

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2208272
Decision Date:	1/31/2023	Hearing Date:	December 23, 2022
Hearing Officer:	Brook Padgett	Record Open:	January 23, 2023

Appearances for Appellant:

Pro se

Appearances for MassHealth:

Sheldon Sullaway, DMD



*Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, 6th floor
Quincy, MA 02171*

APPEAL DECISION

Appeal Decision:	Denied	Issue:	130 CMR 420.427
Decision Date:	1/31/2023	Hearing Date:	December 23, 2022
MassHealth Rep.:	S. Sullaway, DMD	Appellant Rep.:	Pro se
Hearing Location:	Quincy		

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

The Appellant received a notice dated September 25, 2022 stating MassHealth has denied your prior authorization request for Periodontal Scaling and Root Planing procedure (D4341) in all four quadrants. (Exhibit 1). The Appellant filed a timely appeal on November 04, 2022. (130 CMR 610.015(B); Exhibit 2). Denial of a request for prior authorization is valid grounds for appeal. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's prior authorization request for Periodontal Scaling and Root Planing in all four quadrants.

Issue

Did MassHealth properly deny the Appellant's prior authorization request?

Summary of Evidence

MassHealth testified that on September 22, 2022, the Appellant's dental provider submitted a prior authorization (PA) request for Periodontal Scaling and Root Planing (D4341) in all four quadrants (upper left, upper right, lower left, lower right). MassHealth stated to be approved for the requested service the PA must contain radiographic evidence of root surface calculus; or noticeable loss of bone support (*See* MassHealth Dental Office Reference Manual section 15.9). The Appellant's PA request does not present such evidence, so the request was denied. (Exhibit 4).

The Appellant testified that this is the third time he has been denied for this procedure. The Appellant argued that his dentist is telling him he needs to have this done and he doesn't understand why it continually being denied.

MassHealth responded that without radiographic evidence of root surface calculus or noticeable loss of bone support the scaling and root planning request must be denied.

The Appellant stated he has previously submitted the requested x-ray evidence, but it was still denied.

The record remained open until January 23, 2023, for the Appellant to submit radiographic evidence of noticeable loss of bone support and a narrative explaining the need for periodontal scaling and root planing in all four quadrants. (Exhibit 5).

The Appellant failed to submit any additional evidence within the required time limits.

Findings of Fact

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

1. On September 22, 2022, the Appellant's provider submitted a PA requesting periodontal scaling and root planing in all four quadrants. (Exhibit 1).
2. To receive periodontal scaling and root planing a request must provide radiographic evidence of root surface calculus or noticeable loss of bone support and a narrative explaining the need for the procedure. (Exhibit 4).
3. The Appellant failed to provide any radiographic evidence of noticeable loss of bone support and a narrative explaining the need for periodontal scaling and root planing in all four quadrants.

Analysis and Conclusions of Law

On September 22, 2022, the Appellant's dental provider submitted a PA request for Periodontal Scaling and Root Planing in all four quadrants. The request was denied by MassHealth on September 25, 2022 because the provider failed to present radiographic evidence of noticeable loss of bone support and a narrative explaining the need for the procedure.

All dental providers participating in MassHealth must comply with MassHealth regulations, including but not limited to 130 CMR 420.000 and 450.000. Subchapter 6 of the *Dental Manual* lists the Current Dental Terminology (CDT) codes for dentists and public health dental hygienists and Current Procedural Terminology (CPT) codes for specialists in oral surgery that the MassHealth agency pays for, a description of those codes, and where indicated, prior-authorization requirements.

130 CMR 420.427: Service Descriptions and Limitations: Periodontic Services

(B) Periodontal Scaling and Root Planing. The MassHealth agency pays for periodontal scaling and root planing once per member per quadrant every three 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.

Criteria for receiving Periodontal Treatment as listed in MassHealth Dental Program Office Reference Manual 15.9 states that to receive periodontal scaling and root planing there must be radiographic evidence of root surface calculus; or radiographic evidence of noticeable loss of bone support. In this instance the Appellant has failed to provide any evidence to demonstrate the need for the requested periodontal scaling and root planing in all four quadrants as required by the regulations; as a result the MassHealth action is correct and 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.

Brook Padgett
Hearing Officer
Board of Hearings