

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2501727
Decision Date:	04/17/2025	Hearing Date:	02/28/2025
Hearing Officer:	Emily Sabo		

Appearance for Appellant:



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; Prior Authorization
Decision Date:	04/17/2025	Hearing Date:	02/28/2025
MassHealth's Rep.:	Dr. Sheldon Sullaway	Appellant's Rep.:	██████
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 January 16, 2025, MassHealth denied the Appellant's request for prior authorization for dental treatment, specifically procedure D4341—periodontal scaling and root planing for all four quadrants. 130 CMR 420.427 and Exhibit 1. The Appellant filed this appeal in a timely manner on January 28, 2025. 130 CMR 610.015(B) and Exhibit 2. Denial of assistance is valid grounds for appeal. 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 planing.

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 planing.

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 a MassHealth CarePlus member. The Appellant verified his identity.

The MassHealth representative testified that the Appellant's dental provider submitted a request for prior authorization for procedure D4341 for all four quadrants on January 16, 2025. The MassHealth representative testified that MassHealth denied the Appellant's request for prior authorization for dental treatment on January 16, 2025, due to 130 CMR 420.427(B), which states that MassHealth pays for periodontal scaling and root planing once per member per quadrant every three calendar years. The MassHealth representative testified that based on MassHealth's records, the Appellant had last had procedure D4341 on his upper and lower left quadrants on March 16, 2023, and on his upper and lower right quadrants on March 28, 2023. The MassHealth representative testified that because this was within the past three years, he would uphold the denial for prior authorization for procedure D4341 for all four quadrants.

The Appellant testified that he does not really care about the periodontal scaling and root planing. The Appellant explained that he filed the appeal because he needs numbing injections in order to tolerate the cleaning of his teeth, due to sensitivity. The Appellant testified that his dentist said that she could not use a numbing agent without prior approval from MassHealth. The Appellant testified that he was in excruciating pain and could not tolerate his regular six-month cleanings without some sort of numbing agent.

The MassHealth representative testified that a member such as the Appellant could be given local anesthesia on any procedure without prior authorization from MassHealth and that it would just be a decision between the member and their dentist. The Appellant stated that he was bothered that his appeal did not resolve the issue of receiving a numbing injection.

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 January 16, 2025, the Appellant's dental provider submitted a request for prior authorization for procedure D4341 for all four quadrants (Testimony; Exhibits 1 & 5).
3. On January 16, 2025, MassHealth denied the Appellant's request for prior authorization for procedure D4341 (Testimony; Exhibits 1 & 5).
4. Under 130 CMR 420.427(B), MassHealth will only pay for periodontal scaling and root planing

once per member per quadrant every three calendar years (Testimony).

5. On March 16, 2023, the Appellant received procedure D4341 on his upper and lower left quadrants and on March 28, 2023, he received procedure D4341 on his upper and lower right quadrants (Testimony).
6. The Appellant is highly sensitive to pain during his dental cleanings (Testimony).
7. MassHealth pays for the use of local anesthesia without prior authorization (Testimony).
8. On January 28, 2025, the Appellant filed an appeal with the Board of Hearings (Exhibit 2).

Analysis and Conclusions of Law

The MassHealth regulations at 130 CMR 420.427(B) describe the available services and limitations for 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.

130 CMR 420.427(B).

MassHealth regulations also provide:

130 CMR 420.452: Service Descriptions and Limitations: Anesthesia

(A) General Requirements. The MassHealth agency pays for general anesthesia and intravenous moderate (conscious) sedation/analgesia subject to the service descriptions and limitations described in 130 CMR 420.452 and in accordance with the service description of Subchapter 6 in the Dental Manual.

(1) Deep Sedation/General Anesthesia. Deep sedation and general anesthesia, when administered in a dental office, must be administered only by a provider who possesses both an anesthesia-administration permit and an anesthesia-facility permit issued by the Massachusetts Board of Registration in Dentistry (BORID) and when a member is eligible for oral-surgery services. All rules, regulations, and requirements set forth by the Massachusetts BORID and by the Massachusetts Society of Oral and Maxillofacial Surgeons must be followed without exception.

(2) Intravenous Moderate Sedation/Analgesia. The MassHealth agency pays for intravenous moderate sedation/analgesia when administered in a dental office, and when a member is eligible for oral-surgery services, administered by a provider who possesses both an anesthesia-administration permit and an anesthesia-facility permit issued by the Massachusetts BORID.

(3) Inhalation of Nitrous Oxide/Oral Analgesia.

(a) The MassHealth agency pays for the oral administration of analgesia, as part of an operative procedure.

(b) The MassHealth agency pays for the administration of inhalation analgesia (nitrous oxide (N₂O/O₂)) as a separate procedure.

(4) Local Anesthesia. The MassHealth agency pays for the administration of local anesthesia as part of an operative procedure. The MassHealth agency does not pay for local anesthesia as a separate procedure (see 130 CMR 420.413).

(B) Documentation. The provider must maintain a completed anesthesia flowsheet in the member's dental record for each procedure requiring the use of anesthesia. In addition, the provider must document the following in the member's dental record:

(1) the beginning and ending times of deep sedation/general anesthesia, IV moderate sedation/analgesia, or inhalation of nitrous oxide analgesia procedure. The anesthesia time begins when the provider administers the anesthetic agent. The provider is required to follow the non-invasive monitoring protocol and remain in continuous attendance of the member. Anesthesia services are considered completed when the member may be safely left under the observation of trained personnel and the provider may safely leave the room. The level of anesthesia is determined by the provider's documentation and consideration of the member's history with anesthesia, and anesthetic effects upon the central nervous system and is not dependent upon the route of administration;

(2) preoperative, intraoperative, and postoperative vital signs;

(3) medications administered, including their dosages and routes of administration;

(4) monitoring equipment used;

(5) a statement of the member's response to the analgesic or anesthetic used, including any complication or adverse reaction; and

(6) a record of the member's history with anesthesia or analgesics.

130 CMR 420.452.

Exhibit B of Appendix D of the MassHealth Dental Office Reference Manual provides for adjunctive general services including palliative treatment of dental pain, general anesthesia, conscious sedation, and inhalation of nitrous oxide without prior authorization required for MassHealth members 21 and over.¹ Dental Office Reference Manual at 126.

The Appellant stated at the hearing that his appeal was related to the denial of the use of a numbing agent during his cleaning, not the denial for the periodontal scaling and root planing. Nonetheless, the January 16, 2025 notice appealed relates to the request for procedure D4341. Based on MassHealth's testimony, the Appellant received procedure D4341 on his upper and lower left quadrants on March 16, 2023, and on his upper and lower right quadrants on March 28, 2023. Accordingly, under 130 CMR 420.427(B), MassHealth did not err in denying authorization for procedure D4341, as it had paid for the procedure within the past three years. Regarding the use of a numbing agent or local anesthesia, the MassHealth representative testified that such use was paid for by MassHealth without prior authorization, which is supported by the regulations and Dental Office Reference Manual.

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

¹ Available at <https://www.masshealth-dental.net/MassHealth/media/Docs/MassHealth-ORM.pdf>.

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: BeneCare 1, Attn: Jessica Lusignan