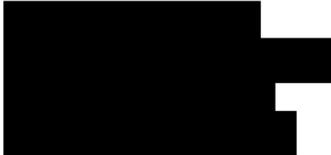


# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2301811
<b>Decision Date:</b>	5/12/2023	<b>Hearing Date:</b>	04/10/2023
<b>Hearing Officer:</b>	Stanley Kallianidis		

**Appearance for Appellant:**



**Appearance for MassHealth:**

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>	Orthodontics
<b>Decision Date:</b>	5/12/2023	<b>Hearing Date:</b>	04/10/2023
<b>MassHealth's Rep.:</b>	Dr. Carl Perlmutter	<b>Appellant's Rep.:</b>	Parent
<b>Hearing Location:</b>	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 8, 2023, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibit 2). The appellant filed this appeal in a timely manner on March 7, 2023 (see 130 CMR 610.015(B) and Exhibit 1). 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 who was represented at hearing via telephone by her mother. 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 and the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form, which requires a total score of 22 or higher for approval. The provider did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment, nor was there a medical necessity narrative. The provider's HLD Form indicated a finding of a total score of 18 (Exhibit 3).

When DentaQuest initially evaluated this prior authorization request on behalf of MassHealth, its orthodontists also did not find any of the conditions that warrant automatic approval of comprehensive orthodontic treatment and determined that the appellant has an HLD score of 10 (Exhibit 3).

At hearing, Dr. Perlmutter completed an HLD form based on his review of the x-rays and photographs. He agreed with DentaQuest that the appellant's HLD score was less than 22.

The appellant's mother testified that her daughter needs braces due to severe overcrowding of her teeth. She disputed the denial even though her own provider did not indicate the auto-qualifier that the appellant's crowding is 3.5 mm or greater.

## **Findings of Fact**

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

1. The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and x-rays (Exhibit 2).
2. The provider completed an HLD Form for the appellant and calculated an overall score of 18 (Exhibit 2).
3. The provider did not find any of the autoqualifying conditions, nor was a medical necessity narrative submitted (Exhibit 2).
4. DentaQuest determined that the appellant has an HLD score of 10, and Dr. Perlmutter agreed that the HLD score was less than 22 (Exhibit 2 and testimony).

## Analysis and Conclusions of Law

130 CMR 420.431 states, in relevant part, as follows:

(A) General Conditions. The MassHealth agency pays for orthodontic treatment, subject to prior authorization, service descriptions and limitations as described in 130 CMR 420.431. The provider must seek prior authorization for orthodontic treatment and begin initial placement and insertion of orthodontic appliances and partial banding or full banding and brackets prior to the members 21<sup>st</sup> birthday.

(B) Service Limitations and Requirements.

(3) Comprehensive Orthodontics. 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 “Handicapping Labio-Lingual Deviations Form” (HLD), which is described as a quantitative, objective method for evaluating prior authorization requests for comprehensive orthodontic treatment. 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. 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 autoqualifiers: a cleft palate, deep 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.

Appendix D of the Dental Manual also includes the instructions for submitting a medical necessity narrative. It states the following:

Providers may establish that comprehensive orthodontic treatment is medically necessary by submitting a medical necessity narrative and supporting documentation, where applicable. The narrative must establish that comprehensive orthodontic treatment is medically necessary to treat a handicapping malocclusion, including to correct or significantly ameliorate

- i. a severe deviation affecting the patient’s mouth and/or underlying dentofacial structures;

- ii. a diagnosed mental, emotional, or behavioral condition caused by the patient's malocclusion;
- iii. a diagnosed nutritional deficiency and/or substantiated inability to eat or chew caused by the patient's malocclusion;
- iv. a diagnosed speech or language pathology caused by the patient's malocclusion; or
- v. a condition in which the overall severity or impact of the patient's malocclusion is not otherwise apparent.

In this appeal, I have found that the provider did not find any of the auto-qualifying conditions to warrant approval. Specifically, crowding of 3.5 mm or was not indicated in the prior authorization request. Nor was there a medical necessity narrative submitted which could have been a route to approval. Therefore, a score of 22 or greater was needed in order for MassHealth to approved the appellant's orthodontic request. However, this was not to be as all the offered medical opinions, including the appellant's own provider who only indicated a score of 18, determined that the appellant had an HLD score of less than 22.

In conclusion, the appellant does not have a malocclusion that is handicapping based on conditions described in Appendix D of the Dental Manual and is not eligible for orthodontic treatment at this time.

The appeal is therefore 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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Stanley Kallianidis  
Hearing Officer  
Board of Hearings

cc: DentaQuest