

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2303464
Decision Date:	7/3/2023	Hearing Date:	06/02/2023
Hearing Officer:	Christopher Jones	Record Open to:	06/09/2023

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Sheldon Sullaway

Interpreter:
ITI - Katiusca



*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 – Adult Dental
Decision Date:	7/3/2023	Hearing Date:	06/02/2023
MassHealth’s Rep.:	Dr. Sheldon Sullaway	Appellant’s Rep.:	Pro se
Hearing Location:	Remote	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 March 30, 2023, MassHealth denied the appellant’s prior authorization request for procedure code D4341 in each quadrant of her mouth. (Exhibit 3, p. 3.) The appellant filed this appeal in a timely manner on April 27, 2023. (Exhibit 1; 130 CMR 610.015(B).) Denial of assistance 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 for all four quadrants of her mouth because no documentation was attached to support the request.

Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.427, in determining that the appellant was not eligible for periodontal scaling and root planing.

Summary of Evidence

On or around March 28, 2023, the appellant’s dentist submitted a prior authorization request for procedure code D4341, periodontal scaling and root planing, for each quadrant of the appellant’s mouth. MassHealth denied this request on March 30, 2023, because the documentation

submitted showed “no evidence of significant bone loss.” In fact, no diagnostic imaging was attached to the prior authorization request, nor was a narrative submitted explaining the necessity of the treatment.

At the hearing, the appellant testified that she did not know why the procedure was not being approved, as MassHealth had approved it in the past. She believed that she had last received a ‘deep cleaning’ last summer, and she testified that her dentist would not do a regular cleaning because she needed this deep cleaning. When it was pointed out that there was no imaging attached to the request, she testified that she had called her dentist and told them to mail the x-rays to DentaQuest.¹ She believed this was done a few days before the hearing. It was pointed out that procedure D4341 has a benefit limitation, and MassHealth will only pay for it once every three years. Therefore, even if the images were submitted, it is likely the care would be denied as exceeding the benefit limitation.

She testified that her dentist told her she was eligible for it, so she must have been mistaken as to when it was requested. She asked that the record be left open for a week for DentaQuest to receive the records and review the images. The record was left open until June 9, 2023, for DentaQuest to receive these records. On June 9, Dr. Sullaway confirmed that DentaQuest never received the records.

Findings of Fact

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

1. On or around March 28, 2023, the appellant’s dentist submitted a prior authorization request for procedure code D4341 for each quadrant of the appellant’s mouth. This request was incomplete as it did not include any radiographs or a narrative. (Exhibit 3.)
2. MassHealth denied this request on March 30, 2023, because the documentation submitted showed “no evidence of significant bone loss.” (Exhibit 3, p. 3.)
3. No radiographic evidence was submitted into the hearing record at or before the hearing. The record was held open for a week for the evidence to be submitted, and nothing was received. (Exhibit 4.)

Analysis and Conclusions of Law

MassHealth pays for dental services that are medically necessary. (130 CMR 420.421(A).) Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations

¹ The appellant did not get a copy of the images for herself, so she was unable to submit them into the hearing record.

governing dental treatment, 130 CMR 420.000. A “provider is responsible for including with the request for prior authorization appropriate and sufficient documentation to justify the medical necessity for the service” and further instructions for submitting prior authorization requests “are described in the MassHealth Dental Program Office Reference Manual.” (130 CMR 420.410(C)(1)-(2).)

MassHealth’s regulations regarding root planing and deep scaling state:

(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.

(130 CMR 420.427(B).)

Section 15.9 of the ORM governs 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.
- 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.

...

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 planing requiring local/regional block anesthesia and several appointments would be indicated.

...

Criteria for Periodontal Treatment

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

(ORM, p. 41 (March 1, 2023).)

The descriptions of billing codes are provided further on in the ORM. Code D4341 includes the following "Benefit Limitations" descriptions:

One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant. Two of (D4341, D4342) per 1 Day(s) Per Provider OR Location in office. Four of (D4341, D4342) per 1 Day(s) Per Provider OR Location in hospital. **A minimum of four (4) affected teeth in the quadrant.** Not payable in conjunction with D1110 and D1120 or D4210 and D4211 on same date of service. **Documentation Required: Medical necessity narrative, date of service of periodontal evaluation, complete periodontal charting, appropriate diagnostic quality radiographs history of previous periodontal treatment and a statement concerning the member's periodontal condition.**

(ORM, p. 116 (emphasis in **bold**).)

No documentation was submitted with this request for procedure code D4341 for four quadrants, and the request does not satisfy the requirements for seeking prior authorization. This is not meant to find that the appellant does not require this treatment or would not be approved for this treatment if her dentist submitted a fully documented prior authorization request for these services. However, at this time, this appeal must be 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.

Hearing Officer
Board of Hearings

cc: MassHealth Representative: DentaQuest 1, MA