

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Approved in part; Denied in part	Appeal Number:	2307485
Decision Date:	1/4/2024	Hearing Date:	11/10/2023
Hearing Officer:	Emily T. Sabo	Record Open to:	12/8/2023

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Dr. Sheldon Sullaway, DentaQuest

Interpreter:



*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:	Approved in part; Denied in part	Issue:	Dental Services; Prior Authorization; Procedure D4341; Procedure D4342
Decision Date:	1/4/2024	Hearing Date:	11/10/2023
MassHealth's Rep.:	Dr. Sheldon Sullaway, DentaQuest	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South (Telephone)	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 August 24, 2023, MassHealth denied the Appellant's request for prior authorization for dental treatment, specifically procedures D4341 and D4342—periodontal scaling and root planing (see 130 CMR 420.427 and Exhibit 1). The Appellant filed this appeal in a timely manner on August 24, 2023 (see 130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal (see 130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied the Appellant's request for prior authorization for dental treatment, specifically procedures D4341 and D4342—periodontal scaling and root planning.¹

Issue

¹ Procedure D4341 is periodontal scaling and root planning for four or more teeth per quadrant and procedure D4342 is periodontal scaling and root planning for one to three teeth per quadrant.

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.427(B), in denying the request for prior authorization for dental treatment, specifically procedures D4341 and D4342—periodontal scaling and root planning.

Summary of Evidence

The MassHealth representative, a consultant for DentaQuest, appeared at the hearing telephonically. He testified that he is a dentist licensed to practice in Massachusetts. The Appellant is an adult over the age of 21.

The MassHealth representative testified that the Appellant's dental provider submitted a request for prior authorization for procedures D4341 and D4342 on August 24, 2023. The MassHealth representative testified that MassHealth denied the Appellant's request for prior authorization for dental treatment on August 24, 2023, due to 130 CMR 420.427(B), which states that MassHealth pays for periodontal scaling and root planing once per member per quadrant every three calendar years. The MassHealth representative testified that based on MassHealth's records, the Appellant had last had procedure D4341 for her upper and lower right quadrants on March 21, 2018. The MassHealth representative testified that because the Appellant received the procedure more than three years prior, he was able to approve procedure D4341 for the Appellant's upper and lower right quadrants. The MassHealth representative testified that based on MassHealth's records, MassHealth had paid for the Appellant to receive procedure D4342 on her upper and lower left quadrants on January 25, 2022. The MassHealth representative testified that because this was within the past three years, he denied the request for prior authorization for procedure D4342 for the upper and lower left quadrants.

The Appellant appeared at the hearing telephonically, testified through an interpreter, and verified her identity. The Appellant disputed that she had procedure D4342 on her upper and lower left quadrants in 2022. The Appellant testified that in 2022, she only received a dental cleaning, not periodontal scaling and root planning. The Appellant testified that it did not make sense for her to have only received the procedure on one side of her mouth, and that she had last had periodontal scaling and root planing in 2018. The Appellant testified that in 2018 and again presently, she is experiencing pain and bleeding in her mouth.

Due to the dispute of fact, the record was held open until November 24, 2023, for both parties to provide evidence of whether the treatment had occurred in 2022, and until December 1, 2023, to respond to the evidence submitted by the other party. On November 14, 2023, the MassHealth representative submitted a Health Record Treatment History from Tufts Dental School indicating that the Appellant received procedure D4342 on her upper and lower left quadrants on January 25, 2022. On November 21, 2023, the Appellant requested additional time, which was granted. The parties had until December 1, 2023, to submit evidence, and until December 8, to

review and respond. On November 21, 2023, the Appellant submitted documents from the T Station Dental group and a treatment plan. On November 22, 2023, the MassHealth representative responded and stated that based on his review of the materials, and his records indicating the Appellant received the procedure on January 25, 2022, he would continue to deny the request for D4342 for the upper and lower left quadrants.

Findings of Fact

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

1. The Appellant is an adult over the age of 21 and is a MassHealth Standard member (Exhibit 3).
2. On August 24, 2023, the Appellant's dental provider submitted a request for prior authorization for procedures D4341 and D4342 (Testimony; Exhibits 1 & 5).
3. On August 24, 2023, MassHealth denied the Appellant's request for prior authorization for procedures D4341 and D4342 (Testimony; Exhibits 1 & 5).
4. Under 130 CMR 420.427(B), MassHealth will only pay for periodontal scaling and root planing once per member per quadrant every three calendar years (Testimony).
5. At the hearing, the MassHealth representative approved the request for prior authorization for procedure D4341 for the Appellant's upper and lower right quadrants (Testimony).
6. On January 25, 2022, the Appellant received procedure D4342 on her upper and lower left quadrants (Testimony; Exhibit 6).

Analysis and Conclusions of Law

The MassHealth regulations at 130 CMR 420.427(B) describe the available services and limitations for periodontal scaling and root planning:

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).

At the hearing, MassHealth approved prior authorization for the Appellant to receive procedure D4341, periodontal scaling and root planing, for the upper and lower right quadrants. MassHealth also provided evidence that the Appellant received procedure D4342 on her upper and lower left quadrants on January 25, 2022. See Exhibit 6. Accordingly, under 130 CMR 420.427(B), MassHealth did not err in denying authorization for procedure D4342, as it had paid for the procedure within the past three years. Therefore, the appeal is approved in part—for procedure D4341 for both right quadrants—and denied in part—for procedure D4342 for both left quadrants.

Order for MassHealth

If MassHealth has not already done so, approve procedure D4341, periodontal scaling and root planing, for the upper and lower right quadrants, as discussed at the hearing and described above.

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.

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.

Emily T. Sabo, Esq.

Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA