

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2205162
Decision Date:	9/13/2022	Hearing Date:	08/15/2022
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:
Via telephone:



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:	9/13/2022	Hearing Date:	08/15/2022
MassHealth’s Rep.:	Dr. Carl Perlmutter	Appellant’s Rep.:	Mother
Hearing Location:	Quincy Harbor South 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 June 15, 2022, MassHealth denied the appellant’s request for prior authorization of comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibits 1 and 4). The appellant filed this appeal in a timely manner on July 12, 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 June 14, 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 did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment. The provider's HLD Form indicates that he found a total score of 22, broken down as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	4	1	4
Overbite in mm	4	1	4
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 ¹	Maxilla: n/a Mandible: n/a	Flat score of 5 for each ²	0
Labio-Lingual Spread, in mm (anterior spacing)	5	1	5
Posterior Unilateral Crossbite	0	Flat score of 4	0
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	2	3	6
Total HLD Score			22

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 17. 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	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)	1	3	3
Anterior Crowding	Maxilla: x Mandible: n/a	Flat score of 5 for each	5
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			17

Because it found an HLD score below the threshold of 22 and no autoqualifier, MassHealth denied the appellant's prior authorization request on June 15, 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 19. Dr. Perlmutter's 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)	1	3	3
Anterior Crowding	Maxilla: n/a Mandible: n/a	Flat score of 5 for each	0
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)	2	3	6
Total HLD Score			19

Dr. Perlmutter explained that the main difference between the appellant's provider's score and his score is the measurement of the overjet. Both Dr. Perlmutter and DentaQuest measured the overjet at 2mm, whereas her provider measured it at 4mm. Dr. Perlmutter thinks that the provider did not properly measure the overjet. Based on the cephalometric x-rays, the overjet barely reaches 2mm.

Dr. Perlmutter explained that while there are concerns with the appellant's bite and it would be improved with braces, it is not severe enough at this time for MassHealth to pay for it. He advised the appellant that she 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, the appellant does not have a handicapping malocclusion and MassHealth will not pay for comprehensive orthodontic treatment.

The appellant's mother understood Dr. Perlmutter's explanation and plans to bring her daughter back to the orthodontist six months from the date of her last examination which was on June 14, 2022.

Findings of Fact

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

1. On June 14, 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 calculated an overall score of 22 (Exhibit 4).
3. The provider did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (Exhibit 4).
4. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 17 (Exhibit 4).
5. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more (Testimony).
6. On June 15, 2022, MassHealth notified the appellant that the prior authorization request had been denied (Exhibits 1 and 4).
7. On July 12, 2022, the appellant filed a timely appeal of the denial (Exhibit 2).
8. At hearing, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and x-rays and found an HLD score of 19 (Testimony).
9. The appellant's HLD score is below 22.

10. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (cleft palate, impinging overbite, impaction where eruption is impeded, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, crowding of 10mm or more, spacing of 10mm or more, anterior crossbite, posterior crossbite, two or more congenitally missing teeth, lateral open bite 2mm or more, anterior open bite 2mm or more).

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 cleft palate, impinging overbite, impaction where eruption is impeded, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, crowding of 10mm or more, spacing of 10mm or more, anterior crossbite, posterior crossbite, two or more congenitally missing teeth, lateral open bite 2mm or more, anterior open bite 2mm or more.

The appellant’s provider found an overall HLD score of 22. After reviewing the provider’s submission, MassHealth found an HLD score of 17. Upon review of the prior authorization documents, at hearing a different orthodontic consultant found an HLD score of 19.

The main difference between the appellant’s provider’s score and that of Dr. Perlmutter’s is that the appellant’s provider incorrectly measured the overjet at 4mm, when the more accurate measurement, based upon the cephalometric x-ray, is 2mm. Dr. Perlmutter’s measurements and testimony are credible and his determination of the overall HLD score 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 she 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