

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2201654
Decision Date:	4/14/2022	Hearing Date:	04/06/2022
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:



Appearance for MassHealth:

Via telephone:

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:	Prior Authorization – Orthodontics
Decision Date:	4/14/2022	Hearing Date:	04/06/2022
MassHealth’s Rep.:	Dr. Carl Perlmutter	Appellant’s Rep.:	██████████
Hearing Location:	Quincy Harbor South		

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 February 16, 2022, MassHealth denied the appellant’s request for prior authorization of comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibit 4). The appellant filed this appeal in a timely manner on March 4, 2022 (see 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior approval is a valid basis for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

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

Issue

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

Summary of Evidence

The appellant is a minor MassHealth member whose mother appeared at hearing via telephone. MassHealth was represented at hearing via telephone by Dr. Carl Perlmutter, an orthodontic consultant from DentaQuest, the MassHealth dental contractor.

The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and x-rays, on February 15, 2022. 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 he found an autoqualifier of "impinging overbite with evidence of occlusal contact into the opposing soft tissue." The provider also completed the HLD Form which indicates that he found a total score of 12, broken down as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	4	1	4
Overbite in mm	8	1	8
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 ¹	Maxilla: n/a Mandible: n/a	Flat score of 5 for each ²	0
Labio-Lingual Spread, in mm (anterior spacing)	0	1	0
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			12

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant did not have an impinging overbite. DentaQuest found an HLD score of 11. The DentaQuest HLD Form reflects the following scores:

¹ The HLD Form 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.

² The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	6	1	6
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: n/a Mandible: n/a	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	2	1	2
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			11

Because it found an HLD score below the threshold of 22 and no autoqualifier, MassHealth denied the appellant's prior authorization request on February 16, 2022.

At hearing, Dr. Perlmutter completed an HLD form based on a careful review of the x-rays and photographs. He determined that the appellant's overall HLD score was 11. He also did not see any evidence of an impinging overbite. Dr. Perlmutter explained that an impinging overbite occurs when the lower front teeth bite into the gum tissue behind the upper front teeth. It is characterized by soft tissue damage such as ulcerations, cuts, and tissue tears to the upper palatal tissue. He testified that there is no evidence of soft tissue damage to the roof of the appellant's mouth and no evidence of an impinging overbite. Dr. Perlmutter's HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	6	1	6
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: n/a Mandible: n/a	Flat score of 5 for each	0
Labio-Lingual Spread, in mm (anterior spacing)	2	1	2
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			11

The appellant's mother testified that her child's orthodontist says he needs braces and she does not understand why it is denied if his orthodontist says they are needed.

Dr. Perlmutter advised the appellant that he may be re-examined every six months and has until the age of 21 to be treated. Because the appellant's HLD score is below 22 and there are no autoqualifiers, the appellant does not have a handicapping malocclusion and MassHealth will not pay for comprehensive orthodontic treatment. Dr. Perlmutter explained that while the appellant's bite would be improved with braces, it is not severe enough for MassHealth to pay for it.

Findings of Fact

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

1. On February 15, 2022, 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 and indicated that he found an autoqualifier of "impinging overbite with evidence of occlusal contact into the opposing soft tissue." He also calculated an HLD score of 12. (Exhibit 4).
3. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant did not have a deep impinging overbite and calculated an HLD score of 11 (Exhibit 4).
4. 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).
5. On February 16, 2022, MassHealth notified the appellant that the prior authorization request had been denied (Exhibit 4).
6. On March 4, 2022, the appellant filed a timely appeal of the denial (Exhibit 2).
7. At hearing on April 6, 2022, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and x-rays (Testimony).
8. Based on the photographs and x-rays, the MassHealth orthodontic consultant found that the appellant did not have an impinging overbite. He calculated an HLD score of 11. (Testimony).

9. With an impinging overbite, the lower front teeth dig into the upper palatal tissue behind the upper front teeth, causing soft tissue damage such as cuts, ulcerations, or tissue tears. There is no evidence of any soft tissue damage. (Testimony and Exhibit 4).
10. The appellant's HLD score is below 22.

Analysis and Conclusions of Law

130 CMR 420.431(C)(3) states, in relevant part, as follows:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime for a member 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.

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 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, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, or severe maxillary anterior crowding, greater than 8 mm.

The appellant's provider found an autoqualifier of an impinging overbite, as well as calculated an HLD score of 12. After reviewing the provider's submission, MassHealth found an HLD score of 11 and no autoqualifiers. At hearing, based on the x-rays and photographs from the provider's submission, Dr. Perlmutter found an HLD score of 11 and no autoqualifiers.

Both Dr. Perlmutter and DentaQuest determined that the appellant did not have an impinging overbite or any other autoqualifier. The photographs and x-rays show that there is no evidence of soft tissue damage and, therefore, no evidence of an impinging overbite. Dr. Perlmutter's measurements and testimony are credible and his determination of the overall HLD score and lack of autoqualifier is consistent with the evidence.

As the appellant does not qualify for comprehensive orthodontic treatment under the HLD guidelines, MassHealth was correct in determining that he does not have a handicapping malocclusion. Accordingly, 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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA