

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Denied

Appeal Number: 2176612

Decision Date: 10/19/2021

Hearing Date: 10/15/2021

Hearing Officer: Susan Burgess-Cox

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

Appeal Decision:	Denied	Issue:	Prior Authorization
Decision Date:	10/19/2021	Hearing Date:	10/15/2021
MassHealth's Rep.:	Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	All Parties Appeared by Telephone	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 29, 2021, MassHealth denied the appellant's prior authorization request for periodontal scaling and root planing on all 4 quadrants. (130 CMR 420.427; Exhibit 1). The appellant filed this appeal in a timely manner on August 18, 2021. (130 CMR 610.015(B); Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's prior authorization request for periodontal scaling and root planing on all 4 quadrants.

Issue

Whether MassHealth was correct in denying the appellant's prior authorization request.

Summary of Evidence

The MassHealth representative a licensed dentist representing DentaQuest, the organization that administers the MassHealth dental program, testified that MassHealth received a prior authorization request for periodontal scaling and root planning on all four quadrants. MassHealth denied this request as the x-rays provided failed to reveal the need for this service. The MassHealth representative testified that the MassHealth Dental Program Office Reference Manual for MassHealth Dental Services states that the criteria for approval of scaling and root planning include radiographic evidence of root surface calculus or noticeable loss of bone support. The evidence presented by the appellant's provider did not show a noticeable loss of bone support. Therefore, MassHealth denied the prior authorization request.

The appellant testified that she believes in preventative treatment and does not agree with MassHealth's decision to deny coverage for this procedure. The appellant noted at the beginning of the hearing that she believed this was a denial of coverage for a dental cleaning. The appellant was not clear on what procedure was requested by her dentist. At the suggestion of the MassHealth representative, the appellant agreed to go and consult with her dentist about the procedure and treatment plan. However, the appellant also wanted the Board of Hearings to issue a decision approving prior authorization for scaling and root planing.

Findings of Fact

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

1. The appellant is over 21-years old.
2. The appellant submitted a request for prior authorization for and periodontal scaling and root planing on 4 quadrants.
3. The appellant did not produce radiographic evidence of root surface calculus or noticeable loss of bone support.

Analysis and Conclusions of Law

MassHealth pays for certain dental procedures, including periodontal scaling and root planing, when medically necessary. (130 CMR 420.427(B)). Pursuant to 130 CMR 420.427(B), MassHealth will authorize periodontal scaling and root planing once per quadrant every three years.

Periodontal scaling and root planing involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus. (130 CMR 420.427(B)). It is indicated for members with active periodontal disease, not prophylactic. (130 CMR 420.427(B)). 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. (130 CMR 420.427(B)). Prior authorization is required for members 21 years of age or older.

The appellant did not demonstrate that she had active periodontal disease or require the removal of rough cementum and dentin, and/or permeated by calculus or contaminated with toxins or microorganisms. Instead, the appellant testified that she was seeking prophylactic or preventative treatment and the regulations clearly state that prophylactic or preventive treatment is not covered. (130 CMR 420.427(B)).

The decision made by MassHealth was correct.

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.

Susan Burgess-Cox
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA