# Office of Medicaid BOARD OF HEARINGS

#### **Appellant Name and Address:**



Appeal Decision: Approved Appeal Number: 2402595

**Decision Date:** 4/23/2024 **Hearing Date:** 03/27/2024

Hearing Officer: Radha Tilva

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: Approved Issue: Prior Authorization -

orthodontics

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

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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 21 per the HLD form (see Exhibit 4, p. 10). The provider HLD form reflects the following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	0	1	0
Overbite in mm	0	1	0
Mandibular Protrusion in	0	5	0
mm			
Open Bite in mm	4	4	16
Ectopic Eruption (# of	0	3	0
teeth, excluding third			
molars)			
Anterior Crowding <sup>1</sup>	Maxilla: n/a	Flat score of 5	0
	Mandible: n/a	for each <sup>2</sup>	
Labio-Lingual Spread, in	5	1	5
mm (anterior spacing)			
Posterior Unilateral	0	Flat score of 4	0
Crossbite			
Posterior Impactions or	0	3	0
congenitally missing			
posterior teeth (excluding			
3 <sup>rd</sup> molars)			
Total HLD Score			21

When DentaQuest evaluated this prior authorization request on behalf of MassHealth, its orthodontists found an HLD score of 11 (Exhibit 5, p. 7). The DentaQuest HLD Form reflects the

<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

#### following scores:

Conditions Observed	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	0	1	0
Mandibular Protrusion in	0	5	0
mm			
Open Bite in mm	1	4	4
Ectopic Eruption (# of	0	3	0
teeth, excluding third			
molars)			
Anterior Crowding <sup>3</sup>	Maxilla: n/a	Flat score of 5	0
	Mandible: n/a	for each <sup>4</sup>	
Labio-Lingual Spread, in	4	1	4
mm (anterior spacing)			
Posterior Unilateral	0	Flat score of 4	0
Crossbite			
Posterior Impactions or	0	3	0
congenitally missing			
posterior teeth (excluding			
3 <sup>rd</sup> molars)			
Total HLD Score	_		11

(Exhibit 5, p. 7). Because it found an HLD score below the threshold of 22 and no autoqualifiers, 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 numerous photographs presented at hearing. He determined that the appellant's overall HLD score was 16. Dr. Perlmutters's HLD form and initial testimony reflects the following scores:

<b>Conditions Observed</b>	Raw Score	Multiplier	Weighted Score
Overjet in mm	3	1	3
Overbite in mm	0	1	0
Mandibular Protrusion in	0	5	0
mm			
Open Bite in mm	2	4	8
Ectopic Eruption (# of	0	3	0
teeth, excluding third			
molars)			

<sup>&</sup>lt;sup>3</sup> 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.

<sup>&</sup>lt;sup>4</sup> The HLD scoring instructions state that to give points for anterior crowding, arch length insufficiency must exceed 3.5 mm.

Anterior Crowding	Maxilla: n/a	Flat score of 5	0
	Mandible: n/a	for each	
Labio-Lingual Spread, in	5	1	5
mm (anterior spacing)			
Posterior Unilateral	0	Flat score of 4	0
Crossbite			
Posterior Impactions or	0	3	0
congenitally missing			
posterior teeth (excluding			
3 <sup>rd</sup> molars)			
Total HLD Score		·	16

Dr. Perlmutter explained that in order to qualify for MassHealth to pay for orthodontic treatment MassHealth must see evidence of a nonfunctional, physically handicapping bite which requires that the patient either have 22 or more points in the HLD scale or that they meet an autoqualifier. Upon review of the photographs presented at hearing Dr. Perlmutter stated that he saw no evidence of a reverse overjet and also saw no anterior or posterior crossbite. Dr. Perlmutter stated that appellant had a large maxillary space.

Appellant's mother asked Dr. Perlmutter if he saw evidence of an open bite, which is an automatic qualifier if it is 2 millimeters or more and involves 4 or more teeth in an arch, in the photographs. Dr. Perlmutter testified that he saw a 1 to 2 millimeter anterior open bite. Dr. Perlmutter further testified that in one photograph he could see the 2 millimeter anterior open bite, but could not in another. The appellant's mother showed photographs of her son. Dr. Perlmutter stated that there was a discrepancy between that particular photograph, which showed an open bite of even greater than 2 millimeters (closer to 5 millimeters), and another photograph which showed that the bite was closed much more. Dr. Perlmutter testified that the photographs are deceptive because they showed different degrees of the anterior open bite. Dr. Perlmutter further testified that he found 8 teeth total involved in the open bite, 4 upper and 4 lower. The appellant's mother argued that her son should be approved because Dr. Perlmutter initially said that her son had a 2 millimeter open bite, which is an auto qualifier.

The appellant's mother showed a 3-dimensional image on her phone to Dr. Perlmutter for him to examine. Dr. Perlmutter stated that he cannot make a determination because the photographs all showed something different.

# **Findings of Fact**

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

Appellant's provider submitted a prior authorization request for comprehensive orthodontic

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treatment, including photographs and x-rays, on January 5, 2024.

- 2. Because it found an HLD score below the threshold of 22 and no auto qualifiers, MassHealth denied the appellant's prior authorization request on January 10, 2024.
- 3. DentaQuest examined the photographs and x-rays submitted by appellant's provider and determined that he did not meet any auto qualifiers and had an HLD score of 11.
- 4. Dr. Perlmutter found an HLD score of 16 points and stated that he had 8 points for anterior open bite, 3 points for overjet, and 5 points for labiolingual spread.
- 5. In order for MassHealth to pay for comprehensive orthodontic treatment there must be a total of 22 points or greater on the HLD form, or an auto qualifier.
- 6. Presence of an anterior open bite of 2 or more millimeters of 4 more teeth per arch constitutes an anterior open bite.
- 7. Dr. Perlmutter reviewed additional photographs at hearing and stated that they all showed different measurements of his anterior open bite.
- 8. One measurement was 1 mm, another 2 mm, and another 5 mm.
- 9. Dr. Perlmutter found that there were 4 or more teeth involved in the anterior open bite.

# **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 an auto qualifier which includes a cleft palate, severe traumatic deviation, crowding

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of 10 mm or more, deep impinging overbite, overjet greater than 9 millimeters, reverse overjet of greater than 3.5 millimeters, impaction where eruption is impeded, anterior crossbite of 3 or more maxillary teeth, posterior crossbite of 3 or more maxillary teeth per arch, congenitally missing teeth, a lateral open bite or anterior open bite of 2 or more mm of 4 or more teeth per arch.

The appellant's provider calculated an HLD score of 21 points and did not find an autoqualifier. DentaQuest found an HLD score of 11 points and no evidence of an autoqualifier. At hearing, based on the x-rays and photographs from the provider's submission, Dr. Perlmutter calculated an HLD score of 16. When explaining how he calculated the points, Dr. Perlmutter testified that he scored an 8 for anterior open bite, 3 for overjet, and 5 for labiolingual spread. It is undisputed that the both the provider orthodontist and the DentaQuest orthodontists all feel that appellant has less than 22 points according to the HLD form.

Thus the analysis turns to whether appellant meets an auto qualifier. When Dr. Perlmutter was shown other photographs and images of appellant's mouth and asked specific questions about the open bite, he stated that he found the anterior open bite to measure differently in the photographs provided. In one photograph he found it was 1 mm, in another 2 mm, and in another closer to 5 mm. He agreed that it included 4 or more teeth per arch. The HLD form states that for an anterior open bite to qualify for an auto qualifier it must be 2 mm or more and of 4 or more teeth per arch. Though Dr. Perlmutter eventually stated that he could not state with certainty how many millimeters appellant's anterior open bite was, he testified earlier than he found 8 points for the anterior open bite based off a 2 mm measurement. Moreover, the provider's HLD form showed a score of 16 based off a 4 mm measurement. Thus, the testimony and evidence corroborate that appellant's mouth does have an anterior open bite, which is an auto qualifier. For these reasons this appeal is APPROVED.

## Order for MassHealth

Rescind the denial notice dated January 10, 2024 and approve the prior authorization request for comprehensive orthodontic treatment.

## Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

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Radha Tilva Hearing Officer Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA

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