

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2155708
Decision Date:	9/15/2021	Hearing Date:	09/10/2021
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:

Via telephone:

Pro se

Appearance for MassHealth:

Via telephone:

Sheldon Sullaway, DMD



*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:	Dental – Prior Authorization
Decision Date:	9/15/2021	Hearing Date:	09/10/2021
MassHealth’s Rep.:	Dr. Sheldon Sullaway	Appellant’s Rep.:	Pro se
Hearing Location:	Quincy Harbor South		

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 July 13, 2021, MassHealth denied the appellant's request for prior authorization of four units of Dental Service Code D4341 (Periodontal Scaling and Root Planing – Four or More Teeth per Quadrant) for all four quadrants (Exhibit 4). The appellant filed this appeal in a timely manner on July 22, 2021 (see 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior authorization constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant’s request for prior authorization of four quadrants of periodontal scaling and root planing.

Issue

The appeal issue is whether MassHealth was correct in denying the appellant’s prior authorization request.

Summary of Evidence

MassHealth was represented via telephone by a dental consultant from DentaQuest, the MassHealth dental administrator. He testified that on July 8, 2021, the appellant's dental provider submitted a prior authorization request on the appellant's behalf for four quadrants of periodontal scaling and root planing (Dental Service Code D4341). MassHealth denied the request because the x-rays did not show evidence of significant bone loss. The MassHealth representative testified that he reviewed the x-rays and agreed with the original determination. He testified that there was some bone loss visible on the x-rays, but not on four or more teeth per a quadrant, which is required. He did note that three of the teeth in the lower left quadrant (teeth number 22, 23, and 24) show enough significant bone loss, but they do not meet the requirement of four or more teeth per quadrant.¹ He also noted that two of the teeth in the lower right quadrant (teeth number 25 and 26) show enough significant bone loss, but again, they do not meet the requirement of four or more teeth per quadrant. The MassHealth representative also stated that the majority of the x-rays submitted by the appellant's provider are old and dated August 30, 2018. The appellant's provider also did not submit a narrative which is required pursuant to the MassHealth Dental Office Reference Manual.

The appellant appeared via telephone and testified that she experiences bleeding and pain in her gums and has periodontal disease. Prior to being on MassHealth, her dental insurance covered the periodontal screening and root planing and she was getting it done yearly. She has an infection in her upper right quadrant and she stated that she needs to have the scaling done to treat it. She also stated that her dentist is new to her and he took new x-rays, so she is unsure why old x-rays were submitted.

Findings of Fact

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

1. On July 8, 2021, the appellant's dental provider submitted a prior authorization request for four quadrants of periodontal scaling and root planing (Exhibit 4).
2. On July 13, 2021, MassHealth denied the request because of insufficient evidence of significant bone loss (Exhibit 4).
3. The appellant filed a timely appeal on July 22, 2021 (Exhibit 2).

¹¹ He stated that pursuant to the MassHealth Dental Office Reference Manual, there has to be radiographic evidence of at least four affected teeth per quadrant.

Analysis and Conclusions of Law

The MassHealth Dental Office Reference Manual, Section 15.9, provides that periodontal scaling and root planing involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. The criteria for periodontal scaling and root planing are as follows:

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

In addition, a further requirement is that a minimum of four teeth be affected in each quadrant.

In this case, MassHealth denied the request because the x-rays do not show evidence of significant bone loss. The evidence and testimony supports this determination. While there was noticeable bone loss in five teeth, the appellant did not meet the clinical requirement that significant bone loss be present in at least four teeth in any one quadrant. Based on the evidence, the MassHealth guidelines do not allow coverage for the requested services in the appellant's circumstances.

For the foregoing reasons, 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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc: DentaQuest 1, MA