

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2416087
Decision Date:	12/10/2024	Hearing Date:	11/22/2024
Hearing Officer:	Sharon Dehmand		

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:	DENIED	Issue:	Dental Services; General Dental
Decision Date:	12/10/2024	Hearing Date:	11/22/2024
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	Pro se
Hearing Location:	Remote	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 September 3, 2024, MassHealth approved the appellant's prior authorization request for periodontal scaling and root planing for three quadrants of his mouth¹ but denied the treatment for one quadrant.² See 130 CMR 420.427 and Exhibit 1. The appellant filed this appeal in a timely manner on October 21, 2024. See 130 CMR 610.015(B) and Exhibit 2. Denial of a request for prior authorization is a valid basis for appeal to the Board of Hearings. See 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied the appellant's request for prior authorization of periodontal scaling and root planing for upper right quadrant of his mouth.

Issue

Whether MassHealth was correct in denying the appellant's request for prior authorization of

¹ The treatment was allowed for upper left, lower left, and lower right quadrants.

² The treatment was denied for upper right quadrant.

periodontal scaling and root planing for upper right quadrant of his mouth. See 130 CMR 420.427(B) and 130 CMR 450.204(A).

Summary of Evidence

The MassHealth dental consultant for DentaQuest and the appellant who verified his identity appeared telephonically at the hearing. The following is a summary of the testimonies and evidence provided at the hearing:

The MassHealth dental consultant testified that, on September 3, 2024, the appellant's provider submitted a prior authorization request for periodontal scaling and root planing of all four quadrants of the appellant's mouth under the service code D4342. On September 4, 2024, MassHealth allowed the treatment for three out of the four quadrants. MassHealth denied the request for periodontal scaling and root planing for the upper right quadrant because it exceeded the maximum allowable benefits, as the treatment is covered only once every three calendar years. MassHealth's records revealed that the appellant underwent this treatment for his upper right quadrant on January 2, 2022. Because three years have not elapsed since that date, MassHealth denied the appellant's request. The dental consultant explained that the appellant will be eligible for this treatment in less than two months.

The appellant testified that he suffers from poor health and has undergone chemotherapy and immunotherapy treatments. He stated that he has been diagnosed with gum disease requiring surgery. He explained that completion of periodontal scaling for all teeth is required prior to surgery. He stated that he has already completed the treatment for three quadrants of his mouth and has an appointment scheduled for December 5, 2024, to complete the treatment for the upper right quadrant. He acknowledged that he neither has an appointment for surgery nor knows the type of surgery required. The appellant argued that he should be allowed to complete the treatment prior to the three-calendar year limit because his poor health may not allow him to complete this treatment in two months. He stated that he will proceed with the treatment on December 5, 2024, regardless of MassHealth's decision.

Findings of Fact

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

1. The appellant is over the age of 21. (Exhibit 4).
2. On September 3, 2024, the appellant's provider submitted a prior authorization for periodontal scaling and root planing of all four quadrants of the appellant's mouth. (Testimony and Exhibit 6).

3. On September 4, 2024, MassHealth approved the treatment for three out of the four quadrants. (Testimony and Exhibit 1).
4. MassHealth denied the request for periodontal scaling and root planing for the upper right quadrant because it exceeded the maximum allowed benefits. (Testimony and Exhibit 1).
5. The appellant filed this appeal in a timely manner on October 21, 2024. (Exhibit 2).
6. MassHealth allows periodontal scaling and planing once per three calendar years per quadrant. (Testimony and Exhibit 6).
7. The appellant received periodontal scaling and planing for the upper right quadrant of his mouth on January 2, 2022. (Testimony).

Analysis and Conclusions of Law

Per regulations, MassHealth pays for services when they are medically necessary and covered by MassHealth's dental program. 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, or 517.007.

See 130 CMR 450.204(A).

MassHealth pays for the following dental services when they are medically necessary:

- (1) the services with codes listed in Subchapter 6 of the *Dental Manual*, in accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456; and
- (2) all services for EPSDT-eligible members, in accordance with 130 CMR 450.140 through 450.149, without regard for the service limitations described in 130 CMR 420.422 through 420.456, or the listing of a code in Subchapter 6. All such services are

available to EPSDT-eligible members, with prior authorization, even if the limitation specifically applies to other members younger than 21 years old.

See 130 CMR 420.421(A).

MassHealth's regulations regarding root planing and deep scaling state the following:

(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.

See 130 CMR 420.427(B).

Here, the appellant requested periodontal scaling and root planing of all quadrants of his mouth. MassHealth approved the appellant's request for three quadrants, namely: upper left, lower left, and lower right quadrants. See Exhibit 1. MassHealth denied coverage for the upper right quadrant because the appellant underwent this treatment on January 2, 2022, less than three calendar years ago. Per MassHealth regulations and Subchapter 6 of the *Dental Manual*, treatment under the service code D4342 is covered only once every three calendar years. See *id.*; *Dental manual* at 6-14. There is no dispute that the appellant received scaling for his upper right quadrant on January 2, 2022. As such, MassHealth correctly denied the appellant's request because three years have not elapsed since the appellant received this treatment.

Additionally, the appellant argued that he should be allowed to complete the treatment prior to the three-calendar year limit because his poor health may not allow him to complete such treatment in two months. While I am sympathetic to the appellant's poor health, future predictions regarding his health do not constitute medical necessity. See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)("[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings"). As such, the appellant failed to prove by a preponderance of the evidence that MassHealth erred in denying his request for prior authorization for dental services.

For the foregoing reasons, this 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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: DentaQuest 1, MA