appellant’s representative.

At the fair hearing, the appellant’s representative requested time to submit additional medical necessity documentation in support of the request for comprehensive orthodontia. Her request

was granted, and, during the record open period, she submitted a letter from a dentist that states the appellant has TMJ symptoms that will be alleviated by the orthodontia. DentaQuest did not respond to the appellant's submission.

The appellant's submission meets the requirements of showing that there are medical conditions present that are not considered as part of the HLD Index score, and that those medical conditions can be made better with braces. MassHealth did not object to the submission, or the information contained in it. Accordingly, the letter submitted shows the appellant has met the medical necessity requirements for comprehensive orthodontia. Thus, this appeal is approved.

Order for MassHealth

Rescind denial notice dated 08/04/2024. Approve the appellant's request for comprehensive orthodontia. Inform appellant of the approval.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, Division of Medical Assistance, at the address on the first page of this decision.

Marc Tonaszuck
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA