

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2205429
<b>Decision Date:</b>	9/29/2022	<b>Hearing Date:</b>	09/16/2022
<b>Hearing Officer:</b>	Alexandra Shube		

**Appearance for Appellant:**  
*Via telephone:*



**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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization – Adult Dental Services
<b>Decision Date:</b>	9/29/2022	<b>Hearing Date:</b>	09/16/2022
<b>MassHealth’s Rep.:</b>	Dr. Sheldon Sullaway	<b>Appellant’s Rep.:</b>	Sister/POA
<b>Hearing Location:</b>	Quincy Harbor South 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 July 7, 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 (Exhibits 1 and 4). The appellant filed this appeal in a timely manner on July 21, 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 July 5, 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. 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 in the x-rays on teeth number 4, 7, and 8 in the upper right quadrant; teeth number 9 in the upper left quadrant; teeth number 24 in the lower left quadrant; and teeth number 25 and 26 in the lower right quadrant. But as they are in varying quadrants, they do not meet the requirement of four or more teeth per a quadrant. He testified that pursuant to the MassHealth Dental Office Reference Manual, there must be radiographic evidence of at least four affected teeth per quadrant.

The appellant's representative appeared via telephone and testified that the appellant experiences pain and bleeding in his gums. The appellant has an intellectual disability, lives in a group home, and receives Social Security Income (SSI). His SSI goes toward his rent and he does not have money for the procedure. Due to his intellectual disability, he does not brush his teeth often or well and he does not know how to floss. As a result, he goes to the dentist regularly. His dentist told them that he may lose teeth without the requested deep cleaning.

## Findings of Fact

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

1. On July 5, 2022, the appellant's dental provider submitted a prior authorization request for four quadrants of periodontal scaling and root planing (Dental Service Code D4341) (Testimony and Exhibits 1 and 4).
2. On July 7, 2022, MassHealth denied the request because of insufficient evidence of significant bone loss (Testimony and Exhibits 1 and 4).
3. The appellant filed a timely appeal on July 21, 2022 (Exhibit 2).
4. There is significant bone loss visible in the x-rays on teeth number 4, 7, and 8 in the upper right quadrant; teeth number 9 in the upper left quadrant; teeth number 24 in the lower left quadrant; and teeth number 25 and 26 in the lower right quadrant (Testimony and Exhibit 4).

## **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 significant bone loss. The evidence and testimony support this determination. While there was noticeable bone loss in several teeth, the appellant did not meet the clinical requirement that significant bone loss 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 appellant's circumstances.

For the foregoing reasons, 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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Alexandra Shube  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA