

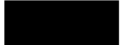
# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved and Dismissed	<b>Appeal Number:</b>	2310054
<b>Decision Date:</b>	11/21/2023	<b>Hearing Date:</b>	11/20/2023
<b>Hearing Officer:</b>	Mariah Burns		

**Appearance for Appellant:**



**Appearance for MassHealth:**

Dr. Harold Kaplan for DentaQuest



*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>	Approved and Dismissed	<b>Issue:</b>	Prior Authorization; Comprehensive Orthodontic Treatment
<b>Decision Date:</b>	11/21/2023	<b>Hearing Date:</b>	11/20/2023
<b>MassHealth's Rep.:</b>	Dr. Harold Kaplan	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Quincy Harbor South 4	<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. After hearing, the MassHealth representative reported that he was overturning the decision made by MassHealth and would be approving the appellant for coverage of comprehensive orthodontic treatment. As the issue on appeal has resolved, the case is hereby approved and dismissed. MassHealth is ordered to rescind the denial notice and approve coverage of the appellant's comprehensive orthodontic treatment.

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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Mariah Burns  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA