

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed	<b>Appeal Number:</b>	2204112
<b>Decision Date:</b>	9/14/2022	<b>Hearing Date:</b>	09/07/2022
<b>Hearing Officer:</b>	Susan Burgess-Cox	<b>Record Open to:</b>	09/13/22

**Appearance for Appellant:**



**Appearance for MassHealth:**

Dr. Harold Kaplan

**Interpreter:**

Interpreters and Translators Inc.  
Interpreter # 259018



*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>	Dismissed	<b>Issue:</b>	Prior Authorization
<b>Decision Date:</b>	9/14/2022	<b>Hearing Date:</b>	09/07/2022
<b>MassHealth's Rep.:</b>	Dr. Harold Kaplan	<b>Appellant's Rep.:</b>	Mother
<b>Hearing Location:</b>	All Parties Appeared by Telephone	<b>Aid Pending:</b>	No

The hearing was conducted pursuant to the Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder. MassHealth denied the appellant's prior authorization request for comprehensive orthodontic treatment. Denial of assistance is valid grounds for appeal. (130 CMR 610.000).

The record was held open to give the appellant the opportunity to provide additional evidence. (Exhibit 7). During the record open period, the appellant provided information resulting in MassHealth approving the prior authorization request on appeal. (Exhibit 8; Exhibit 9).

As MassHealth has adjusted their initial determination, the issue on appeal has been resolved.

Pursuant to 130 CMR 610.035(A)(8), the Board of Hearings will dismiss an appeal when it learns of an adjustment or action that resolves all of the issues in dispute between the parties. As MassHealth has adjusted the prior authorization request at issue, this appeal is dismissed. (130 CMR 610.035(A)(8)).

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Susan Burgess-Cox  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA