

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2201957
<b>Decision Date:</b>	5/10/2022	<b>Hearing Date:</b>	4/15/2022
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Sheldon Sullaway, DMD



*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>	Prior Authorization
<b>Decision Date:</b>	5/10/2022	<b>Hearing Date:</b>	4/15/2022
<b>MassHealth's Rep.:</b>	Sheldon Sullaway, DMD	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy		

## 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 27, 2022, MassHealth denied Appellant's request for prior authorization for four units of Dental Service Code D4341-periodontal scaling and root planing (130 CMR 420.427, and Exhibit 1). Appellant filed an appeal in a timely manner on March 15, 2022 (130 CMR 610.015(B) and Exhibit 2). Denial of a prior authorization request constitutes valid grounds for appeal (130 CMR 610.032).

## Action Taken by MassHealth

MassHealth denied Appellant's request for prior authorization for four units of Dental Service Code D4341-periodontal scaling and root planing.

## Issue

The appeal issue is whether MassHealth correctly denied Appellant's request for prior authorization for four units of Dental Service Code D4341-periodontal scaling and root planing.

## **Summary of Evidence**

MassHealth was represented by a licensed dental consultant who appeared by telephone and testified to 40 years of clinical experience, and status as a professor of dental medicine at Tufts University Dental School. The MassHealth representative testified that Appellant's dental provider submitted a written prior authorization request for four units of Dental Service Code D4341-periodontal scaling and root planing. The MassHealth representative testified that the request was denied because the X-rays submitted with the request are incomplete, do not evidence clinical requirements, and are not of diagnostic quality. The MassHealth representative testified that to approve Dental Service Code D4341, periodontal charting needs to indicate abnormal pocket depths and X-ray evidence of calculus and/or bone loss in four teeth per quadrant. The MassHealth representative testified that X-rays dated October 6, 2021 submitted with the request do not show evidence of significant bone loss or root surface calculus in four or more teeth in any one quadrant of Appellant's mouth. The MassHealth representative testified that X-rays of the upper right quadrant reveal only 3 teeth with significant bone loss; X-rays of the upper left quadrant are not of diagnostic quality to determine bone loss; no X-rays of the upper front teeth were submitted with the request; and X-rays of the lower right quadrant reveal only one tooth with significant bone loss. Because there is no evidence of significant bone loss in four or more teeth per quadrant, and X-rays submitted are not of diagnostic quality, the prior authorization request was denied.

Appellant stated that she has upper front teeth, but had her lower front teeth extracted in 2003 and replaced with a partial lower denture. Appellant testified that after her partial lower denture broke, her dental provider said she needed to have the periodontal procedure before a replacement lower partial denture could be fabricated. Appellant stated that she is not experiencing any dental pain. Appellant added that when she moved to another state, she was also told she needed a deep cleaning before her partial lower denture could be replaced. Appellant stated that she would contact her provider to obtain a full set of X-rays.

## **Findings of Fact**

By a preponderance of the evidence, this record supports the following findings:

1. Appellant's dental provider submitted a written prior authorization request for four units of Dental Service Code D4341-periodontal scaling and root planing.
2. Appellant is over 21 years of age.
3. X-rays of the upper right quadrant reveal only 3 teeth with significant bone loss.
4. X-rays of the upper left quadrant are not of diagnostic quality to determine bone loss.
5. No X-rays of the upper front teeth were submitted with the request.
6. X-rays of the lower right quadrant reveal only one tooth with significant bone loss.

7. X-rays do not reveal significant bone loss or root surface calculus in four or more teeth in any one quadrant of Appellant's mouth.

## Analysis and Conclusions of Law

Pursuant to 130 CMR 420.421(A), 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; and
- (2) all services for EPSDT-eligible members, in accordance with 130 CMR 450.140 through 450.149, without regard for the service limitations described in 130 CMR 420.422 through 420.456, or the listing of a code in Subchapter 6. All such services are available to EPSDT-eligible members, with prior authorization, even if the limitation specifically applies to other members younger than 21 years old.

Regulations governing periodontal scaling and root planing are found at 130 CMR 420.427(B) (effective 10/15/2021):

(B) Periodontal Scaling and Root Planing. The MassHealth agency pays for periodontal scaling and root planing once per member per quadrant every three calendar 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. Periodontal scaling and root planing involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus. It is indicated for members with active periodontal disease, not prophylactic. 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. Some soft tissue removal occurs. Local anesthesia is considered an integral part of periodontal procedures and may not be billed separately. Prior authorization is required for members 21 years of age or older.

MassHealth's dental contractor also publishes additional guidance in the Dental Program Office Reference Manual.<sup>1</sup> The Office Reference Manual (effective January 1, 2022) identifies the following criteria for Periodontal Treatment:

---

<sup>1</sup> The Office Reference Manual is available at:  
<https://www.masshealthdental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>.

## Criteria for Periodontal Treatment

- 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.

## Documentation needed for the procedure:

- Appropriate Diagnostic Quality Radiographs – periapical or bitewings preferred. Panoramic radiographs are not preferred.
- Complete periodontal charting supporting with AAP case type. Dentists are required to record a sixpoint probing with all numbers recorded once per calendar year on all remaining teeth in the mouth for adult patients. Periodontal Screening and Recording (PSR) is not to be used instead of a full- mouth charting.
- Medical necessity narrative- Include a statement concerning the member's periodontal condition, date of service of periodontal evaluation and history of previous periodontal treatment.

(Office Reference Manual, p. 44)

The Office Reference Manual also describes Dental Service Code D4341-periodontal scaling and root planing for MassHealth members over 21 years of age as requiring a minimum of four (4) affected teeth in the quadrant (Office Reference Manual, p. 118).<sup>2</sup>

Appellant has not carried the burden of showing the invalidity of MassHealth's denial of the prior authorization for Dental Service Code D4341-periodontal scaling and root planing. MassHealth put forth credible testimony from a licensed dentist who reviewed the prior authorization request and X-rays and concluded that X-rays of the upper right quadrant reveal only 3 teeth with significant bone loss; X-rays of the upper left quadrant are not of diagnostic quality to determine bone loss; No X-rays of the upper front teeth were submitted with the request; and X-rays of the lower right quadrant reveal only one tooth with significant bone loss. Because there is no evidence of significant bone loss in four or more teeth per quadrant, and X-Rays submitted with the prior authorization request are not of diagnostic quality, the appeal must be DENIED.

---

<sup>2</sup> 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 who are age 21 and older effective April 22, 2019. The updates include service code *"D4341 Periodontal scaling and root planning - four or more teeth per quadrant."* MassHealth issued written notification to all MassHealth dental providers concerning code/benefit frequency and limitation regulatory changes for certain periodontal codes for MassHealth effective April 22, 2019 which includes service code D4341. Further, 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."*

## **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.

---

Thomas J. Goode  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA