Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision: Approved Appeal Number: 2308666

Decision Date: 10/31/2023 Hearing Date: 10/27/2023

Hearing Officer: Emily Sabo

Appearance for Appellant:

Pro se

Appearance for MassHealth:

Dr. Sheldon Sullaway, DentaQuest

Interpreter:



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: Approved Issue: Prior Authorization;

Procedure D4210

Gingivectomy

Decision Date: 10/31/2023 Hearing Date: 10/27/2023

MassHealth's Rep.: Dr. Sheldon Sullaway Appellant's Rep.: Pro se

Hearing Location: Quincy Harbor South Aid Pending: No

(Phone)

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

Through a notice dated August 27, 2023, MassHealth denied the Appellant's request for prior authorization for dental treatment, specifically a gingivectomy (see 130 CMR 420.427 and Exhibit 1). The Appellant filed this appeal in a timely manner on September 20, 2023 (see 130 CMR 610.015(B) and Exhibit 2).

The Appellant appeared at the hearing telephonically, verified her identity, and testified through an interpreter. The MassHealth representative, a dentist licensed to practice in Massachusetts, appeared telephonically and testified that based on reviewing the Appellant's x-rays and information from her dentist, he approved procedure D4210, a gingivectomy, for all four quadrants. Because MassHealth approved the requested procedure, there are no longer any issues in dispute. Therefore, this appeal is dismissed. (130 CMR 610.035(A)(8)).

Order for MassHealth

If MassHealth has not already done so, approve procedure D4210, as discussed at the hearing and described above.

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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.

Emily T. Sabo Hearing Officer Board of Hearings

cc:

MassHealth Representative: DentaQuest 1, MA

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