

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



**Appeal Decision:** Denied

**Appeal Number:** 2205097

**Decision Date:** 9/14/2022

**Hearing Date:** 08/26/2022

**Hearing Officer:** Alexis Demirjian

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Dr. Cynthia Yered



*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>	Pre-Authorization-Periodontal Scaling and Root Planing
<b>Decision Date:</b>	9/14/2022	<b>Hearing Date:</b>	08/26/2022
<b>MassHealth's Rep.:</b>	Dr. Cynthia Yered	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South 5 Remote	<b>Aid Pending:</b>	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 June 28, 2022, MassHealth denied the Appellant's request for prior authorization of periodontal scaling and root planing on all four quadrants of the Appellant's mouth. (see 130 CMR 420.431 and Exhibit 2). The appellant filed this appeal in a timely manner on July 7, 2022. (see 130 CMR 610.015(B) and Exhibit 2).<sup>1</sup> Challenging a denial of assistance is valid grounds for appeal to the Board of Hearings. (see 130 CMR 610.032).

## Action Taken by MassHealth

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<sup>1</sup> In MassHealth Eligibility Operations Memo (EOM) 20-09 dated April 7, 2020, and restated in MassHealth Operations Memo (EOM) 20-10 dated August 1, 2022, MassHealth states the following:

- Regarding Fair Hearings during the COVID-19 outbreak national emergency, and through the end of month in which such national emergency period ends;
  - All appeal hearings will be telephonic; and
  - Individuals will have up to 120 days, instead of the standard 30 days, to request a fair hearing for member eligibility-related concerns.

MassHealth denied Appellant's request for approval of the prior authorization request for periodontal scaling and root planing on all four quadrants of the Appellant's mouth.

## **Issue**

The appeal issue is whether MassHealth was correct in determining that Appellant did not currently have the medical condition to qualify for approval of the requested treatment.

## **Summary of Evidence**

Appellant is a MassHealth member over the age of 21 who represented herself at hearing. MassHealth was represented at hearing by Dr. Yered, a consultant for DentaQuest. DentaQuest is the entity that has contracted with MassHealth agency to administer and run the agency's dental program for MassHealth members. All parties testified telephonically.

Dr. Yered testified that Appellant's dentist had requested Service Code 4341 - periodontal scaling and/or root planning, hereinafter referred to as "periodontal scaling," for all four quadrants (upper left, upper right, lower left, and lower right) of adult teeth within the Appellant's mouth.

Dr. Yered explained that MassHealth has set an objective standard for determining whether this service is appropriate. Dr. Yered testified that MassHealth looks for radiographic evidence of root surface calculus, also known as tartar, or radiographic evidence of noticeable loss of bone support. Based on the evidence x-rays and submission, MassHealth, did not find evidence of calculus on the root surfaces or bone loss and that was the reason for denying approval for these procedures.

The Appellant testified that her gums are inflamed, and that the dentist also confirmed inflammation of the gums. The Appellant also testified that her dentist wants to do other procedures on her teeth, and Appellant stated the overall dental plan suggested for her by her current dentist, the one who submitted this prior authorization request, had this periodontal scaling procedure as a necessary prerequisite. Appellant had no specific testimony to add to the issue of bone loss.

In response to the Appellant's testimony, Dr. Yered explained that MassHealth does not cover periodontal scaling and root planing for conditions other than active periodontal disease. Dr. Yered reiterated her earlier testimony that the Appellant's records did not support a finding of periodontal disease or that periodontal scaling and root planing were medically necessary.

## **Findings of Fact**

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

1. Appellant is an adult MassHealth member who had a pre-authorization request under Service Code D4341 for periodontal scaling and planing on all four quadrants of the member's mouth denied. (Testimony and Exhibit 2)
2. Appellant does not have noticeable bone loss to four or more teeth in any of the four quadrants of the mouth. (Testimony)
3. There is no evidence of calculus on the root surfaces of four or more teeth in any of the four quadrants of the mouth. (Testimony and Exhibit 3)

## Analysis and Conclusions of Law

As a rule, the MassHealth agency and its dental program pays only for medically necessary services to eligible MassHealth members and may require that such medical necessity be established through a prior authorization process. See 130 CMR 450.204; 130 CMR 420.410. In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq.,<sup>2</sup> covered services for certain dental treatments, including periodontal scaling, are subject to the relevant limitations of 130 CMR 420.421 through 420.456. See 130 CMR 420.421 (A) through (C). 130 CMR 420.427 contains the relevant description and limitation for periodontal services like that at issue in this appeal. As to periodontal scaling and root planing requests, that regulation reads in relevant part as follows:

420.427: Service Descriptions and Limitations: Periodontal Services

(A) Surgical Periodontal Procedures. ...

(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

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<sup>2</sup> 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program Office Reference Manual ("Dental ORM" or "Dental Office Reference Manual") publication as a source of additional explanatory guidance beyond the regulations. It is noted that references in the regulations to the "Dental Manual" include the pertinent state regulations, the administrative and billing instructions (including the HLD form), and service codes found in related subchapters and appendices. See <https://www.mass.gov/lists/dental-manual-for-masshealth-providers> (last viewed on September 13, 2022).

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.

(C) Non-surgical Scaling in the Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, after Oral Evaluation. ...

(**Bolded** emphasis added.)

130 CMR 450.204 speaks to the medical necessity issue for all MassHealth providers. 130 CMR 450.204 reads in relevant part as follows:

450.204: Medical Necessity

The MassHealth agency does not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

A) **A service is medically necessary if:**

1) it is **reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions** in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and

(2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007: Potential Sources of Health Care, or 517.007: Utilization of Potential Benefits.

B) **Medically necessary services must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality.** A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

D) **Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.**

(**Bolded** emphasis added.)

The Dental ORM which is incorporated and referenced by earlier parts of the MassHealth Dental Regulations, see e.g., 130 CMR 420.410(A) through (C). The Dental ORM contains many of the detailed standards and guidelines in a format created for all MassHealth dental providers.

Page 37 of the Dental ORM contains the following:

**14.09 Periodontal Treatment** Some procedures require retrospective review documentation. Please refer to Exhibits A-E for specific information needed by code.

**Documentation needed for procedure:**

- Appropriate Diagnostic Quality Radiographs – periapical or bitewings preferred. Panoramic radiographs not preferred.
- Complete periodontal charting supporting with AAP case type. Dentists are required to record a six-point 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.

Periodontal scaling and root planning, per quadrant, 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. Root planning is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and as a part of presurgical procedures in others.

It is anticipated that this procedure would be requested in cases of severe periodontal conditions (i.e., late Type II, III, or IV periodontitis) where definitive comprehensive root planning requiring local/regional block anesthesia and several appointments would be indicated.

From the American Academy of Periodontology (AAP) Policy on Scaling and Root Planning:

“Periodontal scaling is a treatment procedure involving instrumentation of the crown and root surfaces of the teeth to remove plaque, calculus, and stains from these surfaces. It is performed on patients with periodontal disease and is therapeutic, not prophylactic, in nature. Periodontal scaling may precede root planning, which is the definitive, meticulous treatment procedure to remove cementum and/or dentin that is rough and may be permeated by calculus or contaminated with toxins or microorganisms. Periodontal scaling and root planning are arduous and time consuming. They may need to be repeated and may require local anesthetic.”

**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

MassHealth has laid out a consistent and detailed standard regarding the medical necessity for this service which it properly applied here to Appellant's submission before reviewing and ultimately denying this request. There is no evidence in the record suggesting that Appellant meets the standard of having four teeth in any quadrant with enough bone loss or comparable medical issues. The Appellant's provider also did not submit a separate medical necessity narrative so greater weight is given to the DentaQuest paperwork in Exhibit 3 and the testimony presented at hearing. For these reasons, I conclude that the MassHealth decision to deny the request is proper and consistent with the record and regulatory standards. Therefore, 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.

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Alexis Demirjian  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA