# Office of Medicaid BOARD OF HEARINGS

#### **Appellant Name and Address:**



Appeal Decision: Approved Appeal Number: 2308803

**Decision Date:** 10/31/2023 **Hearing Date:** 10/27/2023

Hearing Officer: Emily Sabo

Appearance for Appellant:

Appearance for MassHealth:
Dr. Sheldon Sullaway, DentaQuest



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 Issue: Prior Authorization;

Procedure 4341: Periodontal Scaling

and Root Planing

**Decision Date:** 10/31/2023 **Hearing Date:** 10/27/2023

MassHealth's Rep.: Dr. Sheldon Sullaway Appellant's Rep.: Pro Se & Dentist

Hearing Location: Quincy Harbor South Aid Pending: No

(Telephone)

## **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 September 12, 2023, MassHealth denied the Appellant's request for prior authorization for dental treatment, specifically periodontal scaling and root planing (see 130 CMR 420.427 and Exhibit 1). The Appellant filed this appeal in a timely manner on September 25, 2023 (see 130 CMR 610.015(B) and Exhibit 2).

The Appellant appeared at the hearing telephonically and verified her identity. The MassHealth representative, a dentist licensed to practice in Massachusetts, appeared telephonically and testified that based on reviewing the Appellant's x-rays and information from her dentist, he approved procedure D4341, periodontal scaling and root planing, for all four quadrants. Because MassHealth approved the requested procedure, there are no longer any issues in dispute. Therefore, this appeal is dismissed. (130 CMR 610.035(A)(8)).

### Order for MassHealth

If MassHealth has not already done so, approve procedure D4341, as discussed at the hearing and described above.

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## **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 Hearing Officer Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA

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