

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part	Appeal Number:	2200968
Decision Date:	4/12/2022	Hearing Date:	03/11/2022
Hearing Officer:	Alexandra Shube		

Appearance for Appellant:

Via telephone:

Pro se

Appearance for MassHealth:

Via telephone:

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 in part; Denied in part	Issue:	Dental – Prior Authorization
Decision Date:	4/12/2022	Hearing Date:	03/11/2022
MassHealth’s Rep.:	Dr. Sheldon Sullaway	Appellant’s Rep.:	Pro se
Hearing Location:	Quincy Harbor South	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 January 11, 2022, MassHealth denied the appellant's request for prior authorization of four units of Dental Service Code D4341 (Periodontal Scaling and Root Planing – Four or More Teeth per Quadrant) for all four quadrants (Exhibit 4). The appellant filed this appeal in a timely manner on February 9, 2022 (see 130 CMR 610.015(B) and Exhibit 2). Denial of a request for prior authorization constitutes valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

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

Issue

The appeal issue is whether MassHealth was correct in denying the appellant’s prior authorization request.

Summary of Evidence

MassHealth was represented via telephone by a dental consultant from DentaQuest, the MassHealth dental administrator. He testified that on January 11, 2022, the appellant's dental provider submitted a prior authorization request on the appellant's behalf for four quadrants of periodontal scaling and root planing (Dental Service Code D4341). MassHealth denied the request because the x-rays did not show radiographic evidence of significant bone loss or root surface calculus.¹ The MassHealth representative testified that he reviewed the x-rays and agreed with the original determination. He testified that there was significant bone loss visible on the x-rays on the four lower front teeth (teeth numbers 23, 24, 25, and 26), four upper front teeth (teeth numbers 7, 8, 9, and 10), and teeth numbers 5 and 12, but they are in different quadrants and do not meet the requirement of four or more teeth per a quadrant.² He noted some root surface calculus on two teeth (teeth numbers 29 and 30) was visible in the x-rays, but there was not four or more teeth per quadrant showing enough calculus to meet the requirement.

The appellant appeared via telephone and testified that she experiences some bleeding and discomfort when flossing. Her dentist tells her that she needs this service and she does not want to wait for it to go worse in order to qualify for coverage.

Findings of Fact

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

1. On January 11, 2022, the appellant's dental provider submitted a prior authorization request for four quadrants of periodontal scaling and root planing (Exhibit 4).
2. On January 11, 2022, MassHealth denied the request because of insufficient evidence of significant bone loss (Exhibit 4).
3. The appellant filed a timely appeal on February 9, 2022 (Exhibit 2).
4. Teeth numbers 5, 7, 8, 9, 10, 12, 23, 24, 25, and 26 showed signs of significant boneless (Testimony).
5. Teeth numbers 29 and 30 showed some calculus on the x-rays (Testimony).

¹ The denial notice states only that the request was denied because there was no evidence of significant bone loss, but the MassHealth representative testified that the standards also allow for coverage where there is radiographic evidence of root surface calculus.

² The MassHealth representative testified that pursuant to pages 44 and 93 of the MassHealth Dental Office Reference Manual, there has to be radiographic evidence of at least four affected teeth per quadrant.

6. Teeth numbers 25, 26, 29, and 30 are all in the lower right quadrant (Office Reference Manual at 69).

Analysis and Conclusions of Law

The MassHealth Dental Office Reference Manual, Section 15.9, provides that periodontal scaling and root planning involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. It is indicated for patients with periodontal disease and is therapeutic, not prophylactic, in nature. The criteria for periodontal scaling and root planing are as follows:

- Periodontal charting indicating abnormal pocket depths in multiple sites.
- At least one of the following is present:
 1. Radiographic evidence of root surface calculus; or
 2. Radiographic evidence of noticeable loss of bone support

In addition, a further requirement is that a minimum of four teeth be affected in each quadrant.

In this case, MassHealth denied the request because the x-rays do not show evidence of either significant bone loss or root surface calculus. The evidence supports this determination for three of the requested quadrants (upper right, upper left, and lower left). For those quadrants, while there was noticeable bone loss in some of the teeth, the appellant did not meet the clinical requirement that noticeable bone loss be present in at least four teeth in any one quadrant. In the lower right quadrant, however, MassHealth testified that teeth numbers 25 and 26 showed significant bone loss and teeth numbers 29 and 30 showed calculus. All four of those effected teeth are in the lower right quadrant, which meets the requirement that noticeable bone loss or calculus be present in at least four teeth in any one quadrant. Based on the evidence, the MassHealth guidelines do not allow coverage for the requested services in the upper right, upper left, and lower left quadrants, but do allow for coverage for the lower right quadrant. Therefore, the appellant is approved for the requested service (D4341) for the lower right quadrant only.

For the foregoing reasons, this appeal is approved in part and denied in part.

Order for MassHealth

Approve the appellant for periodontal scaling and root planing (D4341) for the lower right quadrant.

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.

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 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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA