

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved	Appeal Number:	2179563
Decision Date:	2/17/2022	Hearing Date:	01/21/2022
Hearing Officer:	Christine Therrien	Record Open to:	01/28/2022

Appearance for Appellant:



Appearance for DentaQuest:

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:	Approved	Issue:	Dental
Decision Date:	2/17/2022	Hearing Date:	01/21/2022
DentaQuest's Rep.:	Dr. Sullaway	Appellant's Rep.:	
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 12/2/21, MassHealth denied the appellant's prior authorization for MassHealth benefits for Periodontal Scaling and Root Planning - Four or More Teeth per Quadrant in the lower left quadrant and lower right quadrant because MassHealth determined that the service is not billable after dentures (Exhibit 1). The appellant filed this appeal in a timely manner on 12/20/21 (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for two units of Dental Service Code *"D4341 - Periodontal Scaling and Root Planning - Four or More Teeth per Quadrant."*

Issue

The appeal issue is whether MassHealth properly applied the controlling regulation(s) to accurate facts when it denied the appellant's request for prior authorization for two units of Dental Service Code *"D4341 - Periodontal Scaling and Root Planning - Four or More Teeth per Quadrant"*.

Summary of Evidence

MassHealth was represented by a licensed dental consultant who appeared by telephone. The MassHealth representative testified that on 12/2/21, the appellant's dental provider submitted a written prior authorization request for two units of Dental Service Code *"D4341 - Periodontal Scaling and Root Planning - Four or More Teeth per Quadrant"* (Exhibit 1). The MassHealth representative testified that the

request was denied on 12/2/21 because the services are not billable after dentures. The MassHealth representative testified that this procedure is not possible if the appellant has dentures. The MassHealth representative testified that MassHealth previously paid for a full set of lower dentures. The MassHealth representative testified that the appellant provided his x-rays that showed multiple teeth in the lower left and lower right quadrants, but the x-rays did not have a date. The MassHealth representative testified that the documentation submitted shows the need for the requested procedure, but since the x-rays are undated DentaQuest would uphold the denial. The MassHealth representative testified that if the appellant could submit x-rays that had his name and date on them the procedure could be approved.

The appellant's representative testified that the appellant previously had partial dentures made and not a full set.¹ The appellant's representative testified that she would submit x-rays that show the date. The record was left open to allow the appellant to submit dated x-rays (Exhibit 4). The appellant submitted x-rays that were dated 11/9/21 (Exhibit 5).

Findings of Fact

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

1. On 12/2/21, the appellant's dental provider submitted a written prior authorization request for two units (lower left and lower right quadrants) of Dental Service Code *"D4341 - Periodontal Scaling and Root Planning - Four or More Teeth per Quadrant"* (Exhibit 1).
2. The request was denied on 12/2/21 because the services are not billable after dentures.
3. MassHealth previously paid for a set of lower dentures.
4. Undated x-rays were provided that showed multiple teeth in the lower left and lower right quadrants.
5. The documentation submitted shows the need for the requested procedure, but since the x-rays are undated DentaQuest upheld the denial.
6. The appellant previously had a partial lower dentures made and not a full lower denture.
7. The record was left open to allow the appellant to submit dated x-rays (Exhibit 4).
8. The appellant submitted x-rays dated 11/9/21 (Exhibit 5).

Analysis and Conclusions of Law

¹ The DentaQuest representative indicated the previous payment of the full lower denture was in error as the appellant only received a partial denture, but that MassHealth payment is not at issue in this case and was not addressed.

130 CMR 420.427: Service Descriptions and Limitations: Periodontic Services

- (B) Periodontal Scaling and Root Planning. The MassHealth agency pays for periodontal scaling and root planning once per member per quadrant every three years. The MassHealth agency does not pay separately for prophylaxis provided on the same day as periodontal scaling and root planning or on the same day as a gingivectomy or a gingivoplasty. The MassHealth agency pays only for periodontal scaling and root planning for a maximum of two quadrants on the same date of service in an office setting.

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 planning - four more teeth per quadrant."*² 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 planning - four or more teeth per quadrant."*

By regulation, MassHealth will not pay a provider for services that are not medically necessary.

130 CMR 420.421: Covered and Noncovered Services: Introduction

- (A) Medically Necessary Services. The MassHealth agency pays for the following dental services when medically necessary:

- (1) the services with codes listed in Subchapter 6 of the Dental Manual, in accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456;

The requested procedure would not be considered medically necessary for someone who had full lower dentures because there would be no teeth on which to perform the root planning and scaling. The appellant's x-rays from 11/9/21 clearly show the appellant has eight teeth in the lower jaw which the DentaQuest representative testified would qualify for the requested procedure. For this reason, the appeal is approved.

Order for MassHealth

Rescind determination dated 12/2/21 and approve the requested procedure.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this

² https://www.mass.gov/files/documents/2019/04/22/tl-den-102_0.pdf.

decision, you should report this in writing to the Director of the Board of Hearings, at the address on the first page of this decision.

Christine Therrien
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA