

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2310262
<b>Decision Date:</b>	12/08/2023	<b>Hearing Date:</b>	12/04/2023
<b>Hearing Officer:</b>	Marc Tonaszuck		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Dr. Carl Perlmutter, DentaQuest

**Interpreter:**

Spanish



*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>	Comprehensive Orthodontics
<b>Decision Date:</b>	12/08/2023	<b>Hearing Date:</b>	12/04/2023
<b>MassHealth's Rep.:</b>	Dr. Carl Perlmutter, DentaQuest	<b>Appellant's Rep.:</b>	Mother
<b>Hearing Location:</b>	Springfield MassHealth Enrollment Center		

### Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapters 119E and 30A, and the rules and regulations promulgated thereunder.

### Jurisdiction

Through a notice dated 10/01/2023 MassHealth informed the appellant that it denied a request for prior authorization of comprehensive orthodontic treatment (Exhibit 1). A timely appeal was filed on the appellant's behalf<sup>1</sup> on 10/24/2023 (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

Did MassHealth correctly deny the appellant's prior authorization request for comprehensive

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<sup>1</sup> The appellant is a minor child who was represented in this matter by his mother.

orthodontic treatment to pursuant to 130 CMR 420.431(C)?

## Summary of Evidence

Dr. Carl Perlmutter, the MassHealth orthodontic consultant, is a licensed orthodontist from DentaQuest, who appeared in person at the fair hearing. He testified for MassHealth that the appellant's provider requested prior authorization for comprehensive orthodontic treatment on behalf of the appellant, who is under 21 years of age. The MassHealth representative stated that MassHealth only provides coverage for comprehensive orthodontic treatment when there is a severe and handicapping malocclusion. The request was considered after review of the oral photographs and written information submitted by the appellant's orthodontic provider. This information was applied to a standardized Handicapping Labio-Lingual Deviations (HLD) Index that is used to make an objective determination of whether the appellant has a severe and handicapping malocclusion. The representative testified that the HLD Index uses objective measurements taken from the subject's teeth to generate an overall numeric score. A severe and handicapping malocclusion typically reflects a minimum score of 22. MassHealth submitted into evidence: HLD MassHealth Form; the HLD Index; PA packet; photos; and X-rays (Exhibit 4).

MassHealth testified that according to the prior authorization request, the appellant's orthodontic provider reported that the appellant had an HLD score of 14 points, which did not reach the minimum score of 22 required for MassHealth payment of the orthodonture. The appellant's treating orthodontist identified neither an auto-qualifying situation indicated on the HLD Index form, nor did he provide additional "medical necessity" documentation with the request.

MassHealth/DentaQuest received the PA request on 09/26/2023 and it was reviewed by an orthodontist. The DentaQuest orthodontist agreed with the appellant's treating orthodontist that the appellant did not have a demonstrated severe or handicapping malocclusion. The request was denied by DentaQuest on 10/01/2023.

The DentaQuest orthodontist requested and received permission from the appellant's mother to examine the appellant's malocclusion using the HLD Index score sheet. He testified that he reviewed the appellant's materials that were provided to MassHealth with the prior authorization request from his orthodontist and used his own measurements of the appellant's characteristics addressed by the HLD index. The DentaQuest orthodontist testified that his review confirmed the provider's conclusion that the appellant's HLD score did not reach the score of 22 necessary for a determination that of a severe and handicapping malocclusion. He also testified that there was no information provided to show that a different result is warranted. As a result, he upheld MassHealth's/DentaQuest's denial of the request for comprehensive orthodontic services.

The appellant and his mother appeared in person at the fair hearing. The mother testified that the appellant's mouth "hurts when he chews," and his "teeth are moving forward." The mother also

testified that she works 32 hours per week and is looking for another job, so she cannot afford to pay for the appellant's braces.

## **Findings of Fact**

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

1. The appellant is under 21 years of age (Testimony).
2. On 09/26/2023, the appellant's orthodontic provider requested prior authorization for comprehensive orthodontic treatment (Testimony, Exhibit 4).
3. MassHealth provides coverage for comprehensive orthodontic treatment only when there is a severe and handicapping malocclusion.
4. As one determinant of a severe and handicapping malocclusion, MassHealth employs a system of comparative measurements known as the HLD Index.
5. A HLD Index score of 22 or higher denotes a severe and handicapping malocclusion.
6. The appellant's orthodontic provider, selected by the appellant, provided an HLD score of 14, based on measurements she took of the appellant's malocclusion.
7. The appellant's orthodontic provider did not allege that the appellant had an automatic qualifying condition, nor did he attach a medical necessity narrative to the prior authorization request.
8. DentaQuest reviewed the treating orthodontist's submission and agreed with him that the appellant's malocclusion did not meet MassHealth's requirements for payment for his comprehensive orthodontic treatment.
9. DentaQuest, on behalf of MassHealth, denied the appellant's request for comprehensive orthodontic treatment on 10/01/2023.
10. A timely appeal of MassHealth's determination was submitted to the Board of Hearings on 10/24/2023.
11. A fair hearing took place before the Board of Hearings on 12/04/2023.
12. The appellant's mother appeared at the fair hearing to represent the appellant.

13. MassHealth's representative at the fair hearing was an orthodontist employed by DentaQuest, MassHealth's dental contractor.
14. At the fair hearing, the MassHealth orthodontist requested and received permission to examine the appellant's malocclusion.
15. Using measurements taken from the appellant's oral photographs, X-rays, the measurements obtained from the examination and other submitted materials, the MassHealth representative, a licensed orthodontist, determined that the appellant did not have a an HLD score of 22 or above or an automatic qualifying condition.
16. There was no other documentation of medical necessity for the comprehensive orthodontic treatment provided to MassHealth.
17. The DentaQuest orthodontist concluded that the appellant does not have a severe and handicapping malocclusion.

## Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)).

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

The MassHealth agency pays for comprehensive orthodontic treatment only once per member under age 21 per lifetime and only when the member has a severe and handicapping malocclusion. The MassHealth agency determines whether a malocclusion is severe and handicapping based on the clinical standards described in Appendix D of the *Dental Manual*.

When requesting prior authorization for comprehensive orthodontic treatment, the provider submits, among other things, a completed HLD Index recording form which documents the results of applying the clinical standards described in Appendix D of the Dental Manual. In order for MassHealth to pay for orthodontic treatment, the appellant's malocclusion must be severe and handicapping as indicated by an automatic qualifier on the HLD index or a minimum HLD index score of 22.

All orthodontists who reviewed this submission, including the appellant's provider, agree that the appellant does not meet MassHealth's criteria for payment of his comprehensive orthodontics. The appellant's treating orthodontist calculated an overall HLD Index score of 14,

well below the threshold of 22 necessary for MassHealth payment. DentaQuest, when reviewing the submission, agreed with the appellant's provider. The MassHealth orthodontist at the fair hearing testified that he agreed with the appellant's provider in that the HLD score did not reach or exceed a 22. In addition, he testified credibly that no other information was provided to show medical necessity.

The appellant's mother testified that the appellant has some issues that may or may not be related to the appellant's malocclusion; but there was no orthodontic documentation to show that the appellant has a medical necessity for the requested orthodonture. Additionally, there was no orthodontic documentation to show that the appellant has a medical necessity for the requested orthodonture. The appellant's provider, an orthodontist who was chosen by the appellant, indicated on the HLD Index form that the appellant's malocclusion does not meet the requirements of any of the automatic qualifiers, or meet the minimum HLD score of 22. Moreover, the treating orthodontist checked off the box on the HLD form indicating that there was no medical necessity documentation included with the PA request. It is the burden of the appellant (or his appeal representative) to show that there exists a medical necessity for the requested comprehensive orthodonture. There is nothing in the hearing record to show that the appellant's current situation meets MassHealth criteria for payment of comprehensive orthodontics. 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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Marc Tonaszuck  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 2, MA