

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



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|-------------------------|---------------|------------------------|-----------|
| Appeal Decision: | Approved | Appeal Number: | 2203285 |
| Decision Date: | 7/14/2022 | Hearing Date: | 6/3/2022 |
| Hearing Officer: | Cynthia Kopka | Record Open to: | 6/17/2022 |

Appearance for Appellant:
Pro se

Appearance for MassHealth:
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

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|---------------------------|-----------------|--------------------------|------------------------------|
| Appeal Decision: | Approved | Issue: | Prior authorization – dental |
| Decision Date: | 7/14/2022 | Hearing Date: | 6/3/2022 |
| MassHealth’s Rep.: | Dr. Sullaway | Appellant’s Rep.: | Pro se |
| Hearing Location: | Quincy (remote) | 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

By notices dated March 13, 2022 and March 23, 2022, MassHealth denied Appellant's prior authorization request for dental service code D4341, periodontal scaling and root planing of four quadrants (PA Nos. 202206936469900 and 202208136379800). Exhibit 1. Appellant filed this appeal in a timely manner on April 28, 2022. Exhibit 2. 130 CMR 610.015(B), Eligibility Operations Memo (EOM) 20-09. Denial of a request for assistance is a valid basis for appeal. 130 CMR 610.032. The hearing record was held open through June 17, 2022 for submission of evidence. Exhibit 5.

Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for dental service code D4341, periodontal scaling and root planing of four quadrants.

Issue

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

Summary of Evidence

MassHealth was represented by a licensed dentist who appeared by phone and testified as follows. On March 10, 2022 and March 22, 2022, MassHealth received identical prior authorization requests for periodontal scaling and root planing from Appellant's provider. MassHealth did not receive x-rays or a narrative from the provider. Exhibit 4. On March 23, 2020, MassHealth denied the request. According to 130 CMR 420.427 and the Office Reference Manual, p. 44 and 118, there must be evidence of bone loss or calculus in at least four teeth per quadrant for approval. As there were no x-rays or a medical narrative submitted with the request, there was not enough evidence for MassHealth to approve the treatment in any quadrant of the mouth.

Appellant appeared via telephone and testified as follows. Appellant has experienced bleeding from his gums every day for years. Appellant believed the x-rays had been sent and was planning to submit the x-rays at hearing. Appellant reported having multiple locations in his mouth where the depth of his pockets was 5, 6, or 7 as ranked on a periodontal scale. There is concern of the potential for long term disease.

The hearing record was held open to allow Appellant to submit the missing evidence, and for MassHealth to review and respond. Exhibit 5. Appellant's submission included x-rays, a periodontal chart, and a medical narrative. Exhibit 6. Ultimately, the MassHealth representative concluded that the additional evidence showed that Appellant had enough bone loss to approve procedure D4341 for all four quadrants. Exhibit 7. DentaQuest did not respond to emails seeking written confirmation that the procedure was approved and the appeal could be withdrawn. Exhibit 8.

Findings of Fact

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

1. On March 10 and 22, 2022, MassHealth received the prior authorization request for dental service code D4341, periodontal scaling and root planing of four quadrants (PA Nos. 202206936469900 and 202208136379800).
2. On March 13 and 23, 2022, MassHealth denied the requests. Exhibit 1.
3. Appellant filed a timely appeal on April 28, 2022. Exhibit 2.
4. The hearing record was held open through June 17, 2022 for the submission of additional evidence. Exhibit 5.
5. On June 9, 2022, Appellant submitted documents including x-rays, a periodontal chart, and a medical narrative from his dentist. Exhibit 6.
6. On June 9, 2022, MassHealth concluded that the additional evidence showed that Appellant had enough bone loss to approve procedure D4341 for all four quadrants. Exhibit 7

Analysis and Conclusions of Law

MassHealth pays for dental services when they are medically necessary and covered by MassHealth's dental program. The regulations at 130 CMR 420.421 specify those services that are covered and not covered by MassHealth, with specific reference to periodontal services in 130 CMR 420.427. According to 130 CMR 420.427(B), MassHealth pays for periodontal scaling and root planing for members with active periodontal disease, but not as a prophylactic procedure. For members over the age of 21, MassHealth requires prior authorization. The regulations require that prior authorization requests submitted by the provider include appropriate and sufficient documentation to justify the medical necessity for the service. Prior authorization requirements for services are set forth in subchapter 6 of MassHealth's Dental Manual and the MassHealth Dental Program Office Reference Manual. 130 CMR 420.410(C).

The Office Reference Manual, p. 44, sets forth the following criteria for periodontal treatment:

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

The Office Reference Manual, p. 118, also provides that approval for procedure D4341 is limited to instances when there are "a minimum of four (4) affected teeth in the quadrant." The following documentation is required to be submitted with the prior authorization request: "[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." *Id.*

After the submission of x-rays, a periodontal chart, and medical necessity narrative, MassHealth concluded that Appellant presented sufficient evidence of bone loss to approve procedure D4341 for all four quadrants, as requested in PA Nos. 202206936469900 and 202208136379800. The appeal is approved and MassHealth is ordered to cover the requested treatment.

Order for MassHealth

Rescind the denial of either PA No. 202206936469900 or 202208136379800, approving procedure D4341 for four quadrants.

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.

Cynthia Kopka
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest Appeals Coordinator

General Counsel's Office –Sharon Boyle