

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2205175
<b>Decision Date:</b>	8/31/2022	<b>Hearing Date:</b>	08/15/2022
<b>Hearing Officer:</b>	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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization – Orthodontics
<b>Decision Date:</b>	8/31/2022	<b>Hearing Date:</b>	08/15/2022
<b>MassHealth’s Rep.:</b>	Dr. Carl Perlmutter	<b>Appellant’s Rep.:</b>	Mother
<b>Hearing Location:</b>	Quincy Harbor South Remote	<b>Aid Pending:</b>	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 23, 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 July 13, 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 21, 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 an overjet greater than 9mm. As he found an autoqualifying condition, the provider did not score the remainder of the HLD Form.

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant did not have an overjet greater than 9mm. DentaQuest found an HLD score of 13. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	6	1	6
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 <sup>1</sup>	Maxilla: n/a Mandible: n/a	Flat score of 5 for each <sup>2</sup>	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 <sup>rd</sup> molars)	0	3	0
<b>Total HLD Score</b>			<b>13</b>

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<sup>1</sup> 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.

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

Because it found an HLD score below the threshold of 22 and no autoqualifier, MassHealth denied the appellant's prior authorization request on June 23, 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 15. He also did not see any evidence of an overjet greater than 9mm. Dr. Perlmutter explained that the appellant's provider did not correctly measure and score the overjet, which needs to be greater than 9mm to be considered an autoqualifier. He testified that the appellant's provider over-estimated the appellant's overjet and did not use an accurate measuring tool. The appellant's orthodontist held the measuring device by hand against the bottom teeth in the photograph, which makes it hard to accurately assess the angle of the measuring tool. A better, more accurate measuring device is when it is included in the cephalometric x-ray. Based on the x-rays and photographs available and careful measurement, Dr. Perlmutter determined the overjet was about 7mm. DentaQuest also found the overjet to be less than 9mm and measured it at 6mm. Dr. Perlmutter's HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	7	1	7
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 <sup>rd</sup> molars)	0	3	0
<b>Total HLD Score</b>			<b>15</b>

The appellant's mother testified that when the appellant closes his mouth, his teeth stick out. Additionally, one of his front teeth is in front of the other tooth. She was told by her child's provider that braces could avoid possible jaw surgery.

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 June 21, 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 overjet greater than 9mm, which is one of the conditions that warrant automatic approval of comprehensive orthodontic treatment. He did not calculate an HLD score. (Exhibit 4).
3. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant did not have an overjet greater than 9mm and calculated an HLD score of 13 (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 June 23, 2022, MassHealth notified the appellant that the prior authorization request had been denied (Exhibits 1 and 4).
6. On July 13, 2022, the appellant filed a timely appeal of the denial (Exhibit 2).
7. At hearing, a MassHealth orthodontic consultant reviewed the provider's paperwork, photographs, and x-rays and found that the appellant did not have an overjet greater than 9mm. He calculated an HLD score of 15. (Testimony).
8. The appellant's HLD score is below 22.
9. 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 one of the following automatic qualifying conditions: cleft palate, impinging overbite with evidence of occlusal contact into the opposing soft tissue, impaction where eruption is impeded but extraction is not indicated (excluding third molars), severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, crowding of 10mm or more in either the maxillary or mandibular arch (excluding 3<sup>rd</sup> molars), spacing of 10mm or more in either the maxillary or mandibular arch (excluding 3<sup>rd</sup> molars), anterior crossbite of 3 or more maxillary teeth per arch, posterior crossbite of 3 or more maxillary teeth per arch, two or more congenitally missing teeth (excluding third molars) of at least one tooth per quadrant, lateral open bite 2mm or more of 4 or more teeth per arch, anterior open bite 2mm or more of 4 or more teeth per arch.

The appellant’s provider indicated that he found an autoqualifier of an overjet greater than 9mm. He did not calculate an HLD score. After reviewing the provider’s submission, MassHealth found an HLD score of 13 and no autoqualifiers. At hearing, based on the x-rays and photographs from the provider’s submission, Dr. Perlmutter found an HLD score of 15 and no autoqualifiers.

Both Dr. Perlmutter and DentaQuest determined that the appellant did not have an overjet greater than 9mm or any other autoqualifier. As Dr. Perlmutter explained, the appellant’s provider did not accurately measure the overjet. Dr. Perlmutter’s measurements and testimony are credible and his determination of the overall HLD score and the lack of autoqualifiers 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.

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Alexandra Shube  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA