

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed	<b>Appeal Number:</b>	2304821
<b>Decision Date:</b>	7/25/2023	<b>Hearing Date:</b>	7/21/2023
<b>Hearing Officer:</b>	Alexis Demirjian		

**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>	Dismissed	<b>Issue:</b>	Prior Authorization - Periodontal Scaling
<b>Decision Date:</b>	7/25/2023	<b>Hearing Date:</b>	7/21/2023
<b>MassHealth's Rep.:</b>	Dr. Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South 2	<b>Aid Pending:</b>	No

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder. The issue on appeal involved a denial of the appellant's prior authorization request for periodontal scaling and root planing for all four quadrants of the mouth. Dr. Sullaway testified that he had reviewed the narrative of the treating dentist and the x-rays submitted with the prior authorization and determined that the appellant met the clinical eligibility criteria for the treatment. Dr. Sullaway testified that he was reversing the initial denial and that MassHealth would now pay for the requested treatment.

The appellant should receive a new letter authorizing the treatment within 4 – 6 weeks, if the appellant does not receive the authorization letter, he should follow up by calling the Board of Hearings at (617) 847-1200.

Since the issue of the denial of the prior authorization has been resolved in favor of the appellant, the appeal is DISMISSED.

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Alexis Demirjian  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA