

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2207551
Decision Date:	12/29/2022	Hearing Date:	11/18/2022
Hearing Officer:	Alexandra Shube	Record Open to:	11/30/2022

Appearance for Appellant:

Via telephone:

Pro se

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

Appeal Decision:	Denied	Issue:	Prior Authorization – Adult Dental Services
Decision Date:	12/29/2022	Hearing Date:	11/18/2022
MassHealth’s Rep.:	Dr. Sheldon Sullaway	Appellant’s Rep.:	Pro se
Hearing Location:	Quincy Harbor South 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

Through a notice dated September 26, 2022, MassHealth denied the appellant's request for prior authorization for four units of Dental Service Code D4341 (Periodontal Scaling and Root Planning – Four or More Teeth per Quadrant) for all four quadrants (Exhibit 1). The appellant filed this appeal in a timely manner on October 11, 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).

The record in this appeal was held open until November 30, 2022.

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization for four units of Dental Service Code D4341 (Periodontal Scaling and Root Planning – Four or More Teeth per Quadrant) for all four quadrants.

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 September 26, 2022, the appellant's dental provider submitted a written prior authorization request for four units of Dental Service Code D4341 (Periodontal Scaling and Root Planning – Four or More Teeth per Quadrant) for all four quadrants. On September 26, 2022, MassHealth denied the request because the service would exceed the maximum benefit allowance. Each quadrant can only be approved for Dental Service Code D4341 one time every three years. Records indicate that MassHealth last paid for Dental Service Code D4341 for all four quadrants on July 7, 2020 and July 28, 2020.

The appellant appeared via telephone and testified that she has been having this procedure done due to bone loss. She stated it was important for preventative measures because the scaling helps to prevent infection and more bacteria. She is trying to prevent having her teeth extracted. She pays out of pocket for a third cleaning every year. She stated that her dentist said it is imperative to get deep under the gums to keep out the bacteria.

The MassHealth representative responded that she can see her dentist on an emergency basis if she is experiencing any pain or discomfort. Additionally, he noted that her provider did not include a narrative with the prior authorization request, which is required pursuant to the MassHealth Dental Program Office Reference Manual; however, the narrative would not make a difference since the service would still exceed the maximum benefit allowance.

The appellant still wished to provide a narrative from her dentist. The record was held open until November 30, 2022 for her to do so. The narrative was received by the Board of Hearings on November 28, 2022.

Findings of Fact

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

1. On September 26, 2022, the appellant's dental provided submitted a written prior authorization request for four units of Dental Service Code D4341 (Periodontal Scaling and Root Planning – Four or More Teeth per Quadrant) for all four quadrants (Exhibit 5 and Testimony).
2. On September 26, 2022, MassHealth denied the request for prior authorization because the service would exceed the maximum benefit allowance (Exhibit 1 and Testimony).
3. The appellant timely appealed the denial on October 11, 2022 (Exhibit 2).
4. MassHealth last paid for Dental Service Code D4341 for all four quadrants on July 7, 2020 and July 28, 2020 (Testimony).

5. MassHealth will only pay for periodontal scaling and root planning for each quadrant once every three years (Testimony).

Analysis and Conclusions of Law

130 CMR 420.427(B) states the following:

The MassHealth agency pays for periodontal scaling and root planning 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.

(Emphasis added).

The appellant's provider is requesting prior authorization for four units of Dental Service Code D4341 (Periodontal Scaling and Root Planning – Four or More Teeth per Quadrant) for all four quadrants. The appellant received, and MassHealth paid for, periodontal scaling and root planning for all four quadrants in July 2020. Pursuant to 130 CMR 420.427(B), that service can only be paid for by MassHealth once per quadrant every three calendar years. The current request for prior authorization for periodontal scaling and root planning of all four quadrants is within three years of the same July 2020 procedures. Therefore, the MassHealth decision was correct and the 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.

Alexandra Shube
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA