

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved, in part; Denied, in part	Appeal Number:	2300864
Decision Date:	7/12/2023	Hearing Date:	03/10/2023
Hearing Officer:	Patrick Grogan	Record Open to:	4/28/23

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Dr. Sheldon Sullaway, Dentaquest

Interpreter:

N/A



*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:	Approved, in part; Denied, in part	Issue:	Preauthorization, Periodontal Scaling
Decision Date:	7/12/2023	Hearing Date:	03/10/2023
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Remote (Tel)	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 January 23, 2023, MassHealth denied the Appellant's request for prior authorization of periodontal scaling and root planing on all four quadrants of the Appellant's mouth. (see 130 CMR 420.431 and Exhibit 1) The Appellant filed this appeal in a timely manner on February 2, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied Appellant's request for approval of the prior authorization request for periodontal scaling and root planing on all four quadrants of the Appellant's mouth.

Issue

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

Summary of Evidence

The Appellant is an adult MassHealth member under the age of 65 who is seeking periodontal scaling and root planing for all 4 quadrants of her mouth. (Testimony, Exhibit 1). The dentist consultant for MassHealth testified that he is a dentist licensed to practice in the Commonwealth of Massachusetts and has been a dentist for more than 40 years. The dentist consultant further testified he is currently a professor at Tufts University School of Dental Medicine, and is a consultant for DentaQuest, the MassHealth agent responsible for administering the MassHealth dental plan. (Testimony). The dentist consultant for MassHealth testified that MassHealth the Appellant, through her dental provider, sought procedure number D 4341 periodontal scaling and root planing for all 4 quadrants of her mouth, however, the preauthorization requested was denied because there was no evidence of significant bone loss or there were not 4 or more teeth per quadrant affected. (Testimony, Exhibit 1) The dentist consultant further testified that the x-rays submitted are not labelled. (Testimony, Exhibit 5) However, based upon what was submitted, the dentist consultant observed that the Upper Right quadrant required treatment and that he would reverse the denial for the Upper Right quadrant. (Testimony) However, the Dentaquest dentist consultant noted that no x-rays were provided capturing the left side of the Appellant's mouth (Upper or Lower). (Testimony, Exhibit 5) Moreover, the x-rays submitted for the Lower Right quadrant do not reveal 4 teeth in need of treatment as required for approval of the procedure, rather 3 teeth that require treatment were observed in the x-rays submitted. (Testimony, Exhibit 5) The dentist consultant indicated that were he to review proper and complete x-rays, he may reverse the denials. (Testimony)

The Appellant testified that she exhibited some bleeding and discomfort in her lower quadrants. (Testimony) The Appellant asked if she provided new x-rays, would the Dentaquest consultant approve the remaining quadrants, to which the Dentaquest consultant responded that he assumed that the x-rays would reveal the same issues that lead to his reversal of the denial for the Upper Right quadrant. (Testimony) The Dentaquest consultant reiterated that he did not have any x-rays for the Left side of the Appellant's mouth, and that the Lower Right quadrant only revealed 3 teeth in need of treatment. (Testimony) The Dentaquest consultant stated that x-rays indicated that it was a full mouth series, despite not receiving all a complete set of x-rays for the entire Appellant's mouth. (Testimony)

Based upon this testimony, the Record was left open until April 14, 2023 for the Appellant to submit labelled x-rays for all 4 quadrants of her mouth along with a Medical Necessary Narrative and until April 28, 2023 for the Dentaquest consultant to review. (Exhibit 6). On March 24, 2023, the Appellant inquired whether the x-rays were received and was informed that no x-rays were received as of March 24, 2023. (Exhibit 7). However, the Record closed without receipt of any x-rays from the Appellant's dental provider.

Findings of Fact

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

1. The Appellant is an adult MassHealth member under the age of 65 who is seeking periodontal scaling and root planing for all 4 quadrants of her mouth. (Testimony, Exhibit 1).
2. The x-rays submitted by the Appellant's dental provider are not labelled. (Testimony, Exhibit 5)
3. No x-rays were provided capturing the left side of the Appellant's mouth (Upper or Lower). (Testimony, Exhibit 5)
4. The x-rays submitted for the Lower Right quadrant do not reveal 4 teeth in need of treatment as required for approval of the procedure, rather the Dentaquest dentist consultant observed only 3 teeth that require treatment in the x-rays submitted. (Testimony)
5. The Record was left open until April 14, 2023 for the Appellant to submit labelled x-rays for all 4 quadrants of her mouth along with a Medical Necessary Narrative and until April 28, 2023 for the Dentaquest consultant to review. (Exhibit 6).
6. On March 24, 2023, the Appellant inquired whether the x-rays were received and was informed that no x-rays were received as of March 24, 2023. (Exhibit 7).
7. The Record closed without receipt of any x-rays from the Appellant's dental provider.

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.,¹ covered services for certain dental treatments, including periodontal scaling, are subject to the relevant limitations of 130 CMR 420.421 through 420.456. See 130 CMR 420.421 (A) through (C). 130 CMR 420.427 contains the relevant description and limitation for periodontal services like that at issue in this appeal. As to periodontal scaling and root planning requests, that regulation reads in relevant part as follows:

¹ 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program Office Reference Manual ("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.)

420.427: Service Descriptions and Limitations: Periodontal Services

(A) Surgical Periodontal Procedures. ...

(B) **Periodontal Scaling and Root Planing.** The MassHealth agency pays for periodontal scaling and root planing 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.

(C) Non-surgical Scaling in the Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, after Oral Evaluation. ... **(Bolded emphasis added.)**

130 CMR 450.204 speaks to the medical necessity issue for all MassHealth providers. 130 CMR 450.204 reads in relevant part as follows:

450.204: Medical Necessity

The MassHealth agency does not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

A) A service is medically necessary if:

- (1) it is **reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions** in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that

is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007: Potential Sources of Health Care, or 517.007: Utilization of Potential Benefits.

B) Medically necessary services must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

D) Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines. (Bolded emphasis added.)

The Dental ORM which 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.

The Dental ORM contains the following:

15.9 Periodontal Treatment

Some procedures require retrospective review documentation. Please refer to Exhibits A-F for specific information needed by code.

Documentation needed for procedure:

- Appropriate Diagnostic Quality Radiographs – periapical or bitewings preferred. Panoramic radiographs are not preferred.
- Complete periodontal charting supporting with AAP case type. Dentists are required to record a six-point probing with all numbers recorded once per calendar year on all remaining teeth in the mouth for adult patients. Periodontal Screening and Recording (PSR) is not to be used instead of a full- mouth charting.
- Medical necessity narrative- Include a statement concerning the member's periodontal condition, date of service of periodontal evaluation and history of previous periodontal treatment.

Periodontal scaling and root planning, per quadrant, 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. Root planning is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms. Some soft tissue removal occurs. This procedure may be used as a definitive treatment in some stages of periodontal disease and as a part of presurgical procedures in others.

It is anticipated that this procedure would be requested in cases of severe periodontal conditions (i.e., late Type II, III, or IV periodontitis) where definitive comprehensive root planning requiring local/regional block anesthesia and several appointments would be indicated.

From the American Academy of Periodontology (AAP) Policy on Scaling and Root Planning:

“Periodontal scaling is a treatment procedure involving instrumentation of the crown and root surfaces of the teeth to remove plaque, calculus, and stains from these surfaces. It is performed on patients with periodontal disease and is therapeutic, not prophylactic, in nature. Periodontal scaling may precede root planning, which is the definitive, meticulous treatment procedure to remove cementum and/or dentin that is rough and may be permeated by calculus or contaminated with toxins or microorganisms. Periodontal scaling and root planning are arduous and time consuming. They may need to be repeated and may require local anesthetic.”

Criteria for Periodontal Treatment

- Periodontal charting indicating abnormal pocket depths in multiple sites.
- At least one of the following is present:
 - o Radiographic evidence of root surface calculus; or
 - o Radiographic evidence of noticeable loss of bone support

MassHealth has laid out a consistent and detailed standard regarding the medical necessity for this service which it properly applied here to the Appellant’s submission before reviewing and ultimately denying this request. The Dentaquest consultant testified that the Appellant meets the standard of having four teeth in the Upper Right quadrant with enough bone loss or comparable medical issues to overturn MassHealth’s decision for the Upper Right

quadrant only. However, the Appellant's provider did not submit a separate medical necessity narrative, nor a complete set of labeled x-rays to support the requested services. Thus, I ascribe greater weight to the DentaQuest paperwork in Exhibit 5 and the testimony presented at hearing. Therefore, regarding scaling and planing for the Upper Right quadrant, in consideration of the Dentaquest consultant's testimony, this portion of the appeal is APPROVED. However, regarding scaling and planing for the other three quadrants (Upper Left, Lower Right, Lower Left) this appeal is DENIED.

Order for MassHealth

APPROVE procedure D4341 for the Upper Right Quadrant for periodontal scaling and planing.

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.

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, at the address on the first page of this decision.

Patrick Grogan
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA