

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2206436
Decision Date:	10/19/2022	Hearing Date:	09/28/2022
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:	10/19/2022	Hearing Date:	09/28/2022
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 July 29, 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 August 26, 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 July 27, 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 crowding of 10mm or more, in either the maxillary or mandibular arch (excluding 3rd molars). The provider also completed an HLD form and indicated that he found a total score of 26 broken down as follows:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	5	1	5
Overbite in mm	8	1	8
Mandibular Protrusion in mm	0	5	0
Anterior Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding ¹	Maxilla: x Mandible: n/a	Flat score of 5 for each ²	5
Labio-Lingual Spread, in mm (anterior spacing)	4	1	4
Posterior Unilateral Crossbite	1	Flat score of 4	4
Posterior Impactions or congenitally missing posterior teeth (excluding 3 rd molars)	0	3	0
Total HLD Score			26

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant did not have crowding greater than 10mm. DentaQuest found an HLD score of 18. Its 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	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	Maxilla: x Mandible: n/a	Flat score of 5 for each	5
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)	0	3	0
Total HLD Score			18

Because it found an HLD score below the threshold of 22 and no autoqualifier, MassHealth denied the appellant's prior authorization request on July 29, 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 20. He also did not see any evidence of crowding greater than 10mm. Dr. Perlmutter explained that the appellant's provider did not correctly measure and score the amount of crowding, which needs to be greater than 10mm to be considered an autoqualifier. Based on the x-rays and photographs, there is crowding in the maxilla that is greater than 3.5mm, for which the appellant received 5 points in the HLD form, but it is less than 10mm. Dr. Perlmutter's HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	5	1	5
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	Maxilla: x Mandible: n/a	Flat score of 5 for each	5
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)	0	3	0
Total HLD Score			20

Dr. Perlmutter explained that the main difference between the appellant's provider's score and his score is the measurement of the overbite and the finding of a posterior crossbite. Both Dr. Perlmutter and DentaQuest measured the overbite at 5mm, whereas the appellant's provider measured it at 8mm. Dr. Perlmutter stated that the overbite is the overlap of the upper and lower anterior teeth and he thinks that the appellant's provider did not properly measure the overbite and overestimated the degree of the problem. As to the posterior crossbite, which Dr. Perlmutter explained has to involve three or more teeth, the condition is not present in the appellant's mouth.

The appellant's mother stated that her child used to get speech therapy when he was younger, but no longer does. The appellant is bullied and kids are mean to him because of his teeth. She thinks that MassHealth underestimated the severity of the appellant's bite.

Dr. Perlmutter explained that while the appellant's bite would be improved with braces, it is not severe enough at this time for MassHealth to pay for it. He 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 is no autoqualifier, the appellant does not have a handicapping malocclusion and MassHealth will not pay for comprehensive orthodontic treatment.

Findings of Fact

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

1. On July 27, 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 crowding greater than 10mm, which is one of the conditions that warrant automatic approval of comprehensive orthodontic treatment. He also calculated an HLD score of 26. (Exhibit 4).
3. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant did not have crowding greater than 10mm and calculated an HLD score of 18 (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 July 29, 2022, MassHealth notified the appellant that the prior authorization request had

been denied (Exhibits 1 and 4).

6. On August 26, 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 crowding greater than 10mm. He calculated an HLD score of 20. (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 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 indicated he found an autoqualifier of crowding greater than 10mm. He also calculated an overall HLD score of 26. After reviewing the provider's submission, MassHealth found an HLD score of 18 and no autoqualifiers. At hearing, based on the x-rays and photographs from the provider's submission, Dr. Perlmutter found an HLD score of 20 and no autoqualifiers.

Both Dr. Perlmutter and DentaQuest determined that the appellant did not have crowding greater than 10mm or any other autoqualifier. As Dr. Perlmutter explained, the appellant's provider did not accurately measure the amount of crowding. Furthermore, the main difference between the appellant's provider's HLD score and that of Dr. Perlmutter's is that the appellant's provider overestimated the overbite. The appellant's provider also indicated he found a posterior crossbite, which is not present in the appellant's bite. 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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 2, MA