

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2155810
Decision Date:	9/08/2021	Hearing Date:	August 27, 2021
Hearing Officer:	Brook Padgett		

Appellant Representative:

Pro se

MassHealth Representative:

Dr. Sheldon Sullaway



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	130 CMR 420.427
Decision Date:	9/08/2021	Hearing Date:	August 27, 2021
MassHealth Rep.:	Dr. S. Sullaway	Appellant Rep.:	Pro se
Hearing Location:	Quincy		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

The appellant received a notice dated June 11, 2021, stating: Your request for prior authorization for gingivectomies or gingivoplasties in all four quadrants has been denied. (130 CMR 420.427(F) (Exhibit 1).

The appellant filed this appeal timely on July 29, 2021. (130 CMR 610.015(B); Exhibit 2).

Denial of a request for prior authorization is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for gingivectomies or gingivoplasties in all four quadrants.

Issue

Is the appellant eligible for gingivectomies or gingivoplasties in all four quadrants?

Summary of Evidence

The MassHealth representative, a licensed dentist, asserted that the appellant's dental provider submitted a prior authorization request on June 11, 2021, for gingivectomies or gingivoplasties in all four quadrants. Attached to the appellant's prior authorization request was a completed Supplemental Dental Prior Authorization Form and other documentation. The representative explained that the appellant's request was denied because MassHealth only pays for gingivectomies or gingivoplasties procedure in any one quadrant every three years (See 130 CMR 420.427(A)). The evidence indicates the appellant had this procedure in the fall of 2019 (the MassHealth representative was unable to provide the specific date of the procedure), and therefore the request was denied on June 11, 2021. MassHealth submitted into evidence DentaQuest fair hearing package. (Exhibit 4).

The appellant testified that she had the procedure in October or November 2019. She stated she has braces and her dentist has told her she again needs to have this procedure. The appellant argued her gums are very swollen and she is in constant pain.

The MassHealth representative responded the appellant should return to her dentist to see if there are other methods to eliminate her pain until she is eligible for the procedure once again.

Findings of Fact

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

1. The appellant is at least 21 years of age. (Exhibit 4).
2. On June 11, 2021, the appellant requested prior authorization for gingivectomies or gingivoplasties in all four quadrants. (Exhibit 4).
3. In the fall of 2019, the appellant underwent a gingivectomies or gingivoplasties in all four quadrants. (Testimony).

Analysis and Conclusions of Law

130 CMR 420.427(A) governs the authorization of gingivectomies or gingivoplasties. This regulation states MassHealth will authorize the payment for gingivectomies or gingivoplasties only once per member per quadrant every three calendar years.

130 CMR 420.427: Service Descriptions and Limitations: Periodontal Services

(A) Gingivectomies and Gingivoplasties. The MassHealth agency pays for gingivectomies and gingivoplasties once per member per quadrant every three calendar years. The MassHealth agency does not pay for a gingivectomy performed on

the same day as a prophylaxis, periodontal scaling and root planing, or as a separate procedure with an extraction. The MassHealth agency pays for the gingivectomy or gingivoplasty for a maximum of two quadrants on the same date of service in an office setting. Gingivectomy or gingivoplasty procedure is performed to eliminate suprabony pockets or to restore normal architecture when gingival enlargements or asymmetrical or unaesthetic topography is evident with normal bony configuration. **Prior authorization is required for members 21 years of age or older. (Emphasis added).**

On June 11, 2021, the appellant submitted a prior authorization request for gingivectomies or gingivoplasties in all four quadrants. The evidence indicates MassHealth paid for the requested procedure in the fall of 2019. Because the appellant's prior authorization request for gingivectomies or gingivoplasties in all four quadrants was performed within the last three years, the request must be denied at this time.

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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: DentaQuest