

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2311418
Decision Date:	1/19/2024	Hearing Date:	12/18/2023
Hearing Officer:	Marc Tonaszuck		

Appearance for Appellant:



Appearance for MassHealth:

Dr. Carl Perlmutter, DentaQuest

Interpreter:



*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 Orthodontics
Decision Date:	1/19/2024	Hearing Date:	12/18/2023
MassHealth's Rep.:	Dr. Carl Perlmutter, DentaQuest	Appellant's Rep.:	Mother
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 10/12/2023, 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 11/13/2023 (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 represented in these proceedings by her mother.

determining that the appellant is ineligible for comprehensive orthodontic treatment.

Summary of Evidence

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

On 08/26/2023, the appellant's orthodontic provider submitted a prior authorization ("PA") request for comprehensive orthodontic treatment, including photographs and X-rays. As required, the provider completed the MassHealth Handicapping Labio-Lingual Deviations ("HLD") Form, which requires as a condition for approval a total score of 22 or higher or that the appellant has one of the conditions that warrant automatic approval of comprehensive orthodontic treatment. The provider indicated that the appellant has a condition which is an automatic qualifying condition, specifically, that she has an "anterior impaction." The treating orthodontist did not find any other of the conditions that warrant automatic approval of comprehensive orthodontic treatment, and he did not otherwise provide an HLD Index score.

DentaQuest received the PA on 10/10/2023 and evaluated it on behalf of MassHealth. DentaQuest's orthodontists did not find any automatic qualifying conditions. Further, they determined that the appellant had an HLD score of 13. The DentaQuest HLD Form reflects the following scores:

Because DentaQuest HLD score the threshold no autoqualifier, MassHealth the appellant's authorization on 10/12/2023. Dr. Perlmutter, a	Conditions Observed	Raw Score	Multiplier	Weighted Score	found an below of 22 and
	Overjet in mm	3	1	3	
	Overbite in mm	2	1	2	
	Mandibular Protrusion in mm	0	5	0	
	Open Bite in mm	0	4	0	
	Ectopic Eruption (# of teeth, excluding third molars)	0	3	0	denied prior request
	Anterior Crowding	Maxilla: 0 Mandible: X	Flat score of 5 for each	5	
	Labio-Lingual Spread, in mm (anterior spacing)	3	1	3	
	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				13	licensed

orthodontist, represented MassHealth. He testified that he received and reviewed the provider's packet, including documentation, photographs and X-rays prior to the hearing. At the hearing, he requested and received permission from the appellant's mother to physically examine the appellant's malocclusion and make measurements that were applied to the HLD Index. He testified that the appellant has an overjet of 3 mm, an overbite of 2 mm, anterior mandibular crowding, and a labio-lingual spread of 3 mm. Dr. Perlmutter's HLD Index score was 13. Additionally, he testified that the tooth the appellant's provider indicated is an "anterior impaction," is neither an anterior (front) tooth, nor is it impacted. He clarified that the tooth is a back tooth and it simply has not fully erupted yet, although it has adequate space to erupt and it is in a position that will allow it to eventually erupt.

The MassHealth orthodontist concluded that because there was no automatic qualifying condition present, no HLD score of at least 22 points, and no documentation of medical necessity, the request for comprehensive orthodontic services was denied.

The appellant's mother testified with the assistance of a Spanish-language interpreter. She stated that she has two other children who qualified for braces through MassHealth. She did not understand why the appellant did not meet the criteria.

Findings of Fact

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

1. The appellant is a MassHealth member who is under 21 years of age.
2. On 10/10/2023, the appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth (Exhibit 4).
3. The provider completed a Handicapping Labio-Lingual Deviations Form for the appellant, scoring for anterior impaction, which is an automatic qualifying condition (Exhibit 4).
4. The appellant's provider did not provide an HLD Index score (Exhibit 4).
5. The provider did not include a medical necessity narrative with the prior authorization request (Exhibit 4).
6. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists determined that the appellant had an HLD score of 13, with no automatic qualifying condition (Exhibit 4).
7. MassHealth approves requests for comprehensive orthodontic treatment when the member has an HLD score of 22 or more or when there exists an automatic qualifying

condition (Testimony).

8. On 10/12/2023, MassHealth notified the appellant that the prior authorization request had been denied (Exhibits 1 and 4).
9. On 11/13/2023, the appellant filed a timely appeal of the denial (Exhibit 2).
10. At hearing on 12/18/2023, a MassHealth orthodontic consultant requested and received permission from the appellant's mother to measure various aspects of the appellant's malocclusion. He reviewed the provider's paperwork, photographs, X-rays, and the results of his physical examination.
11. The appellant does not have an "anterior impaction" (Testimony).
12. The appellant's HLD Index score is 13 (Testimony).
13. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (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).

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, anterior impaction, 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.

The appellant's provider documented that the appellant has an anterior impaction, which, if verified, is an automatic qualifying condition. The provider did not provide an HLD Index score. Upon receipt of the PA request and after reviewing the provider's submission, MassHealth found an HLD score of 13 and no automatic qualifying condition. DentaQuest denied the request on 10/12/2023.

At hearing, the MassHealth orthodontist physically examined the appellant's malocclusion. Upon review of the prior authorization documents and the results of his physical examination, the MassHealth orthodontic consultant found no automatic qualifying condition. He testified that he knows which tooth the appellant's provider referenced when he indicated the appellant has an "anterior impaction," however, that tooth is neither an anterior tooth, nor is it impacted. He demonstrated to the hearing officer and to the appellant's mother that term "anterior" refers to the six front teeth on either arch. The tooth at issue is the second to the last tooth on the bottom arch. Additionally, he testified that the tooth is in a position to eventually erupt and has room to do so. As a result, the tooth is not an "anterior impaction," and therefore it does not meet the criteria for an automatic qualifying condition. He also did not find an HLD Index score of 22.

Since the appellant's orthodontic provider did not calculate an HLD Index score of 22 or above, and there is no automatic qualifying condition, he testified that the appellant does not meet the requirements for MassHealth payment for her comprehensive orthodonture. I credit Dr. Perlmutter's testimony and professional opinion. He explained his scores to the appellant's mother and to the hearing officer, referencing the photographs of the appellant's teeth that were included with the PA request. He also demonstrated to the hearing officer how the tooth in question does not meet the HLD Index definition of an anterior impaction. 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 mother testified credibly that the appellant may benefit from orthodonture; however, she 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