

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2177602
Decision Date:	11/10/2021	Hearing Date:	11/08/2021
Hearing Officer:	Samantha Kurkijy		

Appearances for Appellant:




MassHealth Representative:

Dr. Carl Perlmutter



*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:	PA–Dental–Orthodontics
Decision Date:	11/10/2021	Hearing Date:	11/08/2021
MassHealth Rep.:	Dr. Carl Perlmutter	Appellant Rep.:	
Hearing Location:	Remote	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 September 13, 2021,¹ MassHealth denied the appellant's Prior Authorization request for comprehensive orthodontic treatment. (Exhibit 1; 130 CMR 420.431.) The appellant filed a timely appeal on October 4, 2021. (Exhibit 2; 130 CMR 610.015(B).) Challenging a denial of a request for Prior Authorization is a valid ground for appeal. (130 CMR 610.032.)

Action Taken by MassHealth

MassHealth denied the appellant's request for Prior Authorization of comprehensive orthodontic treatment.

Issue

Whether MassHealth was correct in determining, pursuant to 130 CMR 420.431(C)(3), that the appellant is ineligible for comprehensive orthodontic treatment.

¹ The Claim/Pre-Authorization Status Detail lists the Final Decision date as September 12, 2021 and the DentaQuest packet lists the Determination Date as September 13, 2021. (Exhibit 1; Exhibit 4.)

Summary of Evidence

The appellant is an individual under the age of 21 who was represented at hearing by her mother. MassHealth was represented at the hearing by Dr. Carl Perlmutter, an orthodontic consultant from DentaQuest. DentaQuest is the third-party company that currently administers and manages the dental program available to MassHealth members, including the appellant.

The appellant's provider submitted a Prior Authorization ("PA") request for comprehensive orthodontic treatment, including x-rays and photographs, on September 10, 2021. As required, the provider completed the MassHealth Handicapping Labio-Lingual Deviations Index ("HLD Index"), which requires a total score of 22 or higher for approval. The provider's HLD Index indicates that he found a total score of 24, broken down as follows (Exhibit 1):

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	3	1	3
Mandibular Protrusion in mm	1	5	5
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	1	3	3
Anterior Crowding ²	Maxilla: X Mandible: X	Flat score of 5 for each ³	0
Labio-Lingual Spread, in mm (anterior spacing)	10	1	10
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			24

When DentaQuest initially evaluated this PA request on behalf of MassHealth, its orthodontists determined that the appellant has an HLD score of 14. The DentaQuest HLD Form reflects the following scores (Exhibit 1):

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	3	1	3
Mandibular Protrusion in mm	0	5	0

² The HLD Index 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. (Exhibit 1.)

³ The HLD Index states that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm. (Exhibit 1.)

Anterior Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	1	3	3
Anterior Crowding ⁴	Maxilla: X Mandible: X	Flat score of 5 for each ⁵	0
Labio-Lingual Spread, in mm (anterior spacing)	5	1	5
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			14

Because it found an HLD score below the threshold of 22, MassHealth denied the appellant's PA request on September 13, 2021.⁶ The appellant submitted an appeal on October 4, 2021.

At hearing, Dr. Perlmutter completed an HLD Index based on a review of the records. He determined that the appellant's overall HLD score is 14, as calculated below:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	3	1	3
Mandibular Protrusion in mm	0	5	0
Anterior Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	1	3	3
Anterior Crowding	Maxilla: X Mandible: X	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	5	1	5
Posterior Unilateral Crossbite	No	Flat score of 4	0
Posterior impactions or congenitally missing posterior teeth	0	3	0
Total HLD Score			14

⁴ The HLD Form instructs the user not to score teeth in the category of ectopic eruption if they are scored under the category of anterior crowding. (Exhibit 1.)

⁵ The HLD scoring instructions state that to give points for anterior crowding, the anterior crowding must exceed 3.5 mm. (Exhibit 1.)

⁶ The provider declined to submit a Medical Necessity Narrative with the PA request. (Exhibit 1, p. 9.)

Dr. Perlmutter testified that MassHealth only pays for cases involving handicapping malocclusions. The HLD Index, which measures the characteristics of the appellant's bite, requires a score of 22 in order for MassHealth to consider the appellant's condition to be physically handicapping. He testified that his score differed from that of the appellant's provider in the area of mandibular protrusion, which is present when the upper first molar bites behind the lower first molar. He testified that the documentation submitted by the appellant's provider does not show a mandibular protrusion. Dr. Perlmutter also testified that he is unsure how the appellant's provider measured a labio-lingual spread of 10, as he measured it to be 5. Because the appellant's HLD score is below 22, MassHealth will not pay for comprehensive orthodontic treatment. Dr. Perlmutter informed the appellant's mother that the appellant maybe re-examined every six months and has until the age of 21 to be treated.

The appellant's mother testified that the appellant needs braces. She testified that the appellant has been referred to a nutritionist because she's not eating properly and she will get an anemia test. She also testified that the appellant has been biting her lips and her gums are inflamed.

Dr. Perlmutter responded that the appellant may submit a medical necessity letter to MassHealth from her doctor, explaining her difficulty eating.

Findings of Fact

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

1. The appellant, who is an individual under the age of 21, is a MassHealth member.
2. The appellant, through her orthodontic provider, requested PA for comprehensive orthodontic treatment on September 10, 2021.
3. The appellant's provider completed a MassHealth HLD Index for the appellant. The provider determined that the appellant has an HLD score of 24.
4. When DentaQuest initially evaluated the PA request on behalf of MassHealth, its orthodontists determined that the appellant has an HLD score of 14.
5. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more.
6. MassHealth denied the appellant's PA request on September 13, 2021 and the appellant timely appealed the denial on October 4, 2021.
7. At hearing, a MassHealth orthodontic consultant reviewed the provider's paperwork, finding that the appellant has an HLD score of 14.
8. The appellant did not submit a Medical Necessity Narrative with her PA request.

9. A mandibular protrusion is present when the upper first molar bites behind the lower first molar.
10. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (cleft palate, severe maxillary anterior crowding greater than 8 mm, deep impinging overbite, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, or reverse overjet greater than 3.5 mm).

Analysis and Conclusions of Law

Regulation 130 CMR 420.431 contains the relevant MassHealth regulation which discusses how a MassHealth member (who, like the appellant, is under 21 years of age at the time of the PA request) may receive approval on a PA request for comprehensive orthodontic treatment. The regulation reads, in 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 clinical standards for medical necessity as described in Appendix D of the Dental Manual. Upon the completion of orthodontic treatment, the provider must take post treatment photographic prints and maintain them in the member's dental record....

(130 CMR 420.431(C)(3).)

Appendix D of the Dental Manual is the "MassHealth Handicapping Labio-Lingual Deviations Index," 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.⁷

In this case, the appellant's provider found an overall HLD score of 24. After reviewing the provider's submission, MassHealth found an HLD score of 14. Upon review of the PA documents, including an x-ray and photographs, a different orthodontic consultant for MassHealth found a score of 14 on the HLD Index. As noted by Dr. Perlmutter, in order for the appellant's bite to receive points for a mandibular protrusion, the upper first molar must bite behind

⁷ MassHealth will also approve a PA request, without regard for the HLD numerical score, if there is evidence of a cleft palate, severe maxillary anterior crowding greater than 8 mm, deep impinging overbite, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, or reverse overjet greater than 3.5 mm.

the lower first molar. He testified that the documentation submitted by the appellant's provider does not show a mandibular protrusion. In addition, he measured the appellant's labio-lingual spread to be 5 mm, which is half of the measurement the appellant's provider made. Dr. Perlmutter's measurement of the labio-lingual spread and determination that a mandibular protrusion is not present, as well as his overall determination of the appellant's HLD score, is consistent with the evidence presented.

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 severe and handicapping malocclusion. Accordingly, this appeal is denied. As noted, the appellant may be re-examined and may submit a letter from her pediatrician or nutritionist explaining her difficulty eating in order to establish medical necessity for comprehensive orthodontic treatment.

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.

Samantha Kurkijy
Hearing Officer
Board of Hearings

cc:
DentaQuest, P.O. Box 9708, Boston, MA 02114-9708