

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Dismissed	<b>Appeal Number:</b>	2301998
<b>Decision Date:</b>	6/2/2023	<b>Hearing Date:</b>	4/12/2023
<b>Hearing Officer:</b>	Cynthia Kopka		

**Appearance for Appellant:**  
[Redacted], parent

**Appearance for MassHealth:**  
Dr. Harold Kaplan



*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 - orthodontics
<b>Decision Date:</b>	6/2/2023	<b>Hearing Date:</b>	04/12/2023
<b>MassHealth's Rep.:</b>	Dr. Kaplan	<b>Appellant's Rep.:</b>	Parent
<b>Hearing Location:</b>	Quincy (remote)	<b>Aid Pending:</b>	No

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder. The issue on appeal involves MassHealth's denial of Appellant's prior authorization request for prior authorization request for comprehensive orthodontic treatment (PA No. 202303200214400) Exhibit 1. At hearing, the MassHealth representative determined that the records showed that Appellant has posterior crossbite of at least three teeth, an autoqualifying condition. MassHealth overturned the denial at hearing.

As there was an adjustment that resolves the issue in dispute between the parties, this appeal is dismissed. 130 CMR 610.035(A)(8), 130 CMR 610.051(B), 130 CMR 610.083(C)

### 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.

### 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.

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Cynthia Kopka  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 2, MA