

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved	<b>Appeal Number:</b>	2303552
<b>Decision Date:</b>	6/2/2023	<b>Hearing Date:</b>	05/19/2023
<b>Hearing Officer:</b>	Susan Burgess-Cox		

**Appearance for Appellant:**  
Pro se

**Appearance for MassHealth:**  
Dr. Sheldon Sullaway



*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>	Approved	<b>Issue:</b>	Prior Authorization
<b>Decision Date:</b>	6/2/2023	<b>Hearing Date:</b>	05/19/2023
<b>MassHealth's Rep.:</b>	Dr. Sheldon Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	All Parties Appeared by Telephone		

### 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 April 16, 2023, MassHealth denied the appellant's prior authorization request for periodontal scaling and root planing on all 4 quadrants. (130 CMR 420.427; Exhibit 1). The appellant filed this appeal in a timely manner on May 1, 2023. (130 CMR 610.015(B); Exhibit 2). Denial of assistance 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 on all 4 quadrants.

### Issue

Whether MassHealth was correct in denying the appellant's prior authorization request.

### Summary of Evidence

MassHealth received a prior authorization request for periodontal scaling and root planing on all four quadrants. At hearing, the MassHealth representative noted that the records presented did not clearly indicate that the treatment was medically necessary and the X-rays did not appear to

be complete. The record was held open to provide the appellant with the opportunity to provide additional evidence. (Exhibit 6). The appellant provided records from her dentist for the MassHealth representative to review. (Exhibit 7). Upon a review of the records, the MassHealth representative approved the prior authorization request on appeal. (Exhibit 8).

## **Findings of Fact**

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

1. The appellant is over 21-years old.
2. The appellant submitted a request for prior authorization for and periodontal scaling and root planing on 4 quadrants.
3. During the course of the appeal, the appellant produced radiographic evidence that allowed MassHealth to adjust their decision and approve the prior authorization request on appeal.

## **Analysis and Conclusions of Law**

MassHealth pays for certain dental procedures, including periodontal scaling and root planing, when medically necessary. (130 CMR 420.427(B)). Pursuant to 130 CMR 420.427(B), MassHealth will authorize periodontal scaling and root planing once per quadrant every three years.

Periodontal scaling and root planing involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus. (130 CMR 420.427(B)). It is indicated for members with active periodontal disease, not prophylactic. (130 CMR 420.427(B)). 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. (130 CMR 420.427(B)). Prior authorization is required for members 21 years of age or older.

During the course of the appeal, the appellant presented records to demonstrate that she met the regulatory requirements to authorize this treatment. As a result, the MassHealth representative adjusted their decision and approved the prior authorization request on appeal.

This appeal is approved to ensure the agency takes action to implement their decision.

## **Order for MassHealth**

Approve the appellant's prior authorization for scaling and root planing 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, at the address on the first page of this decision.

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Susan Burgess-Cox  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA