

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2208156
Decision Date:	1/24/2023	Hearing Date:	12/09/2022
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:
Appellant, Pro se (by telephone)

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

Appeal Decision:	Denied	Issue:	Prior Authorization- Root Planning and Scaling
Decision Date:	1/24/2023	Hearing Date:	12/09/2022
MassHealth's Rep.:	Dr. Sullaway	Appellant's Rep.:	Appellant, Pro se
Hearing Location:	Quincy Harbor South 1 (remote hearing)	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 October 7, 2022, MassHealth denied the Appellant's request for prior authorization of periodontal scaling and root planning on all four quadrants of the Appellant's mouth. (See, 130 CMR 420.421; Exhibit 4). The Appellant filed this appeal in a timely manner on October 31, 2022. (See, 130 CMR 610.015(B); Exhibit 2). Challenging a denial of services is valid grounds for appeal (See, 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's prior authorization request for periodontal scaling and root planning on all four (4) quadrants of the Appellant's mouth.

Issue

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

Summary of Evidence

The Appellant is a MassHealth Limited member over the age of 21 who appeared and testified at the hearing by telephone. MassHealth was represented telephonically at the hearing by Dr. Sullaway, as a consultant for DentaQuest, the entity that has contracted with the MassHealth agency to administer and run the agency's dental program for MassHealth members.

Dr. Sullaway testified at said hearing that the Appellant's dentist requested the services of periodontal scaling and root planning (hereinafter "periodontal scaling") for all four (4) quadrants (upper left (D4342), upper right, lower left and lower right (D4341)) of adult teeth within the Appellant's mouth. Dr. Sullaway further testified that said request was denied because the Appellant's coverage is MassHealth Limited and therefore only covers emergency services. Dr. Sullaway stated that in reviewing the Appellant's x-rays, the requested services are needed and suggested that the Appellant request an emergency appointment in the event that the Appellant is in pain or discomfort.

The Appellant testified that his dentist performs a deep cleaning every three (3) years and it is unclear to him why the requested services were not covered because his insurance has not changed. It was suggested to the Appellant to contact MassHealth and his dental provider. The Appellant testified that he has not called MassHealth nor his dental provider, as of date.

Findings of Fact

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

1. The Appellant is an adult MassHealth Limited member. (Testimony; Ex 4, p. 3).
2. On October 7, 2022 the Appellant's dental provider sent MassHealth a prior authorization request for periodontal scaling and root planning for all four (4) quadrants (upper left (D4342), upper right, lower left and lower right (D4341)) of adult teeth. (Testimony; Exhibit 4).
3. On October 7, 2022, MassHealth denied the request because the Appellant is a member of MassHealth Limited and therefore is only covered for emergency services. (Testimony; Ex. 4, p. 3).
4. The Appellant requested a timely hearing on October 31, 2022, including a handwritten letter dated October 27, 2022 explaining the reason for his hearing request. (Exhibits 1 and 2).

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., covered services for certain

dental treatments, including periodontal scaling, are subject to the relevant limitations of 130 CMR 420.421 through 420.456. Further, 130 CMR 420.410(C) references and incorporates the MassHealth Dental Program Office Reference Manual (hereinafter “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 January 17, 2023).

The Dental ORM 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.¹

With respect to MassHealth Limited members, the Dental ORM states, *inter alia*, the following on pages 9 and 54:

2.1 MassHealth Dental Program Eligibility

Dental services are covered for MassHealth eligible members as specified in 130 CMR 450.105 and 420.403. Members will receive a MassHealth ID card for services, including dental.

***Please note that MassHealth Limited members are covered for *emergency services only*. [130 CMR 450.105(G)]. This information is displayed as Coverage Type on the Provider Web Portal and is provided via eligibility verification using the IVR.**

See, page 9 of the Dental ORM.

17.00 Limited Product

The Limited Product for MassHealth covers only emergency services that are necessary to treat an acute medical condition requiring immediate care are allowed for members who have MassHealth Limited coverage are described in 130 CMR 450.105(G)(1) below.

For MassHealth Limited members (see 130 CMR 505.008 and 519.008), MassHealth will only pay for treatment of a medical condition (including labor and delivery) that manifests itself by acute symptoms of sufficient severity that the absence of immediate medical attention reasonably could be expected to result in:

- a. Placing the member’s health in serious jeopardy
- b. Serious impairment to bodily functions; or
- c. Serious dysfunction of any bodily organ or part

¹ The actual Dental ORM may be found at <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf> (last viewed on January 17, 2023)

MassHealth will cover the following dental codes for members with Limited coverage:

Limited Oral Evaluation. (D0140) The MassHealth agency pays for a limited oral evaluation twice per provider or location per calendar year. A limited oral evaluation may necessitate further diagnostic procedures (such as radiographs) to help the provider formulate a differential diagnosis about the member's specific problem. A limited oral evaluation is not covered on the same date of service as an emergency treatment visit.

Periapical Films. (D0220, D0230) Periapical films may be taken for specific areas where extraction is anticipated, or when infection, periapical change, or an anomaly is suspected, or when otherwise directed by the MassHealth agency. A maximum of four periapical films is allowed per member per visit.

Panoramic Films. (D0330) The MassHealth agency pays for panoramic films for surgical and nonsurgical conditions as described in 130 CMR 420.431(C)(1) and (2). **The MassHealth agency does not pay for panoramic films for crowns, endodontics, periodontics, and interproximal caries.**

(Emphasis added).

Surgical Removal of Erupted Tooth (D7210) The MassHealth agency pays for the surgical removal of an erupted tooth. Surgical removal of an erupted tooth is the removal of any erupted tooth that includes the retraction of a mucoperiosteal flap and the removal of alveolar bone to aid in the extraction or the sectioning of a tooth. The provider must maintain clinical documentation demonstrating medical necessity and a preoperative radiograph of the erupted tooth in the member's dental record to substantiate the service performed.

Palliative Treatment of Dental Pain or Infection (D9110). The MassHealth agency pays for palliative treatment to alleviate dental pain or infection in an emergency. Palliative treatment includes those services minimally required to address the immediate emergency including, but not limited to, draining of an abscess, prescribing pain medication or antibiotics, or other treatment that addresses the member's chief complaint. The provider must maintain in the member's dental record a description of the treatment provided and must document the emergent nature of the condition. The MassHealth agency pays separately for medically necessary covered services provided during the same visit.

See, page 54 of the Dental ORM.

In the present case, the Appellant's dental provider submitted a prior authorization requesting the services of periodontal scaling for all four (4) quadrants (upper left (Dental Code D4342), upper right, lower left and lower right (Dental Code D4341)). As noted above, the Appellant is a member of MassHealth Limited and therefore MassHealth only covers the dental codes described above. Because periodontic scaling is not amongst the covered services for MassHealth Limited members, this appeal is DENIED. The Appellant is encouraged to contact MassHealth and his dental provider, as discussed at the hearing.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA