

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2154916
<b>Decision Date:</b>	9/27/2021	<b>Hearing Date:</b>	08/06/2021
<b>Hearing Officer:</b>	Christopher Jones	<b>Record Open to:</b>	09/02/2021

**Appearance for Appellant:**

Pro se

**Appearance for MassHealth:**

Dr. Sheldon Sullaway



*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>	Prior Authorization – Adult Dental
<b>Decision Date:</b>	9/27/2021	<b>Hearing Date:</b>	08/06/2021
<b>MassHealth’s Rep.:</b>	Dr. Sheldon Sullaway	<b>Appellant’s Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South Tower		

## 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 June 11, 2021, MassHealth denied the appellant’s prior authorization request for procedure code D4341 for each quadrant of her mouth. Exhibit 4; 130 CMR 420.427. The appellant filed this timely appeal on June 24, 2021. Exhibit 2; 130 CMR 610.015(B). Denial of assistance is valid grounds for appeal. 130 CMR 610.032.

The record was left open until September 2, 2021 for the appellant to reach out to their provider and seek a resolution directly with MassHealth.

## Action Taken by MassHealth

MassHealth denied the appellant’s request for periodontal scaling and root planing.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.427, in determining that the appellant does not qualify for deep gum and root cleaning of an entire quadrant of teeth.

## Summary of Evidence

MassHealth's representative is a licensed dentist in the Commonwealth of Massachusetts; he works for DentaQuest, MassHealth's contractor overseeing dental services. Dr. Sullaway testified that the appellant's dentist submitted a prior authorization request on June 9, 2021 requesting procedure code D4341<sup>1</sup> for each quadrant of her mouth. However, the dentist did not label the x-rays that were submitted and there were no x-rays of the front teeth. Dr. Sullaway testified that periodontal scaling and root planing is only available for patients with bone loss or root surface calculus that is visible on the submitted images. Furthermore, to qualify for D4341, scaling and root planning for an entire quadrant, there must be bone loss or root surface calculus visible on four or more teeth in that quadrant. From the posterior x-rays he could see bone loss on two teeth in the upper right quadrant, three teeth in the upper left quadrant, and two teeth in the lower left quadrant. He also explained that root surface calculus may not show up on an x-ray, but there was narrative submitted stating that there may be root surface calculus.

Because no quadrant has at least four teeth that show significant bone loss on the x-rays, the procedure code D4341 cannot be approved for any quadrant. It was pointed out that another procedure code, D4342, is for "periodontal scaling and root planing - one to three teeth per quadrant." Dr. Sullaway acknowledged that, from a clinical standpoint, the appellant likely needs this procedure for all her teeth. However, MassHealth will only pay for the procedure where significant bone loss is shown on at least four teeth in any quadrant. He emphasized that the appellant's dentist could resubmit and be approved for D4342 for the affected teeth, or they could submit for D4341 with complete x-rays and a narrative.

The appellant claimed that this procedure was approved prior to the start of the COVID-19 pandemic, but that the procedure was cancelled due to the pandemic. When she was finally able to get a new appointment for the procedure, they resubmitted for the procedure and it was denied. The record was left open for the appellant and MassHealth to review whether any past prior authorizations had been approved and whether the provider had anterior x-rays and evidence of root surface calculus.

MassHealth responded to state that the appellant had been approved for D4342 in 2019. The appellant responded that her dentist was in contact directly with DentaQuest and was submitting complete x-rays and additional information needed to have the procedures approved. This information was not submitted into the hearing record.

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<sup>1</sup> This procedure code is defined as "periodontal scaling and root planing - four or more teeth per quadrant." See Office Reference Manual, p. 112 (available at <https://masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf> (last visited on September 23, 2021)).

## Findings of Fact

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

1. On or around June 9, 2021, the appellant's provider submitted a prior authorization request for procedure code D4341. This procedure was requested for all quadrants of the appellant's mouth. Exhibit 3.
2. On June 11, 2021, DentaQuest denied this request on MassHealth's behalf. Exhibits 2; 3.
3. The submitted prior authorization request included photographs, partial posterior x-rays, and periodontal charting, but it did not include anterior x-rays or a narrative explanation of why the requested services were needed. Exhibit 3.
4. Significant bone loss or root surface calculus was not visible on the submitted images for at least four teeth in any one quadrant. Exhibit 3; testimony by Dr. Sullaway.

## Analysis and Conclusions of Law

MassHealth pays for dental services that are medically necessary. 130 CMR 420.421(A). Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment, 130 CMR 420.000. The instructions for submitted prior authorization requests "are described in the MassHealth Dental Program Office Reference Manual." 130 CMR 420.410(C)(2).

MassHealth's regulations regarding root planing and deep scaling state:

(B) Periodontal Scaling and Root Planing. The MassHealth agency pays for periodontal scaling and root planing once per member per quadrant every three calendar years. The MassHealth agency does not pay separately for prophylaxis provided on the same day as periodontal scaling and root planing or on the same day as a gingivectomy or a gingivoplasty. The MassHealth agency pays only for periodontal scaling and root planing for a maximum of two quadrants on the same date of service in an office setting. Periodontal scaling and root planing involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus. It is indicated for members with active periodontal disease, not prophylactic. Root planing is the definitive procedure for the removal of rough cementum and dentin, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. Local anesthesia is considered an integral part of periodontal procedures and may not be billed separately. Prior authorization is required for members 21 years of age or older.

130 CMR 420.427(B).

Section 15.9 of the ORM governs periodontal treatment:

Some procedures require retrospective review documentation. Please refer to Exhibits A-F for specific information needed by code.

**Documentation needed for procedure:**

- Appropriate Diagnostic Quality Radiographs – periapical or bitewings preferred.
- Complete periodontal charting supporting with AAP case type. Dentists are required to record a six-point probing with all numbers recorded once per calendar year on all remaining teeth in the mouth for adult patients. Periodontal Screening and Recording (PSR) is not to be used instead of a full-mouth charting.
- Medical necessity narrative- Include a statement concerning the member’s periodontal condition, date of service of periodontal evaluation and history of previous periodontal treatment.

...

It is anticipated that this procedure would be requested in cases of severe periodontal conditions (i.e., late Type II, III, or IV periodontitis) where definitive comprehensive root planing requiring local/regional block anesthesia and several appointments would be indicated.

...

**Criteria for Periodontal Treatment**

- Periodontal charting indicating abnormal pocket depths in multiple sites.
- At least one of the following is present:
  - Radiographic evidence of root surface calculus; or
  - Radiographic evidence of noticeable loss of bone support.

ORM, p. 45 (Aug. 19, 2021).<sup>2</sup>

The descriptions of billing codes are provided further on in the ORM. Code D4341 includes the following “Benefit Limitations” descriptions:

One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant. Two of (D4341, D4342) per 1 Day(s) Per Provider OR Location in office. Four of (D4341, D4342) per 1 Day(s) Per Provider OR Location in hospital. A

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<sup>2</sup> An older version of the Office Reference Manual may have been in effect at the time of the request. However, a version from January 2021 includes identical language, with slightly different formatting.

**minimum of four (4) affected teeth in the quadrant.** Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service. **Documentation Required: Medical necessity narrative,** date of service of periodontal evaluation, complete periodontal charting, **appropriate diagnostic quality radiographs** history of previous periodontal treatment and a statement concerning the member's periodontal condition.

ORM, p. 114 (emphasis in **bold**.)

Relatedly, Code 4342 is described as “periodontal scaling and root planing - one to three teeth per quadrant.” ORM, p. 115.

MassHealth’s guidance requires that there be “[a] minimum of four (4) affected teeth in the quadrant” for a member to be eligible for code D4341. Appellant’s dentist has been made aware of the deficiencies with their prior authorization request. Instead of submitting documentation into the hearing record, the appellant’s dentist is working directly with DentaQuest to get the appropriate treatment covered for the appellant. However, for the purposes of this appeal, the evidence in the record does not show that there are four affected teeth per quadrant, and the requested service cannot be approved. This appeal must be 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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Christopher Jones  
Hearing Officer  
Board of Hearings

cc: DentaQuest