

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2176314

Decision Date: 11/10/2021

Hearing Date: 09/24/2021

Hearing Officer: Radha Tilva

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Cynthia Yered, 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:	PA – dental
Decision Date:	11/10/2021	Hearing Date:	09/24/2021
MassHealth's Rep.:	Dr. Cynthia Yered	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South Tower	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 July 16, 2021, MassHealth denied the appellant's prior authorization request for four quadrants of scaling and root planing (Exhibit 1). The appellant filed this appeal in a timely manner on August 3, 2021 (see 130 CMR 610.015(B) and Exhibit 2). Challenging a prior authorization request is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

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

Issue

The appeal issue is whether MassHealth was correct in denying appellant's prior authorization request for four quadrants of scaling and root planing.

Summary of Evidence

MassHealth was represented by a licensed dental consultant who appeared by telephone and has been a practicing dentist. The MassHealth representative testified that on July 14, 2021 appellant's dental provider submitted a written prior authorization request for Dental Service

Code "D4341 - Periodontal Scaling and Root Planing - Four or More Teeth per Quadrant" for all four quadrants (Exhibit 4). On April 15, 2021 the request was denied, per the Dental Director's review, as there was no evidence of significant bone loss (Exhibit 4).

The MassHealth representative explained that in order for MassHealth to pay for treatment there must be radiographic evidence of calculus or significant bone loss. The MassHealth representative explained that radiographic evidence of root surface calculus on the crown line and not on the root surface of teeth must be present. The representative further explained that calculus has to be present on 4 or more teeth per quadrant. The MassHealth representative stated that appellant would certainly benefit from deep cleaning, but the question is whether under MassHealth's guidelines and regulations would MassHealth pay for it?

The MassHealth representative stated that according to the x-rays provided she saw no evidence of significant bone loss on any tooth. In addition, the representative explained that she saw no evidence of tartar being seen on the root surface of the tooth either. The representative testified that pockets themselves do not mean loss of bone support, the loss has to be seen on an x-ray which she did not see evidence of.

The appellant appeared by telephone and stated that his dentist insisted on deep cleaning when he went to see him for regular cleaning.

Findings of Fact

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

1. On July 14, 2021 appellant's dental provider submitted a written prior authorization request for Dental Service Code "D4341 - Periodontal Scaling and Root Planing - Four or More Teeth per Quadrant" for all four quadrants.
2. On July 15, 2021 the request was denied, per the Dental Director's review, as there was no evidence of significant bone loss.
3. In order for MassHealth to pay for treatment there must be radiographic evidence of calculus or significant bone loss.
4. MassHealth did not see radiographic evidence of bone loss or find evidence of calculus on four or more teeth per quadrant.

Analysis and Conclusions of Law

The party appealing an administrative decision bears the burden of demonstrating the decision's invalidity (*Merisme v. Board of Appeals of Motor Vehicle Liability Policies and Bonds*, 27 Mass. App. Ct. 470, 474 (1989)).

MassHealth Transmittal Letter, DEN-102 dated April 2019 issued by the Assistant Secretary for MassHealth to all dental providers participating in MassHealth identifies *"Updates to Periodontal Services"* for members age 21 and older effective April 22, 2019. The updates include service code *"D4341 Periodontal scaling and root planing - four more teeth per quadrant."*

In addition, MassHealth issued written notification to all MassHealth dental providers concerning code/benefit frequency and limitation regulatory changes for certain periodontal codes for MassHealth, effective April 22, 2019, which includes service code *"D4341"* which is described as *"Periodontal scaling and root planing - four or more teeth per quadrant."* Moreover, Executive Office of Health And Human Services regulation 101 CMR 314.05, Dental Services Payment Rates, identifies dental service code D4341 as *"Periodontal scaling and root planing - four or more teeth per quadrant."*

Appellant has not met his burden of establishing the invalidity of MassHealth's denial of his prior authorization request, dated June 6, 2019, for dental service code *D4341 Periodontal scaling and root planing - four or more teeth per quadrant."*

MassHealth put forth testimony from a licensed dentist with years of experience who reviewed the request and concluded that there was no radiographic evidence of bone loss that was not present in four or more teeth per quadrant. The appellant failed to produce tangible evidence to demonstrate that he had bone loss in four or more teeth per quadrant.

MassHealth's determination is not inconsistent with the opinion of appellant's dentist that appellant requires (or could benefit from) deep scaling and root planing of all four quadrants. It is the degree of need that determines whether or not MassHealth will pay for the service. MassHealth will cover the service when the clinical requirements are present in at least four teeth in any quadrant that is requested. That requirement was not evidenced in appellant's request.

For the foregoing reasons, the 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