

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2179112

Decision Date: 02/08/2022

Hearing Date: 01/10/2022

Hearing Officer: Marc Tonaszuck

Appearance for Appellant:



Appearance for MassHealth:

Dr. Carl Perlmutter, 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:	Denied	Issue:	Orthodontics
Decision Date:	02/08/2022	Hearing Date:	01/10/2022
MassHealth's Rep.:	Dr. Carl Perlmutter, DentaQuest	Appellant's Rep.:	██████████
Hearing Location:	Quincy Harbor South		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 119E and 30A, and the rules and regulations promulgated thereunder.

Jurisdiction¹

Through a notice dated 11/11/2021 MassHealth informed the appellant that it denied his request for prior authorization of comprehensive orthodontic treatment (Exhibit 1). The appellant filed a timely appeal on 12/02/2021 and, as a minor appellant, was represented by his mother in these proceedings (130 CMR 610.015(B); Exhibit 2). Denial of a request for prior approval is a valid basis for appeal (130 CMR 610.032).

Action Taken by MassHealth

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

¹ In MassHealth Eligibility Operations Memo (EOM) 20-09 dated April 7, 2020, MassHealth states the following:

- Regarding Fair Hearings during the COVID-19 outbreak national emergency, and through the end of month in which such national emergency period ends:
 - All appeal hearings will be telephonic; and
 - Individuals will have up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns.

Issue

Did MassHealth correctly determined that the appellant is not eligible for comprehensive orthodontic treatment pursuant to 130 CMR 420.431(C)?

Summary of Evidence

The MassHealth orthodontic consultant from DentaQuest, an orthodontist licensed in Massachusetts, testified that the appellant's provider requested prior authorization for comprehensive orthodontic treatment on 11/02/2021. The representative stated that MassHealth only provides coverage for comprehensive orthodontic treatment when there is a severe and handicapping malocclusion. He testified that the orthodontic provider, Dr. Feldman, submitted a prior authorization request on the appellant's behalf based on an examination he performed on 11/02/2021. The request was considered after review of the oral photographs and written information submitted by the appellant's orthodontic provider. This information was applied to a standardized Handicapping Labio-Lingual Deviations (HLD) Index that is used to make an objective determination of whether the appellant has a severe and handicapping malocclusion. The representative testified that the HLD Index uses objective measurements taken from the subject's teeth to generate an overall numeric score, or to find an auto-qualifying condition. A severe and handicapping malocclusion typically reflects a minimum score of 22 or an auto-qualifying condition. MassHealth submitted into evidence: HLD MassHealth Form, the HLD Index (Exhibit 4).

MassHealth testified that according to the prior authorization request, the appellant's orthodontic provider reported that the appellant had one instance of an "automatic qualifier," whereby MassHealth approves orthodontic treatment without calculating an HLD score. Specifically, Dr. Feldman indicated that the appellant has a deep impinging overbite. The appellant's orthodontist did not calculate an HLD score, nor did he include a medical necessity narrative.

The DentaQuest orthodontist testified that he reviewed the appellant's photographs, X-rays and all the other documentation that was provided to MassHealth with the prior authorization request from the appellant's orthodontist. According to the photographs, the appellant does not have a deep impinging overbite, as defined by the MassHealth guidelines. The DentaQuest representative stated that the instructions included with the HLD worksheet state that the deep impinging overbite is characterized by "evidence of occlusal contact in the opposing soft tissue." In this case, there is a photograph of the appellant's tissue behind the top front teeth and there is no indication of any contact with that tissue. Therefore there is no indication that the appellant has a deep impinging overbite, as defined by the MassHealth rules.

Secondly, the DentaQuest representative testified that his review of the appellant's materials does not show an HLD score of 22 or above or any support for the "medical

necessity” for comprehensive orthodontics. The MassHealth orthodontist concluded that absent any of the above, MassHealth could not approve the appellant’s request for comprehensive orthodontics.

The appellant’s mother appeared by telephone and testified that she would rather have the appellant’s braces put on earlier than later. He suffers from “lockjaw” when he bites down and he has cut his gums. His teeth are starting to hurt him.

The MassHealth orthodontist asked the appellant’s mother if she had any evidence of his bottom front teeth coming into contact with the tissue behind his front top teeth. She responded that she does not have any such evidence.

Findings of Fact

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

1. The appellant is under 21 years of age (Testimony).
2. On 11/02/2021, the appellant’s orthodontic provider requested prior authorization for comprehensive orthodontic treatment (Testimony, Exhibit 4).
3. On 11/11/2021, MassHealth denied the appellant’s prior authorization request (Exhibit 1).
4. On 12/02/2021, a timely fair hearing request was filed on the appellant’s behalf (Exhibit 2).
5. MassHealth provides coverage for comprehensive orthodontic treatment only when there is a severe and handicapping malocclusion.
6. MassHealth employs a system of comparative measurements known as the HLD Index as a determinant of a severe and handicapping malocclusion.
7. An automatic qualifying condition on the HLD Index is a severe and handicapping malocclusion.
8. A HLD Index score of 22 or higher denotes a severe and handicapping malocclusion.
9. The appellant’s orthodontic provider provided no HLD score.
10. A deep impinging overbite, as defined by the HLD Index, is an automatic qualifying condition.

11. A deep impinging overbite is characterized by “evidence of occlusal contact in the opposing soft tissue.”
12. The appellant’s orthodontic provider checked the boxes on the HLD worksheet indicating that he believed that the appellant has a deep impinging overbite.
13. Using measurements taken from the appellant’s oral photographs, X-rays and other submitted materials, the MassHealth representative, a licensed orthodontist, determined that at the time the prior authorization request was submitted, the appellant did not have a deep impinging overbite or an HLD score of 22 or above.
14. The DentaQuest orthodontist concluded that the appellant does not have a severe and handicapping malocclusion.
15. Appellant’s orthodontists checked “no” when asked if he was submitting a medical necessity narrative with the prior authorization request.

Analysis and Conclusions of Law

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

The MassHealth agency pays for comprehensive orthodontic treatment only once per member under age 21 per lifetime and 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*.

When requesting prior authorization for comprehensive orthodontic treatment, the provider submits, among other things, a completed HLD Index recording form which documents the results of applying the clinical standards described in Appendix D of the Dental Manual. In order for MassHealth to pay for orthodontic treatment, the appellant’s malocclusion must be severe and handicapping as indicated by an automatic qualifier on the HLD index, a minimum HLD index score of 22, or a medical necessity narrative.

In this case, the appellant’s treating orthodontist did not calculate an overall HLD Index score and did not attach a medical necessity narrative. He checked off an automatic qualifying condition, to wit, a deep impinging overbite. A deep impinging overbite, if verified, is a MassHealth approval even without an HLD of 22.

The MassHealth representative testified credibly how the appellant’s treating orthodontist erred in identifying the automatic qualifying situation. He testified credibly and under oath that there was no evidence a deep impinging overbite. He indicated to the hearing officer on the HLD Index form there is language next to the check box that states there needs to be “evidence of occlusal contact in the opposing soft tissue” for this

condition to exist as it is applied to the HLD guidelines. The appellant's photograph submitted with the prior authorization request clearly shows no indentations, sores or changes in that tissue or any other evidence that his bottom front teeth come into contact with the tissue behind the top front teeth. Therefore I credit the DentaQuest testimony that there is no evidence of a deep impinging overbite, as defined by the MassHealth guidelines.

Likewise, the DentaQuest representative testified credibly that he agrees with the appellant's provider that she does not have an HLD score of 22 or above. As a result, I agree with DentaQuest that there is not a combination of characteristics of the appellant's malocclusions that measure 22 or above on the HLD index score.

The appellant does not have a severe and handicapping malocclusion as defined by MassHealth regulations and guidelines, nor is there any documentation to show medical necessity for the orthodontic treatment. MassHealth correctly denied the prior authorization request for orthodontic treatment. This appeal is therefore 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 2, MA