

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2304246
Decision Date:	7/24/2023	Hearing Date:	6/30/2023
Hearing Officer:	Cynthia Kopka		

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

Appeal Decision:	Denied	Issue:	Prior authorization – dental
Decision Date:	7/24/2023	Hearing Date:	6/30/2023
MassHealth's Rep.:	Dr. Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Quincy (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

By notice dated May 4, 2023, MassHealth denied Appellant's prior authorization request for dental service code D4342, periodontal scaling and root planing of two quadrants. Exhibit 1. Appellant filed this appeal in a timely manner on May 22, 2023. Exhibit 2. 130 CMR 610.015(B). Denial of a request for assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for dental service code D4342, periodontal scaling and root planing of two quadrants.

Issue

The appeal issue is whether MassHealth was correct in denying Appellant's prior authorization request.

Summary of Evidence

MassHealth was represented by a licensed dentist who appeared by phone. A summary of testimony and information submitted for hearing follows. Appellant is over the age of 21. Exhibit 4 at 4. On May 4, 2023, Appellant's provider submitted a prior authorization request for periodontal scaling and root planing. Included in the request were x-rays and a periodontal chart. *Id.* at 6-8. On May 4, 2023, MassHealth denied the request because the frequency maximum had been reached. Exhibit 1. MassHealth cited 130 CMR 420.427(B) and the MassHealth Dental Program Office Reference Manual (ORM), which provide that service code 4342 is limited for patients 21 years old or older to "One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant." ORM page 119. MassHealth's records show that Appellant had periodontal scaling and root planing of the lower right quadrant on March 8, 2021 and of the lower left quadrant on May 3, 2021. There is no exception for medical necessity in the regulations for members over the age of 21.

Appellant appeared by phone and testified as follows. Appellant has Type 1 diabetes, which puts him at higher risk. Both his dentist and endocrinologist recommend that Appellant receive this dental procedure. Appellant experiences pain and bleeding in his gums.

Findings of Fact

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

1. Appellant is over the age of 21. Exhibit 4 at 4.
2. On May 4, 2023, Appellant's provider submitted a prior authorization request for periodontal scaling and root planing, service code D4342, for two quadrants. *Id.* at 3.
3. On May 4, 2023, MassHealth denied the request because the frequency maximum had been reached. Exhibit 1.
4. Appellant filed a timely appeal on May 22, 2023. Exhibit 2.
5. Appellant previously had periodontal scaling and root planing for the lower right quadrant on March 8, 2021 and for the lower right quadrant on May 3, 2021.

Analysis and Conclusions of Law

MassHealth pays for dental services when they are medically necessary¹ and covered by MassHealth's dental program. MassHealth's coverage of specific services varies depending on whether a member is under the age of 21 or is a client eligible for adult services through Massachusetts' Department of Developmental Services (DDS).

The regulations at 130 CMR 420.421 describe dental services that are covered and not covered by MassHealth, with specific reference to periodontal services in 130 CMR 420.427. According to 130 CMR 420.427(B), MassHealth pays for periodontal scaling and root planing for members with active periodontal disease, but not as a prophylactic procedure. For members over the age of 21, MassHealth requires prior authorization. The regulations require that prior authorization requests submitted by the provider include appropriate and sufficient documentation to justify the medical necessity for the service. Prior authorization requirements for services are set forth in subchapter 6 of MassHealth's Dental Manual and the MassHealth Dental Program Office Reference Manual. 130 CMR 420.410(C).

The Office Reference Manual, p. 44, sets forth the following criteria for periodontal treatment:

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

The Office Reference Manual, p. 119, also provides that approval for procedure D4342 is limited to "One of (D4341, D4342) per 3 Calendar year(s) Per patient per quadrant."

The records show that Appellant has received the requested procedure for both quadrants two years prior. Accordingly, Appellant is not eligible for approval of D4342 for either the lower left or right quadrant until three years after the prior procedure. Unlike for members under the age of 21, there is no exception for members over the age of 21 to the coverage limitations based on medical necessity. See 130 CMR 420.421(B). Accordingly, this appeal is denied.

¹ Pursuant to 130 CMR 450.204(A),

(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, or 517.007

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.

Cynthia Kopka
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA