

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DISMISSED (in Appellant's favor)	Appeal Number:	2177758
Decision Date:	12/13/2021	Hearing Date:	11/15/2021
Hearing Officer:	Christopher Taffe	Record Closed:	12/06/2021

Appearances for Appellant:



Appearance for MassHealth:

Carl Perlmutter, DMD – Orthodontist and Consultant for DentaQuest (by phone)



*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:	DISMISSED (in Appellant's favor)	Issue:	PA – Dental – Full Orthodontics
Decision Date:	12/13/2021	Hearing Date:	11/15/2021
MassHealth's Rep.:	C. Perlmutter, DMD	Appellant's Rep.:	[REDACTED]
Hearing Location:	HarborSouth Tower, Quincy	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 and Summary of Resolution

Through a notice September 12, 2021, MassHealth denied Appellant's request for prior authorization of comprehensive orthodontic treatment. See Exhibit 1; 130 CMR 420.431. Appellant filed a timely appeal with the Board of Hearings on October 12, 2021. See Exhibit 1; 130 CMR 610.015(B). Challenging a denial of a MassHealth of a request for assistance is a valid ground for appeal to the Board of Hearings. See 130 CMR 610.032.

The appeal consisted of a request for comprehensive orthodontic treatment under Service Codes D8060 and D8670. The request was submitted by Dr. Linda Krebs under Prior Authorization (PA) # 202125200409300.

At the conclusion of the hearing held on November 15, 2021, the parties agreed to extend the Record Open period until December 10, 2021 at the request of Appellant's parents to allow time for (1) the Appellant's side to obtain and submit additional evidence (namely a medical necessity narrative) post-hearing to the Hearing Officer, (2) for the Hearing Officer to receive, review, and forward any submission, and (3) for the MassHealth Representative to respond.¹

Appellant made a timely submission to Hearing Officer during the Record Open period which

¹ This allowance of the Record Open period to permit Appellant to submit additional information that was not present in the record on the hearing date extended the due date for this decision until February 4, 2022. See 130 CMR 610.015.

included a letter from a non-dental medical provider which discussed Appellant's mental health and the submission was acknowledged, copied, and forwarded to MassHealth by the Hearing Officer. See Exhibits 4 and 5.

In response, the MassHealth Representative Dr. Perlmutter **approved** the requested interceptive treatment. See Exhibit 6. Specifically, Dr. Perlmutter's response stated in part the following:

"[Appellant's representatives] ... did state that there were psychological medical reasons why their son should be approved for treatment ... They did have a letter ... explaining that orthodontic treatment should not be refused since it would have a negative impact on his 'emotional well-being.' ... I am overturning the denial decision and approving orthodontic treatment for [Appellant]. Therefore, I will instruct MassHealth Health (sic) to approve and pay for orthodontic treatment for [Appellant]."

(Exhibit 6)

Based on the above, **the appeal issue has been resolved completely in Appellant's favor** as MassHealth has approved the requested treatment. As there is no remaining issue of dispute between the parties, this appeal is **DISMISSED in Appellant's favor** per 130 CMR 610.051 and 610.083(C), with an Order for the agency to confirm the approval for the Appellant.

Order for MassHealth/DentaQuest

DentaQuest and/or the agency must, no later than 30 days from the date of this decision and as soon as possible, send written notice of approval of the request for comprehensive orthodontic treatment on PA # 202125200409300 to both (1) Appellant's family and (2) the provider who submitted this PA request.²

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.

² Appellant is encouraged to share news of this appeal outcome with her orthodontist so that both the orthodontist and Appellant's family can prepare for the next step, and so the dental provider can be on the lookout for the official approval notice which will likely be needed by the provider before treatment can be scheduled.

Implementation of this Decision

If this decision is not implemented within 30 days after the date of this decision, you should contact MassHealth Dental Customer Service at 1-800-207-5019. If you experience further 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.

Christopher Taffe
Hearing Officer
Board of Hearings

cc: DentaQuest