

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Approved; Dismissed	Appeal Number:	2313683
Decision Date:	02/1/2024	Hearing Date:	01/26/2024
Hearing Officer:	Emily T. 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

Appeal Decision:	Approved; Dismissed	Issue:	Dental Services; Prior Authorization; Procedure 4341: Periodontal Scaling and Root Planing
Decision Date:	02/1/2024	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 November 27, 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 December 27, 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.

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