

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: DISMISSED (in
Appellant's favor)

Appeal Number: 2209566

Decision Date: 3/8/2023

Hearing Date: 02/01/2023

Hearing Officer: Christopher Taffe

Record Closed: 02/28/2023

Appearance for Appellant:



Appearance for MassHealth:

Harold Kaplan, DMD, Consultant, on
behalf of 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 - Orthodontics
Decision Date:	3/8/2023	Hearing Date:	02/01/2023
MassHealth's Rep.:	H. Kaplan, 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 dated November 30, 2022, MassHealth denied Appellant's Prior Authorization (PA) request for comprehensive orthodontic treatment. See Exhibit 1; 130 CMR 420.431. Appellant filed a timely appeal with the Board of Hearings on December 23, 2022. See Exhibit 1; 130 CMR 610.015(B). Challenging the MassHealth denial of a request for assistance is a valid ground for appeal to the Board of Hearings. See 130 CMR 610.032.

At the conclusion of the hearing, the record was left open per agreement of the parties to allow the parties to do post-hearing submissions. See Exhibit 4; 130 CMR 610.081. The record was subsequently closed on February 28, 2023. See Exhibits 5 through 8.

The appeal consisted of a request for comprehensive orthodontic treatment under Service Codes D8080. The request was submitted by a Staff Dentist at Boston Children's Hospital under PA # 202233300381300.

Appellant made a timely submission to Hearing Officer during the Record Open period which included a letter from a non-dental medical provider, Dr. Elizabeth O'Connor of Roslindale Pediatrics, which discussed Appellant's health and need for orthodontic treatment, and how Appellant's occlusion may be contributing to the condition of sores in Appellant's mouth. See Exhibit 5.

In response, the MassHealth Representative Dr. Kaplan **approved** the requested interceptive

treatment. See Exhibit 6. Specifically, Dr. Kaplan's response stated in part the following:

Good morning ...

After receiving a medical necessity narrative from [Appellant's] pediatrician Dr. Elizabeth O'Connor, I am overturning the denial and recommending that [Appellant] receive orthodontic treatment by MassHealth.

Harold J. Kaplan, DMD

(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 # 202233300381300 to both (1) Appellant's family and (2) the provider who submitted this PA request.¹

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.

¹ Appellant's family is encouraged to share news of this appeal outcome with his 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 to be first received by the provider before orthodontic treatment can start.

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