

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2208603
<b>Decision Date:</b>	1/31/2023	<b>Hearing Date:</b>	December 23, 2022
<b>Hearing Officer:</b>	Brook Padgett	<b>Record Open:</b>	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, 6<sup>th</sup> floor  
Quincy, MA 02171*

# APPEAL DECISION

<b>Appeal Decision:</b>	Approved	<b>Issue:</b>	130 CMR 420.427
<b>Decision Date:</b>	1/31/2023	<b>Hearing Date:</b>	December 23, 2022
<b>MassHealth Rep.:</b>	S. Sullaway, D.M.D.	<b>Appellant Rep.:</b>	Pro se
<b>Hearing Location:</b>	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 November 09, 2022 stating: Your request for prior authorization for procedure D4341 deep gum and root cleaning in all four quadrants has been denied. (Exhibit 1). The Appellant filed a timely appeal on November 17, 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 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 November 07, 2022, the Appellant's dental provider submitted a prior authorization (PA) request for Periodontal Scaling and Root Planing in all four quadrants (upper left, upper right, lower left, lower right) (D4341). MassHealth stated to be approved for the procedure the request must contain radiographic evidence of root surface calculus; or radiographic evidence of noticeable bone loss support as detailed in the MassHealth Dental Office Reference Manual section 15.9. The Appellant's request did not present such evidence, nor does the request have a narrative explaining why the procedure was necessary which is also required by the regulations, so the request was denied. (Exhibit 4).

The Appellant testified he is requesting the procedure because he has been informed by his dentist that he needs it.

MassHealth responded that without radiographic evidence of noticeable loss of bone support and a narrative the request must be denied.

The record was left open until January 23, 2023 for the Appellant to submit x-ray evidence of bone loss support in all four quadrants as well as a narrative from the provider explaining why the procedure was needed. (Exhibit 4).

The Appellant submitted clinical notes and x-rays dated January 03, 2023 within the required time limit. (Exhibit 5).

MassHealth responded the Appellant has presented sufficient evidence to reverse the denial and the procedure (D4341) was approve. (Exhibit 6).

## Findings of Fact

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

1. On November 07, 2022, the Appellant's provider submitted a PA for Periodontal Scaling and Root Planing in all four quadrants. (Exhibit 1).
2. On November 09, 2022, MassHealth denied the Appellant's request because the provider failed to provide radiographic evidence of root surface calculus; or radiographic evidence of noticeable loss of bone support. (Testimony).
3. Prior to the close of the fair hearing the Appellant submitted sufficient evidence to meet the requirements for procedure D4341 and MassHealth approved the Appellant's request. (Exhibit 5 and 6).

## Analysis and Conclusions of Law

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.

The Appellant submitted clinical notes and x-rays demonstrating the need for the requested procedure and MassHealth after review reversed its November 09, 2022 denial for Periodontal Scaling and Root Planing in all four quadrants. After review MassHealth reversed its denial of the Appellant's PA request (D4341) and this appeal is APPROVED.

## Order for MassHealth

Authorize payment of Appellant's PA request for D4341 in all four quadrants.

## Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact your MassHealth Enrollment Center. If you experience problems with the implementation of this decision, you should report this in writing to the Director of the Board of Hearings, MassHealth of Medical Assistance, at the address on the first page of this decision.

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Brook Padgett  
Hearing Officer  
Board of Hearings

cc: DentaQuest, Sheldon Sullaway D.M.D.