

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2179239
<b>Decision Date:</b>	2/24/2022	<b>Hearing Date:</b>	01/14/2022
<b>Hearing Officer:</b>	Scott Bernard		

**Appearance for Appellant:**  
*Pro se via telephone*

**Appearance for MassHealth:**  
Dr. Cynthia Yared *via* telephone



*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>	Periodontal and Prosthodontic Services
<b>Decision Date:</b>	2/24/2022	<b>Hearing Date:</b>	01/14/2022
<b>MassHealth's Rep.:</b>	Dr. Cynthia Yared	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	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 September 21, 2021, MassHealth partially denied prior authorization (PA) request 202126400074900 for periodontal services. (See 130 CMR 420.427; Exhibit 1; Ex. 6, p. 3). Through a notice dated September 22, 2021, MassHealth denied PA request 202126500433700 for prosthodontic services, (See 130 CMR 420.428; Ex. 2; Ex. 6, p. 4). The appellant filed this appeal in a timely manner on December 7, 2021. (See 130 CMR 610.015(B); EOM 20-09; and Ex. 3). Denial of assistance is valid grounds for appeal. (See 130 CMR 610.032).

## Action Taken by MassHealth

MassHealth partially denied the appellant's PA request for periodontal services and denied the appellant's request for prosthodontic services.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.427 and 420.428, in denying the PA requests.

## Summary of Evidence

On September 21, 2021, the dental provider submitted a PA request to MassHealth requesting periodontal scaling and root planning for four or more teeth per quadrant in all quadrants of the appellant's mouth. (Ex. 6, pp. 3, 5). The dental provider also submitted a periodontal chart, and radiographs. (Ex. 6, pp. 8-11). On the same date MassHealth determined that treatment should be approved for the lower left and right quadrants and denied for the upper left and right quadrants. (Ex. 6, p. 3). MassHealth mailed the notice concerning the determination on September 23, 2021. (Id.). The MassHealth representative explained the reasoning for MassHealth's partial denial. She stated that the provider submitted the request for periodontal services under CDT<sup>1</sup> code D4341, which is the code for treating four or more teeth per quadrant. (Ex. 6, pp. 3, 5). The appellant's upper left and right quadrants only contain three teeth apiece, however, and for that reason MassHealth denied the services. (Ex. 6, pp. 9-11). The MassHealth representative stated that the appellant's dental provider could resubmit the PA request under code D4342, which is the code for scaling or root planning of one to three teeth. The MassHealth representative stated that she could not guarantee approval but that considering that the appellant does not have four or more teeth in these quadrants it may be worth a shot.

On September 22, 2021, the dental provider submitted a PA request for a maxillary partial denture with a resin base (including retentive/clasping materials, rests, and teeth). (Ex. 6, pp. 4, 6). The MassHealth representative explained that MassHealth regulations limit payment for dentures to once every 84 months. The MassHealth representative stated that MassHealth last paid for a partial set of dentures for the appellant on December 16, 2017. The appellant will not be eligible for another set of partial dentures until December 16, 2023. MassHealth therefore denied the PA request, as it was submitted less than 84 months after the last set of dentures. The MassHealth representative stated that she was sympathetic to the appellant but that the regulations were clear on this matter.

The appellant stated that he was unaware of his dentist's request for a deep cleaning. The appellant stated that he would contact his dentist concerning putting in a PA request under code D4342. The appellant stated he was more concerned about replacing his partial dentures. The appellant stated that he took them out of his mouth, wrapped them in a napkin, and placed them in his pocket. The appellant stated that they disappeared after this and did not know what happened to them.

## Findings of Fact

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

1. On September 21, 2021, the dental provider submitted a PA request to MassHealth requesting periodontal scaling and root planning for four or more teeth per quadrant in all quadrants of the appellant's mouth. (Ex. 6, pp. 3, 5).
2. A periodontal chart, and radiographs accompanied the PA request. (Ex. 6, pp. 8-11).
3. On the same date MassHealth determined that treatment should be approved for the lower left

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<sup>1</sup> Current Dental Terminology

and right quadrants and denied for the upper left and right quadrants. (Ex. 6, p. 3).

4. The provider submitted the request for periodontal services under code D4341, which is the code for treating four or more teeth per quadrant. (Ex. 6, pp. 3, 5; Testimony of the MassHealth representative).
5. The appellant's upper left and right quadrants only contain three teeth apiece, however, and for that reason MassHealth denied the services. (Ex. 6, pp. 9-11; Testimony of the MassHealth representative).
6. MassHealth mailed the notice concerning the determination on September 23, 2021. (Ex. 6, p. 3).
7. On September 22, 2021, the dental provider submitted a PA request for a maxillary partial denture with a resin base (including retentive/clasping materials, rests, and teeth). (Ex. 6, pp. 4, 6).
8. MassHealth regulations limit payment for dentures to once every 84 months. (Testimony of the MassHealth representative).
9. MassHealth last paid for a partial set of dentures for the appellant on December 16, 2017. (Testimony of the MassHealth representative).
10. The appellant will not be eligible for another set of partial dentures until December 16, 2023. (Testimony of the MassHealth representative).
11. MassHealth therefore denied the PA request, as it was submitted less than 84 months after the last set of dentures, and mailed the notice on September 23, 2021. (Ex. 6, p. 4).

## **Analysis and Conclusions of Law**

MassHealth pays only for medically necessary services to eligible members and may require that medical necessity be established through the prior authorization process. (130 CMR 420.410(A)(1)). In some instances, prior authorization is required for members aged 21 and older when it is not required for members under age 21. (Id.). The MassHealth agency only reviews requests for prior authorization where prior authorization is required or permitted. (Id.). MassHealth requires prior authorization for those services listed in Subchapter 6 of the Dental Manual with the abbreviation "PA" or otherwise identified in billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances. (130 CMR 420.410(B)(1)). The provider is responsible for including with the request for prior authorization appropriate and sufficient documentation to justify the medical necessity for the service. (130 CMR 420.410(C)(1)). Dental providers requesting prior authorization for services listed with a Current Dental Terminology (CDT) code must use the current ADA claim form. (130 CMR 420.410(C)(2)).

MassHealth pays for periodontal services with codes listed in Subchapter 6 of the Dental Manual, and for individuals over the age of 21 in accordance with the service descriptions and limitations described

in 130 CMR 420.427. (130 CMR 420.421(A)(1); 130 CMR 420.421(C)(5)). Therefore, (amongst other things) that MassHealth will only pay for periodontal treatment for an individual over the age of 21 after the dental provider submits a PA request. MassHealth pays for periodontal scaling and root planing once per member per quadrant every three calendar years. (130 CMR 420.427(B)). Periodontal scaling and root planing involve instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus. (Id.). It is indicated for members with active periodontal disease and is not a prophylactic treatment. (Id.). 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. (Id.). Some soft tissue removal occurs. (Id.)

The MassHealth Dental Program Office Reference Manual (ORM) states that for MassHealth to approve periodontal treatment periodontal charting indicating abnormal pocket depths in multiple sites must be submitted and at least one of the following must be documented: radiographic evidence of root surface calculus or radiographic evidence of noticeable loss of bone support. (ORM, p. 39). The ORM also requires that approval for procedure D4341 is limited to instances where there are “a minimum of four (4) affected teeth per quadrant.” (ORM, p. 110). The dental provider is also required to submit “[a] [m]edical 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. 110; see also Dental Manual, Subchapter 6, § 608).

The record shows that the dental provider requested periodontal deep cleaning for the upper left and right quadrants of the appellant's mouth. The dental provider submitted the PA request under CDT D4341, which is periodontal scaling and root planing for four or more teeth per quadrant. The radiographs the dental provider submitted indicate that the appellant only has three teeth in each of the upper quadrants. MassHealth therefore properly denied treatment for the upper left and right quadrant.

The regulation concerning the service descriptions and limitations for removable prosthodontics is located at 130 CMR 420.428 and contains the following paragraphs relevant to this appeal:

**(A) General Conditions. The MassHealth agency pays for dentures services once per seven calendar years per member...**MassHealth payment includes all services associated with the fabrication and delivery process, including all adjustments necessary in the six months following insertion. **The member is responsible for all denture care and maintenance following insertion...**

...

**(C) Denture Procedures.**

- (1) All denture services require appropriate diagnostic quality radiographs to be taken and stored in the member's chart.
- (2) As part of the denture fabrication process, the member must approve the teeth and setup in wax and try on the denture setup at a try-in visit before the dentures are processed.
- (3) The member's identification must be on each denture.

(4) All dentures must be initially inserted and subsequently examined and can be adjusted up to six months after the date of insertion by the dentist at reasonable intervals consistent with the community standards.

(5) If a member does not return for the insertion of the completed processed denture, the provider is required to submit to the MassHealth agency written evidence on their office letterhead of at least three attempts to contact the member over a period of one month via certified mail return receipt requested. Upon providing documentation, the provider may be reimbursed a percentage of the denture fee to assist in covering costs. See 130 CMR 450.231: General Conditions of Payment.

(D) Complete Dentures. Payment by the MassHealth agency for complete dentures includes payment for all necessary adjustments, including relines, as described in 130 CMR 420.428(E).

(E) Removable Partial Dentures. The MassHealth agency pays for removable partial dentures if there are two or more missing posterior teeth or one or more missing anterior teeth, the remaining dentition does not have active periodontitis and there is a favorable prognosis for treatment outcome. A tooth is considered missing if it is a natural tooth or a prosthetic tooth missing from a fixed prosthesis. Payment for a partial denture includes payment for all necessary procedures for fabrication including clasps and rest seats.

(F) Replacement of Dentures. **The MassHealth agency pays for the necessary replacement of dentures.** The member is responsible for denture care and maintenance. **The member, or persons responsible for the member's custodial care, must take all possible steps to prevent the loss of the member's dentures.** The provider must inform the member of the MassHealth agency's policy on replacing dentures and the member's responsibility for denture care. **The MassHealth agency does not pay for the replacement of dentures if the member's denture history reveals any of the following:**

- (1) repair or reline will make the existing denture usable;
- (2) any of the dentures made previously have been unsatisfactory due to physiological causes that cannot be remedied;
- (3) a clinical evaluation suggests that the member will not adapt satisfactorily to the new denture;
- (4) no medical or surgical condition in the member necessitates a change in the denture or a requirement for a new denture;
- (5) the existing denture is less than seven years old and no other condition in this list applies;**
- (6) the denture has been relined within the previous two years, unless the existing denture is at least seven years old;
- (7) there has been marked physiological change in the member's oral cavity, any further reline has a poor prognosis for success; or
- (8) the loss of the denture was not due to extraordinary circumstances such as a fire in the home. (Emphases added).

The record shows that the appellant lost his set of partial dentures. The appellant testified that he placed them in a napkin, which he then placed in his pocket. The appellant was not able to explain the loss beyond this. The record further shows that MassHealth paid for this set of lost dentures on December 16, 2016. MassHealth received the request for a replacement set of dentures on September 22, 2021, which is less than 84 months after December 16, 2016. Finally, the appellant did not demonstrate any of the exceptions listed in 130 CMR 420.428(F).

For the above stated reasons, the appeal of the two MassHealth determinations 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.

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Scott Bernard  
Hearing Officer  
Board of Hearings

cc:

DentaQuest 1, MA