Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	Denied	**Appeal Number:**	2313664
Decision Date:	3/20/2024	**Hearing Date:**	01/26/2024
Hearing Officer:	Emily Sabo		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Dr. Sheldon Sullaway, DentaQuest

Interpreter:
[redacted]

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:	Denied	**Issue:**	Dental Services; Prior Authorization Request; Procedure D4341 Periodontal Scaling & Root Planing
Decision Date:	3/20/2024	**Hearing Date:**	01/26/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	**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 December 4, 2023, MassHealth denied the Appellant's request for prior authorization for dental treatment, specifically procedure D4341—periodontal scaling and root planing for all four quadrants (see 130 CMR 420.427 and Exhibit 1). The Appellant filed this appeal in a timely manner on December 27, 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 for all four quadrants.

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 hearing was held by telephone. The MassHealth representative, a consultant for DentaQuest, testified that he is a dentist licensed to practice in Massachusetts. The Appellant is an adult over the age of 21 and has MassHealth CarePlus benefits. The Appellant verified his identity and testified through an interpreter.

The MassHealth representative testified that the Appellant's dental provider submitted a request for prior authorization for procedure D4341 for all four quadrants on December 4, 2023. The MassHealth representative testified that MassHealth denied the Appellant's request because there was no evidence presented of significant bone loss as required by 130 CMR 420.427(B). The MassHealth representative testified that MassHealth did not receive any x-rays or narrative from the Appellant's dental provider and stated that it was the responsibility of the Appellant to provide that information to MassHealth. The MassHealth representative testified that the Appellant's dental provider had not followed the instructions in the Dental Office Reference Manual in submitting the request for prior authorization. The MassHealth representative suggested that the Appellant ask his dental provider to resubmit the request following the Dental Office Reference Manual instructions.

The Appellant testified that he is diabetic and was told to see a dentist. The Appellant testified that he had seen a dentist and followed the recommended treatment plan.

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 CarePlus member (Exhibit 4).

2. On December 4, 2023, the Appellant's dental provider submitted a request for prior authorization for procedure D4341 (Testimony; Exhibits 1 & 5).

3. On December 4, 2023, MassHealth denied the Appellant's request for prior authorization for procedure D4341 (Testimony; Exhibits 1 & 5).

4. The prior authorization request did not include any x-rays or narrative from the Appellant's dental provider (Testimony; Exhibit 5).

Analysis and Conclusions of Law

As a rule, MassHealth 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. Specifically, 130 CMR 420.410 provides:

420.410: Prior Authorization

(A) Introduction.

(1) The MassHealth agency pays only for medically necessary services to eligible MassHealth members and may require that medical necessity be established through the prior authorization process. In some instances, prior authorization is required for members 21 years of age or older when it is not required for members younger than 21 years old.

(2) Services requiring prior authorization are identified in Subchapter 6 of the *Dental Manual*, and may also be identified in billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances. The MassHealth agency only reviews requests for prior authorization where prior authorization is required or permitted (see 130 CMR 420.410(B)).

(3) The provider must not start a service that requires prior authorization until the provider has requested and received written prior authorization from the MassHealth agency. The MassHealth agency may grant prior authorization after a procedure has begun if, in the judgment of the MassHealth agency

(a) the treatment was medically necessary;

(b) the provider discovers the need for additional services while the member is in the office and undergoing a procedure; and

(c) it would not be clinically appropriate to delay the provision of the service.

(B) Services Requiring Prior Authorization. The MassHealth agency requires prior authorization for:

(1) those services listed in Subchapter 6 of the *Dental Manual* with the abbreviation "PA" or otherwise identified in billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances;

(2) any service not listed in Subchapter 6 for an EPSDT-eligible member; and

(3) any exception to a limitation on a service otherwise covered for that member as described in 130 CMR 420.421 through 420.456. (For example, MassHealth limits prophylaxis to two per member per calendar year, but pays for additional prophylaxis for a member within a calendar year if medically necessary.)

(C) Submission Requirements.

(1) The provider is responsible for including with the request for prior authorization

appropriate and sufficient documentation to justify the medical necessity for the service. Refer to Subchapter 6 of the *Dental Manual* for prior-authorization requirements.

(2) Instructions for submitting a request for prior authorization for Current Dental Terminology (CDT) codes are described in the MassHealth Dental Program Office Reference Manual. Dental providers requesting prior authorization for services listed with a CDT code must use the current American Dental Association (ADA) claim form.

(3) Instructions for submitting a request for prior authorization for CPT codes are described in the administrative and billing instructions (Subchapter 5) in all provider manuals. The provider must submit prior authorization requests for CPT codes to MassHealth in accordance with the instructions in Appendix A of all provider manuals.

(D) Other Requirements for Payment.

(1) Prior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment such as member eligibility, the availability of other health-insurance payment, or whether the service is a covered service.

(2) The MassHealth agency does not pay for a prior-authorized service when the member's MassHealth eligibility is terminated on or before the date of service.

(3) When the member's MassHealth eligibility is terminated before delivery of a special-order good, such as denture(s) and crown(s), the provider may claim payment in accordance with the provisions of 130 CMR 450.231(B): General Conditions of Payment. Refer to 130 CMR 450.231(B) for special procedures in documenting member eligibility for special-order goods.

130 CMR 420.410.

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).

Subchapter 6 of the *Dental Manual* indicates that "PA" or prior authorization is required for procedure D4341 for MassHealth members age 21 and older. *Subchapter 6, Dental Manual* at 11. For Prior Authorization requirements, it states: "Include complete periodontal charting, periapical films, documentation of previous periodontal treatment, and a statement concerning the member's periodontal condition. See 602(A) above and 130 CMR 420.427(B)." Section 602(A) on prior authorization provides:

> (1) "PA" indicates that service-specific prior authorization is required (see 130 CMR 420.410). The provider must include in any request for prior authorization sufficiently detailed, clear information documenting the medical necessity of the service requested and, where specified, the information described in this Subchapter 6.
>
> (2) The MassHealth agency may require any additional information it deems necessary. If prior authorization is not required, the provider must maintain in the member's dental record, all information necessary to disclose the medical necessity for the services provided. Pursuant to 130 CMR 420.410(B)(3), prior authorization may be requested for any exception to a limitation on a service otherwise covered for that member. (For example, MassHealth limits prophylaxis to two per member per calendar year, but pays for additional prophylaxis for a member within a calendar year if medically necessary.)

Id. at 3.

Here, the Appellant is a member over the age of 21. Based on MassHealth testimony and the evidence in the record, the Appellant's provider did not submit sufficient detailed information documenting the medical necessity of procedure D4341—periodontal scaling and root planning for the Appellant. *See* Exhibit 5; 130 CMR 420.410(C). Accordingly, MassHealth did not err in denying the request. Therefore, the appeal is denied.

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.

Emily Sabo
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 1, MA