

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed	<b>Appeal Number:</b>	2306884
<b>Decision Date:</b>	09/25/2023	<b>Hearing Date:</b>	09/22/2023
<b>Hearing Officer:</b>	Thomas Doyle	<b>Record Open to:</b>	

**Appearance for Appellant:**  
Pro se

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

**Interpreter:**  
Serguei Krissiouk, Russian



*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>	PA – Dental, Periodontal Scaling and Root Planing
<b>Decision Date:</b>	09/25/2023	<b>Hearing Date:</b>	09/22/2023
<b>MassHealth's Rep.:</b>	Dr. Sheldon Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote (phone)	<b>Aid Pending:</b>	No

### Procedural Background

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 dental services for scaling and root planning. All parties appeared via telephone and were sworn.<sup>1</sup>

The MassHealth representative testified that after his review of the case, he was reversing the denial and approving the procedure of scaling and root planing, including all four quadrants, pursuant to dental code D4341. After this approval, appellant stated he wished to withdraw the appeal.

As the appeal has been withdrawn, it is hereby dismissed. 130 CMR 610.035 (A)(2).

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Thomas Doyle  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA

[REDACTED]

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<sup>1</sup> Appellant had designated an appeal representative on his Fair Hearing Request Form but she did not answer when called. Appellant agreed to proceed with the hearing pro se because there was a Russian interpreter present.