

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2310461
<b>Decision Date:</b>	1/18/2024	<b>Hearing Date:</b>	12/08/2023
<b>Hearing Officer:</b>	Emily Sabo		

**Appearance for Appellant:**  
Pro se

**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

<b>Appeal Decision:</b>	Denied	<b>Issue:</b>	Dental Services; Prior Authorization; Procedure D4341; Periodontal Scaling and Root Planing; Maximum Benefit Allowance
<b>Decision Date:</b>	1/18/2024	<b>Hearing Date:</b>	12/08/2023
<b>MassHealth's Rep.:</b>	Dr. Sheldon Sullaway	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South 3	<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 October 4, 2023, MassHealth denied the Appellant's request for prior authorization for dental treatment, specifically procedure D4341—periodontal scaling and root planing (see 130 CMR 420.427 and Exhibit 1). The Appellant filed this appeal in a timely manner on October 26, 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 procedure D4341—periodontal scaling and root planning.

### Issue

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 procedure D4341—periodontal scaling and root planning.

## **Summary of Evidence**

The MassHealth representative, a consultant for DentaQuest, appeared at the hearing virtually. He testified that he is a dentist licensed to practice in Massachusetts. The Appellant is an adult over the age of 21 and has MassHealth Standard benefits. The Appellant appeared at the hearing in person and verified his identity.

The MassHealth representative testified that the Appellant's dental provider submitted a request for prior authorization for procedure D4341 for all four quadrants on October 4, 2023. The request states that the procedure is necessary to remove subgingival microbiota to prevent further bone loss and that the Appellant is experiencing bleeding and inflammation. Exhibit 5 at 5.

The MassHealth representative testified that MassHealth denied the Appellant's request for prior authorization for dental treatment on October 4, 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 on June 21, 2021. The MassHealth representative testified that because this was within the past three years, he denied the request for prior authorization for procedure D4341 for all four quadrants.

The Appellant testified that his teeth are sensitive and that he is in pain. The Appellant testified that his gums bleed when he brushes his teeth. The Appellant testified that the dentist he saw in 2021 performed a regular cleaning, not a deep cleaning.

## **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 4).
2. On October 4, 2023, the Appellant's dental provider submitted a request for prior authorization for procedure D4341 (Testimony; Exhibits 1 & 5).
3. On October 4, 2023, MassHealth denied the Appellant's request for prior authorization for procedure D4341 (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. On June 21, 2021, the Appellant received procedure D4341 (Testimony).

## **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 planing:

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).

I credit the Appellant's testimony that his mouth is sensitive and bleeding. I am very sorry for his pain and discomfort. Nonetheless, MassHealth testified that the Appellant had received procedure D4341, periodontal scaling and root planing, for all four quadrants on June 21, 2021.<sup>1</sup> Accordingly, under 130 CMR 420.427(B), MassHealth did not err in denying authorization for procedure D4341, as it had paid for the procedure within the past three years. The appeal is denied.

## **Order for MassHealth**

None.

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<sup>1</sup> Under 130 CMR 420.427(B), the Appellant would be eligible for procedure D4341 again, after June 21, 2024.

## 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.

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Emily T. Sabo, Esq.  
Hearing Officer  
Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA