

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Approved; Dismissed	<b>Appeal Number:</b>	2404125
<b>Decision Date:</b>	04/18/2024	<b>Hearing Date:</b>	04/17/2024
<b>Hearing Officer:</b>	Emily Sabo		

**Appearances for Appellant:**



**Appearance for MassHealth:**

Dr. David Cabeceiras, 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; Dismissed	<b>Issue:</b>	Prior Authorization; Orthodontic Services
<b>Decision Date:</b>	04/18/2024	<b>Hearing Date:</b>	04/17/2024
<b>MassHealth's Rep.:</b>	Dr. David Cabeceiras	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Quincy Harbor South 2	<b>Aid Pending:</b>	No

### 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 January 30, 2024, MassHealth denied the Appellant's request for prior authorization for orthodontic treatment (see 130 CMR 420.431 and Exhibit 1). The Appellant filed this appeal in a timely manner on March 15, 2024 (see 130 CMR 610.015(B) and Exhibit 2).

The Appellant, a minor child, was present and was also represented by his mother, who verified the Appellant's identity. The MassHealth representative testified that based on his examination of the Appellant's teeth, he approved comprehensive orthodontic treatment for the Appellant due to two auto qualifying conditions of an impacted cuspid and two congenitally missing teeth.

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 comprehensive orthodontic treatment for the Appellant, as discussed at the hearing and described above.

### 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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Emily Sabo  
Hearing Officer  
Board of Hearings

cc:  
MassHealth Representative: DentaQuest 1, MA