

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved in part, Dismissed in part; Denied in part	<b>Appeal Number:</b>	2417329
<b>Decision Date:</b>	01/07/2025	<b>Hearing Date:</b>	12/20/2024
<b>Hearing Officer:</b>	Amy B. Kullar, Esq.		

**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

<b>Appeal Decision:</b>	Approved in part; Dismissed in part; Denied in part	<b>Issue:</b>	Prior Authorization; Adult Dental Services
<b>Decision Date:</b>	01/07/2025	<b>Hearing Date:</b>	12/20/2024
<b>MassHealth's Rep.:</b>	Dr. Sullaway	<b>Appellant's Rep.:</b>	██████
<b>Hearing Location:</b>	Worcester MassHealth Enrollment Center - Room 1 (Telephone)	<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 29, 2024, MassHealth denied the Appellant's requests for prior authorization for dental treatment, specifically procedure D4341 – periodontal scaling and root planning, for all four oral quadrants because MassHealth determined that the appellant exceeded her maximum benefit limitation for that code. *See* 130 CMR 420.427(B) and Exhibits 1, 5. The Appellant filed this appeal in a timely manner on November 12, 2024. 130 CMR 610.015(B) and Exhibit 2. Denial of requests for prior authorization is valid grounds for appeal. *See* 130 CMR 610.032.

### Action Taken by MassHealth

MassHealth denied the appellant's requests for prior authorization for dental code D4341 for all four oral quadrants.

## Issue

The appeal issue is whether MassHealth correctly determined that she has met her current maximum benefit allowance for dental code D4341 in denying her prior authorization requests.

## Summary of Evidence

The hearing was held telephonically. The Appellant verified her identity. The Appellant is an adult between the ages of 21 to 64. The Appellant represented herself at hearing and testified through a Spanish interpreter. MassHealth was represented telephonically by a licensed dentist, who is a consultant with DentaQuest, the agent of MassHealth that makes prior authorization determinations for dental services.

On October 21, 2024, the Appellant's dental provider, [REDACTED], submitted requests for prior authorization for procedure code D4341 (periodontal scaling and root planing), on the upper left quadrant, the lower left quadrant, the upper right quadrant, and the lower right quadrant of the Appellant's mouth. For procedure D4341, each oral quadrant requires its own prior authorization. Testimony. MassHealth denied the requests for procedure code D4341 (periodontal scaling and root planing) for all four quadrants of the Appellant's mouth on the basis that the procedure is authorized under the regulations once every 36 months. The MassHealth representative testified that the Appellant's medical record shows that the Appellant had procedure D4341 performed on August 16, 2024 on the upper right quadrant and the lower right quadrant, and that was the basis for the denials on the right side of the Appellant's mouth. He reported that MassHealth will only pay for periodontal scaling and root planing, the service associated with code D4341, once every 36 months, or 3 years. However, the record indicates that the procedure had not been performed on the upper left quadrant and the lower left quadrant within the last three years, and therefore, the MassHealth representative was able to overturn MassHealth's denials of procedure code D4341 for the upper left quadrant and the lower left quadrant, respectively. Testimony.

Upon questioning, the Appellant confirmed that her dentist had performed the procedure on the right side of her mouth on August 16, 2024, but that she still did need to have the procedure performed on the left side of her mouth. The MassHealth representative stated that he had reviewed her x-rays and he could see that she needs to have the procedure performed on the left side of her mouth, and that she and her dentist are doing the right thing with this treatment. He is upholding the denials on the upper and lower right oral quadrants but he is overturning MassHealth's denials of the procedure on the upper and lower left oral quadrants.

## Findings of Fact

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

1. The Appellant is an adult between the ages of 21 to 64. Testimony; Exhibit 5.
2. On October 21, 2024, MassHealth received prior authorization requests on the appellant's behalf seeking approval for coverage of dental code D4341, periodontal scaling and root planing, for each of the appellant's four oral quadrants. Testimony; Exhibit 6.
3. On October 29, 2024, MassHealth denied the requests because it exceeds the appellant's benefit limitations. Testimony; Exhibit 1.
4. The appellant submitted a timely request for fair hearing on November 12, 2024. Exhibit 2.
5. The Appellant had procedure D4341 performed on the upper right oral quadrant and lower right oral quadrant on August 16, 2024, which MassHealth covered. Testimony.

## Analysis and Conclusions of Law

MassHealth pays only for dental services that are medically necessary. 130 CMR 420.421(A). Medical necessity for dental and orthodontic treatment must be shown in accordance with the regulations governing dental treatment, 130 CMR 420.000 *et seq.*, and the MassHealth *Dental Manual*.<sup>1</sup> 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.

130 CMR 450.204(A).

MassHealth dental regulations governing coverage of periodontal services state, in relevant part, the following:

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<sup>1</sup> The Dental Manual is available on MassHealth's website, in the MassHealth Provider Library. Available at <https://www.mass.gov/lists/dental-manual-for-masshealth-providers>.

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) (emphasis added)

All medically necessary services are subject to “the service descriptions and limitations described in 130 CMR 420.422 through 420.456” except for certain Early and Periodic Screening, Diagnostic and Treatment services (EPSDT)-eligible members. 130 CMR 420.421(A). Accordingly, the regulations provide no exception to the benefit time limitations, even in the event of an emergency.

The appeal is approved, and dismissed, as to the prior authorization requests for procedure code D4341 on the upper left quadrant and the lower left quadrant of the Appellant’s mouth. At hearing, and based upon the record evidence and testimony, the MassHealth representative overturned MassHealth’s denials of procedure D4341 for the upper left and lower left oral quadrants and approved the Appellant for this service. For the foregoing reasons, the Appellant’s appeal as to the denials of procedure D4341 on the upper left quadrant and lower left quadrant is hereby APPROVED and DISMISSED.

However, the Appellant does not deny that she last received coverage of periodontal scaling and root planing on the right side of her mouth in August, 2024, which was less than three years ago. As such, there is no question that the appellant is not entitled to coverage of the procedure on the right side of her mouth prior to August 2027 under the MassHealth regulations. For the foregoing reasons, the Appellant’s appeal as to the denials of procedure D4341 on the upper right oral quadrant and lower right oral quadrant is hereby DENIED.

## **Order for MassHealth**

If MassHealth has not already done so, approve procedure code D4341 for the upper left oral quadrant and approve procedure code D4341 for the lower left oral quadrant for the Appellant. Send written notice of same to the appellant and her dentist and/or periodontist.

## **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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Amy B. Kullar, Esq.  
Hearing Officer  
Board of Hearings

MassHealth Representative: DentaQuest 1, MA