

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2312943
Decision Date:	01/26/2024	Hearing Date:	01/22/2024
Hearing Officer:	Marc Tonaszuck		

Appearance for 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 Orthodontics
Decision Date:	01/26/2024	Hearing Date:	01/22/2024
MassHealth's Rep.:	Dr. Carl Perlmutter, DentaQuest	Appellant's Rep.:	██████████
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 11/13/2023, 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 12/11/2023 (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 in person at the fair hearing.

On 11/11/2023, 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 "impaction where eruption is impeded but extraction is not indicated (excluding third molars)." 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 11/11/2023 and evaluated it on behalf of MassHealth. DentaQuest's orthodontist did not find any automatic qualifying conditions. Further, they determined that the appellant had an HLD score of 17. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	2	1	2
Overbite in mm	3	1	3
Mandibular Protrusion in mm	1	5	5
Open Bite in mm	0	4	0
Ectopic Eruption (# of teeth, excluding third molars)	0	3	0
Anterior Crowding	Maxilla: 0 Mandible: X	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			17
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Because DentaQuest found an HLD score below the threshold of 22 and no autoqualifier, MassHealth denied the appellant's prior authorization request on 11/13/2023.

Dr. Perlmutter, a 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 2 mm, an overbite of 3 mm, one mm of mandibular protrusion, anterior mandibular crowding, and a labio-lingual spread of 2 mm. Additionally, Dr. Perlmutter found a posterior unilateral crossbite. Taking all the conditions into consideration, Dr. Perlmutter's HLD Index score was 21. Additionally, he testified that the tooth the appellant's provider indicated is impacted is not impacted. He stated that the tooth has not yet erupted, but according to his reading of the X-ray, the tooth is in a position to erupt and there is space for it between the two adjacent teeth. He testified that it can take up to a year for a tooth to erupt. If this tooth has not erupted within the next six months, he stated it can then be called "impacted."

Dr. Perlmutter 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 that the appellant has a lot of headaches due to her teeth. Also, she "has trouble closing her mouth, she bites her cheeks, has dry mouth, jaw pain and ear pain." Her bite "affects her sleep." She recently had the primary tooth pulled that was impeding the tooth her provider called "impacted." The mother insisted that the appellant "needs attention now," that she is here to advocate for her child. She had a palate expander when she was younger and now needs full braces.

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 11/11/2023, 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 an “impaction where eruption is impeded but extraction is not indicated (excluding third molars),” 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 17, 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 11/13/2023, MassHealth notified the appellant that the prior authorization request had been denied (Exhibits 1 and 4).
9. On 12/11/2023, the appellant filed a timely appeal of the denial (Exhibit 2).
10. At hearing on 01/22/2023, 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 “impaction” (Testimony).
12. The appellant has 2 mm of overjet (2 points), 3 mm of overbite (3 points), 1 mm of mandibular protrusion (5 points), 3.5 mm of anterior mandibular crowding (5 points), 2 mm of labio-lingual spread (2 points) and a posterior unilateral crossbite (4 points). The appellant’s HLD Index score is 21 (Testimony).
13. The appellant does not have any of the conditions that warrant automatic approval of comprehensive orthodontic treatment (cleft palate, impinging overbite, impactions, severe traumatic deviations, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, crowding or spacing of 10 mm or more, anterior crossbite of 3 or more teeth per arch, two or more congenitally missing teeth, lateral open bite, or anterior open bite of 2 mm or more).

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, impinging overbite, impactions, severe traumatic deviations, overjet greater than 9 mm, reverse overjet greater than 3.5 mm, crowding or spacing of 10 mm or more, anterior crossbite of 3 or more teeth per arch, two or more congenitally missing teeth, lateral open bite, or anterior open bite of 2 mm or more.

The appellant’s provider documented that the appellant has an 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 17 and no automatic qualifying condition. DentaQuest denied the request on 11/13/2023.

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 “impaction,” however, it is premature to call that tooth impacted, since it is just below the gum surface, it is in a position to erupt, and it has space between the two adjacent teeth for it to come in. As a result, the tooth is not an “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 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