

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Dismissed	Appeal Number:	2303240
Decision Date:	6/15/2023	Hearing Date:	05/17/2023
Hearing Officer:	Kimberly Scanlon	Record Open to:	06/07/2023

Appearance for Appellant:
Via telephone

, mother

Appearance for MassHealth:
Via telephone
Dr. Harold Kaplan, D.M.D.



*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	Issue:	PA-Dental Services
Decision Date:	6/15/2023	Hearing Date:	05/17/2023
MassHealth's Rep.:	Dr. Harold Kaplan	Appellant's Rep.:	Mother
Hearing Location:	Quincy Harbor South 3 (Remote)	Aid Pending:	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 involved prior authorization for dental services. All parties were contacted by telephone. The hearing convened and all parties were sworn in with Exhibits 1-5 marked as evidence. At the hearing, the DentaQuest consultant representing MassHealth informed the Appellant's representative that if she could have the Appellant's orthodontic provider re-submit lateral and cephalometric x-rays, he would review and promptly make a determination. The record was left open until June 7, 2023 for the Appellant's representative to obtain new x-rays. (Exhibit 6).

Post hearing, the Appellant's representative submitted a response by e-mail indicating that the Appellant's orthodontic provider submitted new x-rays, which DentaQuest approved. This e-mail response has been incorporated into the record as Exhibit 7. Because the appeal issue has been resolved in the Appellant's favor, this appeal is dismissed. (See, 130 CMR 610.051(B)).

Order for MassHealth

DentaQuest and/or the agency must, no later than 30 days from the date of this decision, send written notice of approval of the request for comprehensive orthodontic treatment on PA # 202309600502100 to both (1) Appellant's family and (2) the provider who submitted this PA request.

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.

Kimberly Scanlon
Hearing Officer
Board of Hearings

cc:
MassHealth Representative: DentaQuest 2, MA