

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2201632
Decision Date:	4/25/22	Hearing Date:	April 08, 2022
Hearing Officer:	Brook Padgett		

Appearances for Appellant:

Pro se

Appearances for MassHealth:

Cynthia Yered, DMD



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	130 CMR 420.427
Decision Date:	4/25/22	Hearing Date:	April 08, 2022
MassHealth Rep.:	C. Yered, DMD	Appellant Rep.:	Pro se
Hearing Location:	Quincy		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

The appellant received a dated February 21, 2022 stating she had been denied dental coverage for Periodontal Scaling and Root Planing procedure (D4341) in all four quadrants. (Exhibit 1). The appellant filed a timely appeal on March 03, 2022. (130 CMR 610.015(B); Exhibit 2). Denial of a request for prior authorization 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.

Issue

Did MassHealth properly deny the appellant's prior authorization request?

Summary of Evidence

The MassHealth representative testified that on February 21, 2022, the appellant's dental provider submitted a request (D4341) for Periodontal Scaling and Root Planing – in all four quadrants (upper left, upper right, lower left, lower right). MassHealth stated to be approved for the requested service the request must contain evidence of radiographic evidence of root surface calculus; or radiographic evidence of noticeable loss of bone support (*See* MassHealth Dental Office Reference Manual section 15.9). The appellant's request does not present such evidence, so the request was denied. (Exhibit 4).

The appellant testified that she is ■ years old and has not really been to the dentists since was 18. She has a chipped tooth that needs repair and would like to whiten her teeth and but her dentist would not complete those requests until she had the scaling and root planing procedure.

MassHealth responded that without evidence of radiographic evidence of root surface calculus or radiographic evidence of noticeable loss of bone support the scaling and root planning request must be denied.

The appellant stated she didn't understand why she can't get the procedure if her dentist says she needs it and then hung up the phone.

Findings of Fact

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

1. On February 21, 2022, the appellant's provider requested prior authorization for periodontal scaling and root planing – in all four quadrants. (Exhibit 1).
2. To receive periodontal scaling and root planing any request must provide radiographic evidence of root surface calculus or noticeable loss of bone support in any of the four quadrants. (Exhibit 4).
3. The appellant's provider failed to provide any radiographic evidence of root surface calculus or noticeable loss of bone support in any of the four quadrants. (Testimony).

Analysis and Conclusions of Law

On February 21, 2022, the appellant's dental provider submitted a request for prior authorization for Periodontal Scaling and Root Planing – in all four quadrants. The request was denied because the provider failed to present any radiographic evidence of root surface calculus; or radiographic evidence of noticeable loss of bone support as required by the regulations.

All dental providers participating in MassHealth must comply with MassHealth regulations, including but not limited to 130 CMR 420.000 and 450.000. Subchapter 6 of the *Dental Manual* lists the Current Dental Terminology (CDT) codes for dentists and public health dental hygienists and Current Procedural Terminology (CPT) codes for specialists in oral surgery that the MassHealth agency pays for, a description of those codes, and where indicated, prior-authorization requirements.

130 CMR 420.427: Service Descriptions and Limitations: Periodontic Services

- (B) Periodontal Scaling and Root Planing. The MassHealth agency pays for periodontal scaling and root planing 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 planing or on the same day as a gingivectomy or a gingivoplasty. The MassHealth agency pays only for periodontal scaling and root planing for a maximum of two quadrants on the same date of service in an office setting.

Criteria for receiving Periodontal Treatment as listed in MassHealth Dental Program Office Reference Manual 15.9 which states that to receive periodontal scaling and root planing there must be radiographic evidence of root surface calculus; or radiographic evidence of noticeable loss of bone support. In this instance the appellant's provider has failed to provide any evidence demonstrating root surface calculus; or radiographic evidence of noticeable loss of bone support and as a result the MassHealth determination is correct and 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.

Brook Padgett
Hearing Officer
Board of Hearings

cc: 