

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2307594
Decision Date:	11/16/2023	Hearing Date:	09/28/2023
Hearing Officer:	Kimberly Scanlon		

Appearance for Appellant:  
*Via telephone*  
*Pro se*

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

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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Prior Authorization-Dental; Periodontal Scaling and Root Planing
<b>Decision Date:</b>	11/16/2023	<b>Hearing Date:</b>	09/28/2023
<b>MassHealth's Rep.:</b>	Dr. Sullaway	<b>Appellant's Rep.:</b>	<i>Pro se</i>
<b>Hearing Location:</b>	Quincy Harbor South 1 (Remote)	<b>Aid Pending:</b>	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 10, 2023, MassHealth denied the Appellant's request for prior authorization of periodontal scaling and root planing on all four quadrants of the Appellant's mouth. (Exhibit 1). The Appellant filed this appeal in a timely manner on August 22, 2023. (130 CMR 610.015(B); Exhibit 2). Denial of services 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 four (4) quadrants.

### Issue

The appeal issue is whether MassHealth was correct in denying the Appellant's requested treatment of periodontal scaling and root planing.

## **Summary of Evidence**

The Appellant is a MassHealth Limited member over the age of 21 who appeared at the hearing telephonically and testified through an interpreter. MassHealth was represented telephonically at the hearing by Dr. Sullaway, as a consultant for DentaQuest, the entity that has contracted with the MassHealth agency to administer and run the agency's dental program for MassHealth members.

Dr. Sullaway testified that the Appellant's dental provider requested the services of periodontal scaling and root planing (Procedure Code D4341) for all four (4) quadrants within the Appellant's mouth. Dr. Sullaway further testified that the request for this service was denied because the Appellant's coverage is MassHealth Adult Limited which only covers emergency services. Dr. Sullaway inquired whether the Appellant is currently has any pain or bleeding in his gums.

The Appellant testified that he does not have any bleeding, though he occasionally experiences mild pain. In response, Dr. Sullaway explained that if the Appellant should experience any bleeding or pain, he should contact his dental provider to see if there are any comfort measures that can be provided to him, at no cost. The Appellant expressed his appreciation for this suggestion. He testified that he had no questions and would wait to receive a written decision.

## **Findings of Fact**

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

1. The Appellant is an adult MassHealth Limited member. (Testimony; Exhibit 4).
2. On or about August 10, 2023 the Appellant's dental provider sent MassHealth a prior authorization request for periodontal scaling and root planing (Procedure Code D4341) for all four (4) quadrants. (Testimony; Exhibit 4).
3. By letter dated August 10, 2023, MassHealth denied the prior authorization request because the Appellant has MassHealth Adult Limited coverage, which only covers emergency services. (Testimony; Exhibit 1; Exhibit 4, p. 3).
4. The Appellant filed a timely appeal on August 22, 2023. (Exhibit 2).

## **Analysis and Conclusions of Law**

As a rule, the MassHealth agency and its dental program pays only for medically necessary services to eligible MassHealth members and may require that such medical necessity be established

through a prior authorization process. (See, 130 CMR 450.204; 130 CMR 420.410). In addition to complying with the prior authorization requirements at 130 CMR 420.410 *et. seq.*, covered services for certain dental treatments, including periodontal scaling, are subject to the relevant limitations of 130 CMR 420.421 through 130 CMR 420.456. Further, 130 CMR 420.410(C) references and incorporates the MassHealth Dental Program Office Reference Manual (hereinafter “Dental ORM” or “Dental Office Reference Manual”) publication as a source of additional explanatory guidance beyond the regulations. It is noted that references in the regulations of the Dental ORM include the pertinent state regulations, the administrative and billing instructions (including the HLD form), and service codes found in related subchapters and appendices.

The Dental ORM is incorporated and referenced by earlier parts of the MassHealth Dental Regulations. (See, e.g., 130 CMR 420.410(A) through (C)). The Dental ORM contains many of the detailed standards and guidelines in a format created for all MassHealth dental providers.<sup>1</sup>

With respect to MassHealth Limited members, the Dental ORM states, *inter alia*, the following:

## **2.1 MassHealth Dental Program Eligibility**

Dental services are covered for MassHealth eligible members as specified in 130 CMR 450.105 and 420.403. Members will receive a MassHealth ID card for services, including dental.

**\*Please note that MassHealth Limited members are covered for *emergency services only*. [130 CMR 450.105(G)]. This information is displayed as Coverage Type on the Provider Web Portal and is provided via eligibility verification using the IVR.**

(See, page 9 of the Dental ORM).

## **17.00 Limited Product**

The Limited Product for MassHealth covers only emergency services that are necessary to treat an acute medical condition requiring immediate care are allowed for members who have MassHealth Limited coverage is described in 130 CMR 450.105(G)(1), below.

For MassHealth Limited members (see 130 CMR 505.008 and 519.008), MassHealth will only pay for treatment of a medical condition (including labor and delivery) that manifests itself by acute symptoms of sufficient severity that the absence of immediate medical attention reasonably could be expected to result in:

- a. Placing the member’s health in serious jeopardy

---

<sup>1</sup> The Dental ORM may be found at <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf> (last viewed on November 15, 2023).

- b. Serious impairment to bodily functions; or
- c. Serious dysfunction of any bodily organ or part

MassHealth will cover the following dental codes for members with Limited coverage:

Limited Oral Evaluation. (D0140) The MassHealth agency pays for a limited oral evaluation twice per provider or location per calendar year. A limited oral evaluation may necessitate further diagnostic procedures (such as radiographs) to help the provider formulate a differential diagnosis about the member's specific problem. A limited oral evaluation is not covered on the same date of service as an emergency treatment visit.

Periapical Films. (D0220, D0230) Periapical films may be taken for specific areas where extraction is anticipated, or when infection, periapical change, or an anomaly is suspected, or when otherwise directed by the MassHealth agency. A maximum of four periapical films is allowed per member per visit.

Panoramic Films. (D0330) The MassHealth agency pays for panoramic films for surgical and nonsurgical conditions as described in 130 CMR 420.431(C)(1) and (2). **The MassHealth agency does not pay for panoramic films for crowns, endodontics, periodontics, and interproximal caries.**

(Emphasis added).

Surgical Removal of Erupted Tooth (D7210) The MassHealth agency pays for the surgical removal of an erupted tooth. Surgical removal of an erupted tooth is the removal of any erupted tooth that includes the retraction of a mucoperiosteal flap and the removal of alveolar bone to aid in the extraction or the sectioning of a tooth. The provider must maintain clinical documentation demonstrating medical necessity and a preoperative radiograph of the erupted tooth in the member's dental record to substantiate the service performed.

Palliative Treatment of Dental Pain or Infection (D9110). The MassHealth agency pays for palliative treatment to alleviate dental pain or infection in an emergency. Palliative treatment includes those services minimally required to address the immediate emergency including, but not limited to, draining of an abscess, prescribing pain medication or antibiotics, or other treatment that addresses the member's chief complaint. The provider must maintain in the member's dental record a description of the treatment provided and must document the emergent nature of the condition. The MassHealth agency pays separately for medically necessary covered services provided during the same visit.

(See, page 50 of the Dental ORM).

In the present case, the Appellant's dental provider submitted a prior authorization requesting the services of periodontal scaling and root planing (Procedure Code D4341) for all four (4) quadrants.

As noted above, the Appellant is a member of MassHealth Adult Limited. For members with Adult Limited coverage, MassHealth only covers the dental codes described above. Unfortunately, periodontic scaling is not amongst the covered services for MassHealth Limited members. As a result, this appeal is denied.<sup>2</sup>

## **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.

---

Kimberly Scanlon  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA

---

<sup>2</sup> This denial does not preclude the Appellant from contacting his dental provider should he experience any bleeding or pain, as discussed at the hearing.