

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2402486
Decision Date:	4/23/2024	Hearing Date:	03/27/2024
Hearing Officer:	Radha Tilva	Record Open to:	n/a

Appearance for Appellant:




Appearance for MassHealth:

Dr. Carl Perlmutter, DentaQuest Rep.



*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:	Prior Authorization – dental
Decision Date:	4/23/2024	Hearing Date:	03/27/2024
MassHealth’s Rep.:	Dr. Perlmutter	Appellant’s Rep.:	
Hearing Location:	Quincy Harbor South	Aid Pending:	No

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 January 9, 2024, MassHealth denied appellant’s prior authorization request for orthodontic treatment (Exhibit 1). The appellant filed this appeal in a timely manner on February 20, 2024 (see 130 CMR 610.015(B) and Exhibit 2). Challenging a prior authorization request is valid grounds for appeal (see 130 CMR 610.032). An in-person hearing occurred on March 27, 2024.

Action Taken by MassHealth

MassHealth denied appellant’s prior authorization request for 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 was represented by his mother and grandmother, who both appeared at hearing. The appellant was not present for an examination from the dental consultant. The mother brought additional images and photographs of appellant's mouth for the dental consultant to review. The consultant reviewed the photographs and testified that he did not find that appellant's bite met the criteria for MassHealth to cover orthodontic treatment.

The appellant's provider submitted a prior authorization request for comprehensive orthodontic treatment, including photographs and x-rays, on January 5, 2024. 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 found a score of 17 per the HLD form (see Exhibit 4, p. 7). The provider HLD form reflects the following scores:

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 ¹	Maxilla: n/a Mandible: 5	Flat score of 5 for each ²	5
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			17

¹ The HLD Form instructs the user to record the more serious (i.e., higher score) of either the ectopic eruption **or** the anterior crowding, but not to count both scores.

² The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

The appellant's mother testified at hearing that the provider mis-scored the HLD form as the handwritten numbers on the photograph presented at hearing showed that he had 5 for overjet and 4 for overbite. It was unclear what the rest of the numbers showed on the picture she presented at hearing, but the mother stated that the provider felt like her son had more than 22 points.

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists found an HLD score of 19. The DentaQuest HLD Form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
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 ³	Maxilla: n/a Mandible: 5	Flat score of 5 for each ⁴	5
Labio-Lingual Spread, in mm (anterior spacing)	8	1	8
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			19

(Exhibit 4, p. 10). Because it found an HLD score below the threshold of 22 and no autoqualifier, MassHealth denied the appellant's prior authorization request on January 10, 2024.

At hearing, Dr. Perlmutter completed an HLD form based on a careful review of the x-rays and photographs. He determined that the appellant's overall HLD score was 17. He also did not see any evidence of any autoqualifiers. Dr. Perlmutter's HLD form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	4	1	4

³ The HLD Form instructs the user to record the more serious (i.e., higher score) of either the ectopic eruption or the anterior crowding, but not to count both scores.

⁴ The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

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: n/a Mandible: 5	Flat score of 5 for each	5
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			17

Upon review of the photographs presented at hearing Dr. Perlmutter stated that he thought appellant had a 3 to 4 mm overjet.

Findings of Fact

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

1. On January 5, 2024, the appellant's orthodontic provider submitted a prior authorization request for comprehensive orthodontic treatment to MassHealth which was denied on January 9, 2024.
 - a. The appellant appealed the denial from MassHealth on February 20, 2024.
2. The provider completed a Handicapping Labio-Lingual Deviations form for the appellant and indicated that they found an HLD score of 17 points.
3. When DentaQuest evaluated the prior authorization request on behalf of MassHealth, its orthodontists calculated an HLD score of 19 points.
4. Dr. Perlmutter examined the photographs and x-rays submitted both prior to and at hearing and determined that appellant had an HLD score of 17 points and did not have any auto-qualifiers.

Analysis and Conclusions of Law

130 CMR 420.431(C)(3) states, in relevant part, as follows:

The MassHealth agency pays for comprehensive orthodontic treatment, subject to prior authorization, once per member per lifetime for a member 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 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, 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.

The appellant’s provider calculated an HLD score of 17 points and did not find an autoqualifier. DentaQuest found an HLD score of 19 points and no evidence of an autoqualifier. At hearing, based on the x-rays and photographs from the provider’s submission, Dr. Perlmutter found an HLD score of 17 and no autoqualifiers. Dr. Perlmutter’s measurements and testimony are credible and his determination of the overall HLD score is consistent with the evidence. While the appellant’s mother showed a photograph of appellant’s mouth with different measurements written on it than that listed in the HLD form by the provider, the evidence was not clear and convincing.

As the appellant does not qualify for comprehensive orthodontic treatment under the HLD guidelines, MassHealth was correct in determining that he does not have a severe and handicapping malocclusion. 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.

Radha Tilva
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA