

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2411130
Decision Date:	10/7/2024	Hearing Date:	08/23/2024
Hearing Officer:	Thomas Doyle	Record Open to:	

Appearance for Appellant:
Pro se

Appearance for MassHealth:
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

Appeal Decision:	Denied	Issue:	Prior Authorization- Periodontal Scaling and Root Planing
Decision Date:	10/7/2024	Hearing Date:	08/23/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Remote (phone)	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 June 21, 2024, MassHealth denied the appellant's request for prior authorization of periodontal scaling and root planing on 3 quadrants of the appellant's mouth. (130 CMR 420.431; Ex. 4).¹ Appellant filed this appeal in a timely manner on July 4, 2024. (130 CMR 610.015(B); Ex. 2). Challenging a denial of services is valid grounds to appeal before the Board of Hearings. (130 CMR 610.032).

Action Taken by MassHealth

MassHealth denied appellant's request for approval of the prior authorization request for periodontal scaling and root planing on 3 quadrants of the appellant's mouth.

Issue

The appeal issue is whether MassHealth was correct in denying appellant prior approval for the requested treatment.

¹ Documents in evidence and testimony of the DentaQuest consultant indicate the request for the upper right quadrant was approved.

Summary of Evidence

Appellant, acting pro se, is a MassHealth member over the age of 21 who appeared at hearing via telephone. MassHealth was represented at hearing by Dr. Sullaway, as a consultant for DentaQuest, the entity that has contracted with MassHealth agency to administer and run the agency's dental program for MassHealth members. He also appeared telephonically.

Dr. Sullaway testified that appellant's dentist had requested the service of periodontal scaling and/or root planing, hereinafter referred to as "periodontal scaling", for all four quadrants (upper left, upper right, lower left, and lower right) of adult teeth within the appellant's mouth. Dr. Sullaway stated that the periodontal scaling prior authorization request was denied by DentaQuest because the requested service exceeds the benefit allowance. He stated appellant received the procedure on the upper left on October 22, 2022; the lower left on October 2, 2022; and the lower right on October 11, 2022.² (Testimony). MassHealth pays for periodontal scaling and root planing once per member per quadrant every three calendar years. (130 CMR 420.427 (B)). Appellant's current prior authorization request falls within the 3-year period since appellant last had the procedure.

Appellant did not have any questions for Dr. Sullaway. She stated the dentist who did the procedure before "did not do under" her gums. She testified she has gastroparesis and she offered into evidence medical records indicating she has been dealing with reflux disease. (Testimony; Ex. 6). There is no medical necessity narrative in appellant's evidence. Appellant was asked if she agreed she had this procedure in October 2022 and she did not deny the date of the procedure but stated the dentist did "not go under" the gum. (Testimony).

Findings of Fact

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

1. Appellant is a MassHealth member over the age of 21 who had a prior authorization request under Service Code D4341 for periodontal scaling and planning for 4 quadrants. (Testimony; Ex. 7)
2. The prior authorization request for the upper right quadrant was approved. (Testimony; Ex. 1; Ex. 4).
3. Appellant previously had this procedure performed on the upper left quadrant, lower left quadrant and lower right quadrant in October 2022. (Testimony).

² Dr. Sullaway stated the prior authorization request for the upper right quadrant was approved. Documents in evidence indicate the prior authorization request for the upper right quadrant were approved, with one document indicating it was advisory. (Ex. 1; Ex. 4).

4. No medical necessity narrative was offered by appellant. (Ex. 6).

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. (130 CMR 450.204; 130 CMR 420.410). In addition to complying with the prior authorization requirements at 130 CMR 420.410 et seq.,³ covered services for certain dental treatments, including periodontal scaling, are subject to the relevant limitations of 130 CMR 420.421 through 420.456. (130 CMR 420.421 (A) through (C)). The regulation at 130 CMR 420.427 contains the relevant description and limitation for periodontal services like that at issue in this appeal. As to periodontal scaling and root planing requests, that regulation reads in relevant part as follows:

420.427: Service Descriptions and Limitations: Periodontal Services

...

(B) **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. **(Bolded emphasis added.)**

130 CMR 450.204 speaks to the medical necessity issue for all MassHealth providers. 130 CMR 450.204 reads in relevant part as follows:

³ 130 CMR 420.410(C) also references and incorporates the MassHealth Dental Program Office Reference Manual ("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 to the "Dental Manual" include the pertinent state regulations, the administrative and billing instructions (including the HLD form), and service codes found in related subchapters and appendices. See <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>.

450.204: Medical Necessity

The MassHealth agency does not pay a provider for services that are not medically necessary and may impose sanctions on a provider for providing or prescribing a service or for admitting a member to an inpatient facility where such service or admission is not medically necessary.

A) **A service is medically necessary if:**

1) it is **reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions** in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and

(2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007: Potential Sources of Health Care, or 517.007: Utilization of Potential Benefits.

B) **Medically necessary services must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality.** A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.) (**Bolded** emphasis added.)

...

D) Additional requirements about the medical necessity of MassHealth services are contained in other MassHealth regulations and medical necessity and coverage guidelines.

The record before me clearly shows appellant received this procedure on her upper and lower left quadrants and the lower right quadrant in October 2022. Appellant did not dispute the date only the quality of the work. The regulation states that MassHealth pays for periodontal scaling and root planing once per member per quadrant every three calendar years. Appellant's present prior authorization request was made in June 2024, less than 3 years since appellant had the procedure performed. Appellant has not met her burden and 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.

Thomas Doyle
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA