

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed	<b>Appeal Number:</b>	2302080
<b>Decision Date:</b>	6/7/2023	<b>Hearing Date:</b>	6/2/2023
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**  
Pro se



**Appearance for MassHealth:**  
Sheldon Sullaway, DMD, DentaQuest



*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

<b>Appeal Decision:</b>	Dismissed	<b>Issue:</b>	Prior Authorization
<b>Decision Date:</b>	6/7/2023	<b>Hearing Date:</b>	06/02/2023
<b>MassHealth's Rep.:</b>	Sheldon Sullaway, DMD	<b>Appellant's Rep.:</b>	Pro se, Student Dentist
<b>Hearing Location:</b>	Remote		

### Authority/Jurisdiction/Summary of Evidence

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder. Through a notice dated February 23, 2023, MassHealth denied Appellant's prior authorization request for procedure code D4341, periodontal scaling and root planning because it determined that services requested are not medically necessary (130 CMR 420.427(B) and Exhibit 1). Appellant timely filed an appeal on March 13, 2023 (130 CMR 610.015 and Exhibit 2). Denial of a request for prior authorization is valid grounds for an appeal (130 CMR 610.032). A hearing was held on June 2, 2023 at which MassHealth, through its agent DentaQuest, overturned the denial because Dr. Sullaway determined that periodontal scaling and root planing for Appellant's upper left and upper right quadrants was medically necessary and approved the services requested. Appellant's representative, a Student Dentist from Boston University School of Dentistry testified that periodontal scaling and root planning was completed in Appellant's upper right quadrant on [REDACTED] 2023, and upper left quadrant on [REDACTED], 2023. Dr. Sullaway testified that he would reverse the denial and approve the services requested as medically necessary but could not be certain payment would be authorized because the services were completed before prior authorization was obtained by the provider.

### Analysis & Conclusions of Law

Pursuant to 130 CMR 610.051(B) the MassHealth agency or the acting entity may make an adjustment in the matters at issue before or during an appeal period. If the parties' adjustment resolves one or more of the issues in dispute in favor of the appellant, the hearing officer, by written order, may dismiss the appeal in accordance with 130 CMR 610.035 as to all resolved issues, noting as the reason for such dismissal that the parties have reached agreement in favor of the appellant. Because MassHealth overturned the denial notice dated February 23, 2023 and

determined that procedure code D4341 periodontal scaling and root planning for Appellant's upper left and upper right quadrants is medically necessary, the parties have reached resolution of all matters relating to this appeal, and pursuant to 130 CMR 610.051, 610.035(A)(8), the appeal is DISMISSED.<sup>1</sup>

## Order for MassHealth

None, other than rescind the February 23, 2023 denial notice.

## 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.

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Thomas J. Goode  
Hearing Officer  
Board of Hearings

cc: DentaQuest

[REDACTED]

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<sup>1</sup> The issue at hearing involved a denial based only on a prior authorization determination of medical necessity for the dental services requested. Prior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment, such as member eligibility or resort to health-insurance payment (130 CMR 450.303). MassHealth has not determined whether payment for the services will be authorized because services were rendered before prior authorization was obtained by the provider (See 130 CMR 420.410(A)(3)). If payment is denied, MassHealth must issue new notice to Appellant with appeal rights (130 CMR 610.032(A)).