

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



|                         |                 |                       |            |
|-------------------------|-----------------|-----------------------|------------|
| <b>Appeal Decision:</b> | Denied          | <b>Appeal Number:</b> | 2206965    |
| <b>Decision Date:</b>   | 10/27/2022      | <b>Hearing Date:</b>  | 10/17/2022 |
| <b>Hearing Officer:</b> | Sara E. McGrath |                       |            |

**Appearances for Appellant:**



**Appearances for MassHealth:**

Dr. Carl Perlmutter, Orthodontic Consultant



*Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Office of Medicaid  
Board of Hearings  
100 Hancock Street  
Quincy, MA 02171*

## APPEAL DECISION

|                          |                            |                        |   |
|--------------------------|----------------------------|------------------------|---|
| <b>Appeal Decision:</b>  | Denied                     | <b>Issue:</b>          | Prior Authorization for Dental Services |
| <b>Decision Date:</b>    | 10/27/2022                 | <b>Hearing Date:</b>   | 10/17/2022                              |
| <b>MassHealth Rep.:</b>  | Dr. Carl Perlmutter        | <b>Appellant Rep.:</b> |   |
| <b>Hearing Location:</b> | Board of Hearings (Remote) |                        |   |

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 118E and 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

Through a notice dated August 19, 2022, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (Exhibit 1). The appellant filed a timely appeal on September 19, 2022 (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.

### Issue

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

## Summary of Evidence

MassHealth was represented at hearing by Dr. Carl Perlmutter, an orthodontic consultant from DentaQuest, the MassHealth dental contractor. The evidence indicates that the appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, together with X-rays and photographs, on August 17, 2022. As required, the provider completed the Handicapping Labio-Lingual Deviations (HLD) Form, which requires a total score of 22 or higher for approval.<sup>1</sup> The provider's HLD Form indicates a total score of 27, as follows:

| Conditions Observed  | Raw Score                   | Multiplier                            | Weighted Score |
|--|-----------------------------|---------------------------------------|----------------|
| Overjet in mm  | 5                           | 1                                     | 5              |
| Overbite in mm   | 5                           | 1                                     | 5              |
| Mandibular Protrusion in mm                                  | 2                           | 5                                     | 10             |
| Anterior Open Bite in mm                                     | 0                           | 4                                     | 0              |
| Ectopic Eruption (# of teeth, excluding third molars)        | 0                           | 3                                     | 0              |
| Anterior Crowding <sup>2</sup>                               | Maxilla: No<br>Mandible: No | Flat score of 5 for each <sup>3</sup> | 0              |
| Labio-Lingual Spread, in mm (anterior spacing)               | 7                           | 1                                     | 7              |
| Posterior Unilateral Crossbite                               | n/a                         | Flat score of 4                       | 0              |
| Posterior Impactions or congenitally missing posterior teeth | 0                           | 3                                     | 0              |
| <b>Total HLD Score</b>                                       |                             |                                       | <b>27</b>      |

Dr. Perlmutter testified that when DentaQuest initially evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 20. The DentaQuest HLD Form reflects the following scores:

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<sup>1</sup> The form also includes space for providers to indicate whether, regardless of score, a patient has one of the thirteen conditions (described below) that would result in automatic approval, and/or to provide a narrative to explain why orthodontic treatment is otherwise medically necessary. The provider in this case alleged that the appellant has at least one auto-qualifying condition but did not provide a medical necessity narrative.

<sup>2</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>3</sup> 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   | 3                           | 1                        | 3              |
| Mandibular Protrusion in mm                                  | 2                           | 5                        | 10             |
| Anterior Open Bite in mm                                     | 0                           | 4                        | 0              |
| Ectopic Eruption (# of teeth, excluding third molars)        | 0                           | 3                        | 0              |
| Anterior Crowding  | Maxilla: No<br>Mandible: No | Flat score of 5 for each | 0              |
| Labio-Lingual Spread, in mm (anterior spacing)               | 4                           | 1                        | 4              |
| Posterior Unilateral Crossbite                               | n/a                         | Flat score of 4          | 0              |
| Posterior Impactions or congenitally missing posterior teeth | 0                           | 3                        | 0              |
| <b>Total HLD Score</b>                                       |                             |                          | <b>20</b>      |

Because it found an HLD score below the threshold of 22, MassHealth denied the appellant's prior authorization request on August 19, 2022 (Exhibit 1).

In preparation for hearing on October 17, 2022, Dr. Perlmutter completed an HLD Form based on a review of the records. He determined that the appellant's overall HLD score was 18, calculated as follows:

| Conditions Observed  | Raw Score                    | Multiplier               | Weighted Score |
|--|------------------------------|--------------------------|----------------|
| Overjet in mm  | 3                            | 1                        | 3              |
| Overbite in mm   | 2                            | 1                        | 2              |
| Mandibular Protrusion in mm                                  | 1                            | 5                        | 5              |
| Anterior Open Bite in mm                                     | 0                            | 4                        | 0              |
| Ectopic Eruption (# of teeth, excluding third molars)        | 0                            | 3                        | 0              |
| Anterior Crowding  | Maxilla: No<br>Mandible: Yes | Flat score of 5 for each | 5              |
| Labio-Lingual Spread, in mm (anterior spacing)               | 3                            | 1                        | 3              |
| Posterior Unilateral Crossbite                               | n/a                          | Flat score of 4          | 0              |
| Posterior Impactions or congenitally missing posterior teeth | 0                            | 3                        | 0              |
| <b>Total HLD Score</b>                                       |                              |                          | <b>18</b>      |

Dr. Perlmutter testified that both the appellant's provider and the DentaQuest reviewer have overstated the amount of mandibular protrusion. Dr. Perlmutter explained that mandibular protrusion refers to the position of the back teeth when biting down. He stated that the appellant's back bite is almost normal, and thus he should only receive a score of 1 (weighted score of 5) in this category. He also stated that he disagreed with the appellant's provider's scores in the categories of overjet, overbite, and labio-lingual spread. Dr. Perlmutter stated that because the appellant's HLD score is below the threshold of 22, he could not reverse the denial of the prior authorization request.

The appellant's mother appeared telephonically and testified on her son's behalf. She stated that the appellant has too much spacing in his mouth and food gets caught between his teeth every time he eats. He needs to use dental floss after every meal, and if he doesn't have it with him, he uses his fingers to clear food from his teeth. She feels that orthodontic treatment will fix this situation.

### **Findings of Fact**

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

1. On August 17, 2022, the appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth.
2. The provider completed a Handicapping Labio-Lingual Deviations (HLD) Form for the appellant, finding an overall score of 27.
3. When DentaQuest initially evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 20.
4. On August 19, 2022, MassHealth notified the appellant that the prior authorization request had been denied.
5. On September 19, 2022, the appellant filed a timely appeal of the denial.
6. In preparation for hearing on October 17, 2022, a MassHealth orthodontic consultant reviewed the provider's paperwork, finding an HLD score of 18.
7. The appellant's HLD score is below the threshold score of 22.
8. The appellant's lower molars are no more than 1 mm out of their proper position in relation to the upper molars.
9. The appellant's overbite measures no more than 3 mm.
10. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (cleft lip, cleft palate, or other cranio-facial anomaly; impinging overbite with evidence of occlusal contact into the opposing soft

tissue; impactions where eruption is impeded but extraction is not indicated, excluding third molars; severe traumatic deviations; overjet greater than 9 mm; reverse overjet greater than 3.5 mm, crowding of 10 mm or more in either the maxillary or mandibular arch, excluding third molars; spacing of 10 mm or more, in either the maxillary or mandibular arch, excluding 3rd 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 of 2 mm or more, of 4 or more teeth per arch; and anterior open bite of 2 mm or more, of 4 or more teeth per arch).

11. The appellant has not established that the service is otherwise medically necessary based on a severe deviation affecting the patient's mouth and/or underlying dentofacial structures; a diagnosed mental, emotional, or behavioral condition caused by the patient's malocclusion; a diagnosed nutritional deficiency and/or a substantiated inability to eat or chew caused by the patient's malocclusion; a diagnosed speech or language pathology caused by the patient's malocclusion; or a condition in which the overall severity or impact of the patient's malocclusion is not otherwise apparent.

### **Analysis and Conclusions of Law**

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

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime 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 "MassHealth Handicapping Labio-Lingual Deviations Index" (HLD), which is described as a quantitative, objective method for measuring PA requests for comprehensive orthodontic treatment. The HLD allows for the identification of certain auto-qualifying conditions and provides a single score, based on a series of measurements, which represent the presence, absence, and degree of handicap. 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, in two other circumstances: First, MassHealth will approve a request if there is evidence of one or more auto-qualifying conditions: Cleft lip, cleft palate, or other cranio-facial anomaly; impinging overbite with evidence of occlusal contact into the opposing soft tissue; impactions where eruption is impeded but extraction is not indicated, excluding third molars; severe traumatic deviations; overjet greater than 9 mm; reverse overjet greater than 3.5 mm; crowding of 10 mm or more in either the maxillary or mandibular arch, excluding third molars; spacing of 10 mm or more, in either the maxillary or mandibular arch, excluding 3rd 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 of 2 mm or more, of 4 or more teeth per arch; and anterior open bite of 2 mm or more, of 4 or more teeth per arch.

Second, providers may establish that comprehensive orthodontic treatment is medically necessary by submitting a medical necessity narrative that establishes that comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate one of the following:

- A severe deviation affecting the patient's mouth and/or underlying dentofacial structures;
- A diagnosed mental, emotional, or behavioral condition caused by the patient's malocclusion;
- A diagnosed nutritional deficiency and/or a substantiated inability to eat or chew caused by the patient's malocclusion;
- A diagnosed speech or language pathology caused by the patient's malocclusion;
- or
- A condition in which the overall severity or impact of the patient's malocclusion is not otherwise apparent.

The medical necessity narrative must clearly demonstrate why comprehensive orthodontic treatment is medically necessary for the patient. If any part of the requesting provider's justification of medical necessity involves a mental, emotional, or behavioral condition; a nutritional deficiency; a speech or language pathology; or the presence of any other condition that would typically require the diagnosis, opinion, or expertise of a licensed clinician other than the requesting provider, then the narrative and any attached documentation must:

- clearly identify the appropriately qualified and licensed clinician(s) who furnished the diagnosis or opinion substantiating the condition or pathology (e.g., general dentist, oral surgeon, physician, clinical psychologist, clinical dietitian, speech therapist);
- describe the nature and extent of the identified clinician(s) involvement and interaction with the patient, including dates of treatment;
- state the specific diagnosis or other opinion of the patient's condition furnished by the identified clinician(s);
- document the recommendation by the clinician(s) to seek orthodontic evaluation or treatment (if such a recommendation was made);
- discuss any treatments for the patient's condition (other than comprehensive orthodontic treatment) considered or attempted by the clinician(s); and
- provide any other relevant information from the clinician(s) that supports the requesting provider's justification of the medical necessity of comprehensive orthodontic treatment.

In this case, the appellant's provider found an overall HLD score of 27. After reviewing the documents included with the provider's submission, MassHealth calculated a score of 20. Upon review of the prior authorization documents, a different orthodontic consultant for MassHealth found the HLD score was 18.

After reviewing the prior authorization documents, I am persuaded by MassHealth's determination that the HLD score is below 22. The main difference is in the scoring of mandibular protrusion, which relates to how the back molars interdigitate. The MassHealth Dental Manual provides the following scoring instructions for mandibular protrusion: "Score exactly as measured from the buccal groove of the first mandibular molar to the [mesiobuccal] cusp of the first maxillary molar. The measurement in millimeters is entered on the form and multiplied by 5." The appellant's provider (and the initial DentaQuest reviewer) gave a total of 10 points for mandibular protrusion, indicating that the lower molars are at least 2 mm in front of their proper position in relation to the upper molars. Based on the photographs, Dr. Perlmutter's determination that the back bite is almost normal (score of 5) is more credible than the determination that the back bite is "off" by 2 mm (score of 10). Further, the appellant's provider indicated that the appellant's overbite measures 5 mm. The photographs, however, show that at least half of the appellant's bottom teeth are visible when he bites down. This evidence is more in line with MassHealth's overbite scores (3 and 2). With these adjustments, the appellant's total HLD score is below the threshold of 22.

Further, the appellant does not have any of the auto-qualifying conditions that would result in approval regardless of the HLD score, and there is no evidence that treatment is otherwise medically necessary as set forth in Appendix D of the Dental Manual.

Accordingly, the appellant has not demonstrated that he meets the MassHealth criteria for approval of comprehensive orthodontic treatment. MassHealth's denial of the prior authorization request was therefore proper.

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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Sara E. McGrath  
Hearing Officer  
Board of Hearings

cc: DentaQuest