

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2307647
Decision Date:	11/13/2023	Hearing Date:	10/11/2023
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:



Father of Minor Appellant

Appearance for MassHealth:

Dr. Carl Perlmutter, DentaQuest



*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:	Comprehensive Orthodontic Services
Decision Date:	11/13/2023	Hearing Date:	10/11/2023
MassHealth's Rep.:	Dr. C. Perlmutter, DentaQuest	Appellant's Rep.:	Father
Hearing Location:	Springfield MassHealth Enrollment Center		

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 07/26/2023, MassHealth denied the appellant's request for prior authorization of comprehensive orthodontic treatment (see 130 CMR 420.431 and Exhibit 4). A timely appeal was filed on the appellant's behalf¹ on 08/28/2023 (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(C), in

¹ The appellant is a minor child who was represented in these proceedings by his father.

determining that the appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

The appellant is a minor MassHealth member whose father appeared as the appeal representative at hearing in person with the appellant. MassHealth was represented at hearing by Dr. Carl Perlmutter, an orthodontic consultant from DentaQuest, the MassHealth dental contractor. All parties appeared in person at the fair hearing.

The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and X-rays on 07/21/2023. 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 the appellant has an HLD score of 22, 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
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: 5 Mandible: 5	Flat score of 5 for each	10
Labio-Lingual Spread, in mm (anterior spacing)	4	1	4
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			22

The appellant's orthodontist did not identify any automatic qualifying condition, nor did he include a medical necessity narrative.

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 9. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	4	1	4
Overbite in mm	3	1	3
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: 0 Mandible: 0	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 rd molars)	0	3	0
Total HLD Score			9

DentaQuest did not find an automatic qualifying condition. Because it found an HLD score below the threshold of 22 and no autoqualifier, MassHealth denied the appellant's prior authorization request on 07/26/2023.

At hearing, Dr. Perlmutter received permission to physically examine the appellant to measure his malocclusion. Dr. Perlmutter testified that the appellant has an HLD score of 15, 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
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: X Mandible: 0	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			15
-----------------	--	--	----

The MassHealth orthodontist testified that his measurements did not result in an HLD score that reached the minimum HLD score of 22, which is necessary for MassHealth payment for comprehensive orthodontic treatment (full braces). Dr. Perlmutter testified a member will score 5 points for anterior crowding on either arch. In this case, the appellant's provider added 10 points for crowding on both arches. The MassHealth orthodontist testified that the HLD Index instructs the orthodontist to score 5 points only if there is at least 3.5 mm of crowding among the six front teeth on either arch. MassHealth could find 3.5 mm of crowding on the top arch; however, not on the bottom arch. As a result, the total HLD score for anterior crowding is 5 points, not 10 points as the provider calculated.

Dr. Perlmutter concluded that the appellant's malocclusion is not severe and handicapping, as would be evidenced by an HLD score of 22, an automatic qualifying condition or through a letter of medical necessity. He concluded that although the appellant would benefit from orthodonture, the appellant does not meet the requirements for MassHealth payment.

The appellant, a minor child, appeared at the fair hearing with his father. The father responded to MassHealth's testimony by stating he understood the process. He also testified that he was worried about the condition of the appellant's teeth and what will happen with them if MassHealth does not approve the request for braces.

Findings of Fact

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

1. On 07/21/2023, 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, calculated an HLD score of 22 points. He did not indicate that any automatic qualifying conditions exist (Exhibit 4).
4. The provider did not include a medical necessity narrative with the prior authorization request (Exhibit 4).
5. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 9, with no automatic qualifying condition (Exhibit 4).
6. MassHealth approves requests for comprehensive orthodontic treatment when the

member has an HLD score of 22 or more (Testimony).

7. On 07/26/2023, MassHealth notified the appellant that the prior authorization request was denied (Exhibits 1 and 4).
8. On 08/28/2023, the appellant filed a timely appeal of the denial (Exhibit 2).
9. On 10/11/2023, a fair hearing took place before the Board of Hearings (Exhibit 3). Both parties appeared in person.
10. At the fair hearing, a MassHealth orthodontic consultant received permission to examine and measure the appellant's malocclusion. Based on his measurements, his review of the provider's paperwork, photographs, and X-rays, MassHealth found an HLD score of 15 (Testimony).
11. The appellant does not have at least 3.5 mm of crowding among the bottom front six teeth (Testimony).
12. The appellant has 4 mm of an overjet, 4 mm of overbite, and 2 mm of labio-lingual spread (Testimony).
13. The appellant's HLD score is below 22 (Testimony).
14. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (e.g., cleft palate, severe maxillary anterior crowding greater than 8 mm, deep impinging overbite, anterior impaction, severe traumatic deviation, overjet greater than 9 mm, or reverse overjet greater than 3.5 mm) (Testimony).

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 under the age of 21 and only when the member has a handicapping malocclusion. The MassHealth agency determines whether a malocclusion is handicapping based on the 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 severe and handicapping malocclusion. MassHealth will also approve a prior authorization request, without regard for the HLD numerical score, if there is evidence of a cleft palate, deep impinging overbite, impactions, severe traumatic deviation, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, crowding or spacing greater than 10 mm, anterior or posterior crossbite of three or more teeth on either arch, two or more congenitally missing teeth, or lateral open bite greater than 2 mm of four or more teeth (“automatic qualifying condition” or “autoqualifier”).

The appellant’s provider documented that the appellant has an HLD score of 22. Upon receipt of the PA request and after reviewing the provider’s submission, MassHealth found an HLD score of 9 and no automatic qualifying condition. As a result, MassHealth denied the request for comprehensive orthodontics. The appellant appealed to the Board of Hearings and a fair hearing took place, at which MassHealth was represented by an orthodontist. The appellant and his father appeared in person.

In preparation for the fair hearing, the MassHealth orthodontist reviewed the prior authorization documents. At hearing he received permission from the appellant’s father to physically examine and measure the appellant’s malocclusion. As a result of his exam and a review of the materials submitted by the appellant’s provider, the MassHealth orthodontist testified that he found an HLD score of 15 and no automatic qualifying condition.

First, in order for the malocclusion to score in the category of anterior crowding, there must be at least 3.5 mm of crowding in the anterior (front) six teeth on either arch. The appellant’s orthodontist checked off that the appellant has at least 3.5 mm of crowding on both the top and the bottom arches, scoring 10 points (5 for each arch). Dr. Perlmutter testified that although the appellant has at least 3.5 mm of crowding in the anterior teeth of the maxillary (top) arch, there is not at least 3.5 mm of crowding in the six anterior teeth on the mandibular (lower) arch. Therefore, he could score only 5 points for anterior crowding, not 10, as documented by the treating orthodontist. He explained his scores to the appellant’s father and to the hearing officer, referencing the photographs of the appellant’s teeth that were included with the PA request.

Second, the MassHealth orthodontist testified that the appellant has an overjet measuring 4 mm (4 points), an overbite measuring 4 mm (4 points), and a labio-lingual spread of 2 mm (2 points). The total HLD Index score is 15 points, including the 5 points for anterior crowding. Dr. Perlmutter’s score is supported by the photographs and other documents submitted with the PA request. Dr. Perlmutter, a licensed orthodontist, demonstrated a familiarity with the HLD Index. His measurements are credible and his determination of the overall HLD score is consistent with the evidence. Moreover, he was available to be questioned by the hearing officer and cross-examined by the appellant’s representative.

The appellant's father testified credibly that the appellant might benefit from orthodonture; however, he was unable to show that the appellant met the requirements set out by MassHealth for approval for payment of the orthodonture. Accordingly, MassHealth's testimony is given greater weight. 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 severe and handicapping malocclusion. Accordingly, MassHealth correctly denied this request for comprehensive orthodontic services and 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.

Marc Tonaszuck
Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 2, MA