

## APPEAL DECISION

Appeal Decision:	Approved	Issue:	Periodontal Services
Decision Date:	MAR 06 2020	Hearing Date:	10/18/2019
MassHealth's Rep.:	Dr. Sullaway	Appellant's Rep.:	GBLS
Hearing Location:	Quincy Harbor South		

### 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 20, 2019, MassHealth denied the appellant's Prior Authorization (PA) request for deep gum and root cleaning for the upper right, upper left, and lower right quadrants because MassHealth determined that X-ray and/or complete periodontal charting failed to reveal the need for scaling and curettage. (See 130 CMR 420.427(B) and Exhibit (Ex.) 1, p. 4). Through a notice dated July 1, 2019, MassHealth denied the appellant's PA request for deep gum and root cleaning for the upper right, upper left, and lower right quadrants because MassHealth determined that X-ray and/or complete periodontal charting failed to reveal the need for scaling and curettage. (See 130 CMR 420.427(B) and Ex. 2, p. 5). Through a second notice dated July 1, 2019, MassHealth denied the appellant's PA request for deep gum and root cleaning for the lower left quadrant because MassHealth determined that X-ray and/or complete periodontal charting failed to reveal the need for scaling and curettage. (See 130 CMR 420.427(B) and Ex 3, 4. 5). The appellant filed appeals in a timely manner on July 29, 2019 challenging all notices. (See 130 CMR 610.015(B); Ex. 1, p. 3; Ex. 2, p. 4; and Ex. 3, p. 3). Denial of a prior authorization for dental services is valid grounds for appeal. (See 130 CMR 610.032).

The Board of Hearings initially scheduled this hearing for September 13, 2019. (Ex. 4). At the request of the appellant's representative, the hearing was rescheduled in order to allow appellant to gather further medical documents. (Ex. 6; Ex. 7). During the hearing, the appellant's representative requested that the record remain open until November 18, 2019 to allow her to submit additional documentation (see below). (Ex. 17). The MassHealth representative was given until November 25, 2019 to respond. (*Id.*). The appellant's representative submitted the documentation on November 16, 2019. (Ex. 19). The MassHealth representative responded on November 19, 2019, at which time the hearing record closed. (Ex. 20).

## Action Taken by MassHealth

MassHealth denied the appellant's PA requests for deep gum and root cleaning for all four quadrants.

## Issue

The appeal issue is whether MassHealth was correct, pursuant to 130 CMR 420.427(B), in determining denying appellant request for PA for periodontic treatment.

## Summary of Evidence

The MassHealth representative, a dentist licensed to practice in Massachusetts for over 40 years, testified to the following. The MassHealth representative is a consultant with DentaQuest, which administers the dental plan and PA determinations on behalf of MassHealth. The dental provider submitted PA requests for periodontal scaling and root planing of all four quadrants on June 18, 2019. (Ex. 5, pp. 1, 2, 6). On June 20, 2019, MassHealth denied the PA request with regard to the upper right and left quadrants and the lower right quadrant because there was no evidence of significant bone loss. (Ex. 1, pp. 4-6; Ex. 5, p. 1). On July 1, 2019, MassHealth denied the PA request with regards to the lower left quadrant because there was no evidence of significant bone loss. (Ex. 3, pp. 4-5; Ex. 5, p. 2). On June 27, 2019, the provider submitted a PA request for periodontal scaling of all four quadrants. (Ex. 5, pp. 3, 7). On July 1, 2019, MassHealth denied the PA request for all four quadrants<sup>1</sup> because there was no evidence of significant bone loss. (Ex. 2, pp. 5-6; Ex. 5, p. 3).

The MassHealth representative testified that in one of the charts submitted with the PA request, the provider stated that there was localized mild bone loss. The MassHealth representative agreed with this determination. The MassHealth representative stated, however, that the bone loss must be both generalized (not localized) and significant (not mild). The MassHealth representative referred to the office reference manual used by DentaQuest in making its determination.<sup>2</sup> The MassHealth representative stated that in order for there to be an approval there needs to be either radiographic evidence of root surface calculus or notable bone loss. There is no sign of the former and only some sign of the latter on a few of the appellant's teeth. The MassHealth representative stated that the radiographic evidence indicate that there are signs of significant bone loss in two teeth (apiece) in the upper right (2 and 4) and left (13 and 15) quadrants and one tooth (apiece) in the lower right (26) and left (25) quadrants. The appellant does not have significant bone loss in four or more teeth in each quadrant. The MassHealth representative stated that he stood by the PA determinations.<sup>3</sup>

The appellant's representative stated that under the criteria established by the MassHealth regulation,

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<sup>1</sup> The July 1, 2019 the notice contains denials for the upper right and left quadrants and lower right quadrant. (Ex. 2, p. 3). Concerning the lower left quadrant, the DentaQuest Authorization Determination submitted into the record indicates that these services were reviewed on the previously submitted request. (See Ex. 3, p. 4; Ex. 5, p. 2).

<sup>2</sup> The MassHealth representative did not submit this document into the hearing record.

<sup>3</sup> The MassHealth representative asked and the appellant's representative confirmed that the appellant does have pain and bleeding. The MassHealth representative stated that the appellant is permitted to go to the provider without seeking a PA in order to receive palliative treatment for the pain and bleeding.

the patient only has to be diagnosed with active periodontal disease. The criterion used by DentaQuest, in their office reference manual requires that the patient have severe periodontal conditions in order to qualify for treatment. (Ex. 11). The reference manual also states that there needs to be radiographic evidence of noticeable loss of bone support. (*Id.*). The notices sent to the appellant, however, change the word noticeable to the word significant. The appellant's representative argued that the MassHealth regulations should be what are followed, not what is in the reference manual. Furthermore, the reason for the denial is inconsistent with DentaQuest's reference manual in any case. The appellant's representative stated that it was unclear whether in making this determination DentaQuest should have limited the determination to four teeth per quadrant (Code D4341). MassHealth allows for treatment of one to three teeth per quarter under a different CDT (Code D4342). The appellant's representative also submitted medical evidence that the condition of the appellant's teeth and gums worsened over a period of three months between March and June 2019, and that the medical records show that appellant has active periodontal disease in all four quarters. The appellant's representative argued, therefore, that the appellant qualifies to receive the periodontal treatment described in the regulations.

The appellant's representative requested further time to submit a memorandum including references to medical records and other documentation in order to flesh out her argument. (Ex. 17). The appellant's representative was given until November 18, 2019 to do so and the MassHealth representative was given until November 25, 2019 to respond.<sup>4</sup> The appellant's representative submitted the memorandum on November 16, 2019, which was forwarded to the MassHealth representative. (Ex. 19). In the memorandum, the appellant's representative stated that on March 19, 2019, the appellant's dentist performed an initial periodontal examination clinically finding signs indicative of periodontal disease. (Ex. 19, pp. 3, 12). The appellant was referred to a second dentist, who performed a more in depth examination on June 25, 2019, finding "generalized moderate plaque-induced gingivitis, localized moderate active periodontitis #1-2", generalized moderate plaque, and generalized moderate calculus. (Ex. 19, p. 13). The second dentist recommended the Deep Scaling and Root Planing and submitted the PA. (Ex. 19, p. 3). The appellant's representative argued that the DentaQuest standards were more restrictive than those of the regulations which only require active periodontal disease. The regulations do not require that a minimum of four teeth per quadrant be affected. The appellant's representative wrote that the clinical findings in both examinations document the presence of periodontal disease, indicating that it had progressed from the first to the second examination. (Ex. 19, pp. 5, 12, 13). She also wrote that the radiographic evidence indicates that there has been bone loss. (Ex. 19, p. 12).

The MassHealth representative responded on November 19, 2019, stating that he agreed with the appellant's representative but that the information was based entirely on clinical findings and not radiographic evidence, which is required under DentaQuest's Office Reference manual.

## Findings of Fact

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

1. The appellant is an individual over the age of 21. (Ex. 19, p. 3).

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<sup>4</sup> The MassHealth representative, who was attending telephonically, was also forwarded exhibits the appellant's representative, who was attending in person, submitted at the hearing and asked to respond to these as well in his response. (Ex. 11, Ex. 12, Ex. 13, Ex. 14, Ex. 15, Ex. 16 and Ex. 17).

2. On March 19, 2019, the appellant's dentist performed an initial periodontal examination clinically finding signs indicative of periodontal disease. (Ex. 19, pp. 3, 12).
3. A second dentist performed a more in depth examination on June 25, 2019, finding "generalized moderate plaque-induced gingivitis, localized moderate active periodontitis #1-2", generalized moderate plaque, and generalized moderate calculus. (Ex. 19, p. 13).
4. The second dental provider submitted a PA requests for periodontal scaling and root planing of all four quadrants on June 18, 2019. (Ex. 5, pp. 1, 2, 6).
5. On June 20, 2019, MassHealth denied the PA request with regard to the upper right and left quadrants and the lower right quadrant because there was no evidence of significant bone loss. (Ex. 1, pp. 4-6; Ex. 5, p. 1).
6. On July 1, 2019, MassHealth denied the PA request with regards to the lower left quadrant because there was no evidence of significant bone loss. (Ex. 3, pp. 4-5; Ex. 5, p. 2).
7. On June 27, 2019, the provider submitted a PA request for periodontal scaling of all four quadrants. (Ex. 5, pp. 3, 7).
8. On July 1, 2019, MassHealth denied the PA request for all four quadrants because there was no evidence of significant bone loss. (Ex. 2, pp. 5-6; Ex. 5, p. 3).

## Analysis and Conclusions of Law

MassHealth pays only for medically necessary services to eligible members and may require that medical necessity be established through the prior authorization process. (130 CMR 420.410(A)(1)). In some instances, prior authorization is required for members aged 21 and older when it is not required for members under age 21. (*Id.*). Services requiring prior authorization are identified in Subchapter 6 of the Dental Manual, and may also be identified in billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances. (130 CMR 420.410(A)(2)). The MassHealth agency only reviews requests for prior authorization where prior authorization is required or permitted. (*Id.*). MassHealth requires prior authorization for those services listed in Subchapter 6 of the Dental Manual with the abbreviation "PA" or otherwise identified in billing instructions, program regulations, associated lists of service codes and service descriptions, provider bulletins, and other written issuances. (130 CMR 420.410(B)(1)). The provider is responsible for including with the request for prior authorization appropriate and sufficient documentation to justify the medical necessity for the service. (130 CMR 420.410(C)(1)). Dental providers requesting prior authorization for services listed with a Current Dental Terminology (CDT) code must use the current ADA claim form. (130 CMR 420.410(C)(2)). MassHealth pays for periodontal services with codes listed in Subchapter 6 of the Dental Manual, and for individuals over the age of 21 in accordance with the service descriptions and limitations described in 130 CMR 420.427. (130 CMR 420.421(A)(1); 130 CMR 420.421(C)(5)).

MassHealth pays for periodontal scaling and root planing once per member per quadrant every three calendar years. (130 CMR 420.427(B)). Periodontal scaling and root planing involves instrumentation of

the crown and root surfaces of the teeth to remove plaque and calculus. (*Id.*) It is indicated for members with active periodontal disease, and is not a prophylactic treatment. (*Id.*) 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. (*Id.*) Some soft tissue removal occurs. (*Id.*) Prior authorization is required for members 21 years of age or older. (*Id.*)

The record shows that the appellant is an individual over the age of 21. In order to receive the requested services under appeal, he was required to submit a PA showing the medical necessity of the treatment. The appellant submitted medical documentation from two examinations separated by three months that showed the appellant has, in the medical opinion of the two treating dentists, active periodontal disease. According to documentation submitted by the appellant's representative, it appears that the active periodontal disease (generalized moderate plaque and generalized moderate calculus) exists in all four quarters of the appellant's mouth. There is no evidence that the appellant has received the requested treatment at any point in the last three years. The standards utilized by DentaQuest in its determination of whether there is active periodontal disease appear to be more restrictive than that contemplated under the regulations. In any case, there is medical documentation countering this determination and for that reason the appellant has established the medical necessity of the procedure.

For the above stated reasons, the appeal is APPROVED.

## Order for MassHealth

Approve the requested periodontal services.

## 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.

*Scott Bernard* <sup>(R)</sup>

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Scott Bernard  
Hearing Officer  
Board of Hearings

cc: DentaQuest  
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