

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	DENIED	Appeal Number:	2416738
Decision Date:	01/31/2025	Hearing Date:	12/03/2024
Hearing Officer:	Sharon Dehmand	Record Open to:	12/24/2024

Appearance for Appellant:




Appearance for MassHealth:

Cassandra Horne, Appeals & Grievances  
Manager, Commonwealth Care Alliance;  
Allen Finkelstein, DDS, Dental Medical  
Director  
Kaley Emery, Observer



*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>	DENIED	<b>Issue:</b>	Managed Care Organization – Denial of Internal Appeal; General Dental
<b>Decision Date:</b>	01/31/2025	<b>Hearing Date:</b>	12/03/2024
<b>MassHealth's Rep.:</b>	Cassandra Horne; Dr. Allen Finkelstein Kaley Emery	<b>Appellant's Rep.:</b>	
<b>Hearing Location:</b>	Remote	<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 October 21, 2024, Commonwealth Care Alliance (CCA), an Integrated Care Organization (ICO), denied the appellant's level 1 appeal and request for prior authorization of dental services. See 130 CMR 508.004(B) and Exhibit 1. The appellant filed this appeal in a timely manner on October 31, 2024. See 130 CMR 610.015(B) and Exhibit 2. A determination to deny coverage by a Managed Care Organization (MCO) is valid grounds for appeal to the Board of Hearings. See 130 CMR 508.010(B); 130 CMR 610.032(B)(2).

### Action Taken by MassHealth

CCA denied the appellant's prior authorization request for dental services because the treatment is beyond the scope of coverage and does not meet the criteria of medical necessity.

### Issue

Whether CCA was correct in denying the appellant's prior authorization request for dental services. See 130 CMR 450.204(A); 130 CMR 420.421(B)(5).

## Summary of Evidence

All parties appeared telephonically. The CCA was represented by the Appeals and Grievance manager and CCA's dental consultant while the appellant appeared pro se and verified his identity. The following is a summary of the testimonies and evidence provided at the hearing:

CCA's representative testified that the appellant has been enrolled in CCA's One Care program since August 1, 2024. On September 20, 2024, CCA denied a prior authorization (PA) request, submitted on behalf of the appellant for porcelain ceramic crown for teeth #8, #9, and #26 under code D2740; retainer crown porcelain for teeth #21 and 27 under code D6751; and pontic porcelain fused to predominantly base metal for teeth #22, 23, 24, 25, and 26 under code D6241. On October 8, 2024, the appellant filed a level 1 appeal of the denial. The CCA's reviewing dentist conducted an independent desk review of the request and denied it as treatment beyond the scope of coverage and because it did not meet the criteria for medical necessity. On October 21, 2024, CCA issued a written denial.

CCA's dental consultant testified that the treatment plan for full crowns on upper arch teeth #8 and #9 were denied because the radiographs did not support the need for full coverage. He added that there is less than 50% bone support for these teeth which renders the prognosis questionable. He testified that the request for a pontic porcelain (tooth replacement) on lower arch tooth #26 must have been submitted in error, as a prior approval had been issued for a root canal instead. The consultant indicated that upon confirmation of the completed root canal on tooth #26, approval for a crown would be reconsidered. The appellant confirmed having completed the root canal and agreed to submit radiographs as proof.

The consultant noted that the member is missing all posterior (back) teeth on both the lower right and lower left arches. The proposed treatment plan under codes D6751 and D6241 addresses only a fixed bridge for the lower front teeth, despite concerns about insufficient bone support for a bridge of that size. CCA's dental consultant cited the presence of four root remnants in the lower arch to support his contention that the proposed fixed bridge would be contraindicated. Additionally, the proposed treatment does not address the missing back teeth. He stated that when an alternative treatment plan is available to replace all missing teeth, MassHealth will only approve that option. He added that once a treatment plan for a removable partial denture is submitted, CCA will approve it.

The appellant stated that CCA has already approved an upper partial denture. He explained that he has a small mouth, and his dentist indicated that a lower denture would not be suitable. He added that he often suffers from gum bleeds. The appellant agreed that a partial denture is

necessary to address all his missing teeth. He also acknowledged that he has had a history of failed root canals on his lower posterior teeth.

At the conclusion of the hearing, the record was left open until December 24, 2024, in order for the appellant to submit documentation confirming a completed root canal on tooth #26 and for CCA's dental consultant to review and respond. See Exhibit 9. Through an email dated January 23, 2025, the CCA representative stated that the CCA's determination remained the same. See Exhibit 11.

## Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. The appellant is enrolled in CCA's OneCare program, a MassHealth ICO. (Testimony).
2. The appellant's dentist submitted a prior authorization request to CCA for dental service code D2740 for porcelain ceramic crown for teeth #8, #9, and #26; code D6751 for retainer crown porcelain for teeth #21 and 27; and code D6241 for pontic porcelain fused to predominantly base metal for teeth #22, 23, 24, 25, and 26. (Testimony and Exhibit 1).
3. On September 20, 2024, CCA denied the appellant's request. (Testimony and Exhibit 6).
4. On October 8, 2024, the appellant filed a level 1 appeal of the denial. (Testimony).
5. On October 21, 2024, CCA denied the appellants level 1 appeal because the treatment was beyond the scope of coverage and did not meet the criteria of medical necessity. (Exhibit 1).
6. The appellant filed this appeal in a timely manner on October 31, 2024. (Exhibit 2).
7. The appellant has less than 50% bone support for the proposed full crowns on upper arch teeth #8 and #9 which makes the prognosis questionable at best. (Testimony and Exhibit 5).
8. CCA covers replacement for one missing anterior tooth when no other teeth are missing in the arch. (Testimony and Exhibit 7).
9. The appellant was previously approved for a root canal on tooth #26 which would negate the need for a pontic porcelain (tooth replacement). (Testimony and Exhibit 6).
10. The appellant is missing all his posterior (back) teeth on both the lower right and lower left arches. (Testimony and Exhibit 6).

11. A proposed treatment plan for teeth #21 through #27 does not address the appellant's missing back teeth and will only provide a fixed bridge for the lower front teeth. (Testimony).
12. There is insufficient bone support for a fixed bridge for the lower front teeth. (Testimony).
13. An alternative treatment plan is available to replace all the appellant's missing teeth. (Testimony).

## **Analysis and Conclusions of Law**

MassHealth members younger than 65 years old, except those excluded under 130 CMR 508.002, must enroll in the Primary Care Clinician (PCC) Plan or a MassHealth Managed Care Organization (MCO) available for their coverage type. See 130 CMR 450.117(A); 130 CMR 508.001. MassHealth managed care options include an integrated care organization (ICO, also known as a One Care Plan) for MassHealth Standard and CommonHealth members who also meet the requirements for eligibility set forth under 130 CMR 508.007. Members who participate in an ICO obtain all covered services through the ICO. See 130 CMR 508.007(C).

A member may enroll in an ICO if he or she meets the following criteria:

(A) Eligibility.

(1) In order to be eligible to enroll in an integrated care organization (ICO), a MassHealth member must meet all of the following criteria, and may not be enrolled or concurrently participate in any of the programs or plans listed in 130 CMR 508.007(F):

- (a) be 21 through 64 years of age at the time of enrollment;
- (b) be eligible for MassHealth Standard as defined in 130 CMR 450.105(A): MassHealth Standard or MassHealth CommonHealth as defined in 130 CMR 450.105(E): MassHealth CommonHealth;
- (c) be enrolled in Medicare Parts A and B, be eligible for Medicare Part D, and have no other health insurance that meets the basic-benefit level as defined in 130 CMR 501.001: Definition of Terms; and
- (d) live in a designated service area of an ICO.

(2) If a member is enrolled in an ICO and turns 65 years old and is eligible for MassHealth Standard or MassHealth CommonHealth, he or she may elect to remain in the ICO beyond 65 years of age.

See 130 CMR 508.007.

The ICO will authorize, arrange, integrate, and coordinate the provision of all covered services for

the member. Upon enrollment, the ICO is required to provide evidence of its coverage, the range of available covered services, what to do for emergency conditions and urgent care needs, and how to obtain access to specialty, behavioral-health, and long-term services and supports. See 130 CMR 508.007(C). ICO members may appeal a determination made by an ICO to the Board of Hearings pursuant to 130 CMR 508.010.

Here, the appellant has exhausted all remedies available through the ICO's internal appeal process and has timely filed this appeal with the Board of Hearings. See id.

The CCA's One Care Plan is a MassHealth ICO. The CCA Provider Manual ("Manual") explains the "CCA Dental Program." See Exhibit 8. According to the Manual, the CCA's dental program "is based upon Commonwealth of Massachusetts regulations governing dental services found in 130 CMR 420.000 and 450.000...if there is a conflict between the manual and the regulations, the regulations take precedence in every case." Id. at 5.

Per MassHealth regulations, MassHealth pays for the following dental services when medically necessary:

- (1) the services with codes listed in Subchapter 6 of the *Dental Manual*, in accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456; and
- (2) all services for EPSDT-eligible members, in accordance with 130 CMR 450.140 through 450.149, without regard for the service limitations described in 130 CMR 420.422 through 420.456, or the listing of a code in Subchapter 6. All such services are available to EPSDT-eligible members, with prior authorization, even if the limitation specifically applies to other members younger than 21 years old.

See 130 CMR 420.421(A).

A service is medically necessary if:

- (1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and
- (2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior-authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

See 130 CMR 450.204(A).

MassHealth does not pay for the following services:<sup>1</sup>

- (1) cosmetic services;
- (2) certain dentures including unilateral partials, overdentures and their attachments, temporary dentures, CuSil-type dentures, other dentures of specialized designs or techniques, and preformed dentures with mounted teeth (teeth that have been set in acrylic before the initial impressions);
- (3) counseling or member education services;
- (4) habit-breaking appliances;
- (5) implants of any type or description;
- (6) laminate veneers;
- (7) oral hygiene devices and appliances, dentifrices, and mouth rinses;
- (8) orthotic splints, including mandibular orthopedic repositioning appliances;
- (9) panoramic films for crowns, endodontics, periodontics, and interproximal caries;
- (10) root canals filled by silver point technique, or paste only;
- (11) tooth splinting for periodontal purposes; and
- (12) any other service not listed in Subchapter 6 of the *Dental Manual*.

See 130 CMR 420.421(B).

At the outset it should be noted that the CCA's dental program excludes coverage for "[c]linical situations that can be effectively treated by a less costly, dental appropriate alternative procedure..." See Exhibit 8, at 39. Fixed bridges are only considered where "a corresponding partial denture would not be tolerated." See Id. at 43. Here, the appellant is missing all posterior (back) teeth on both the lower right and lower left arches. The proposed treatment plan under codes D6751 and D6241 addresses only a fixed bridge for the lower front teeth, despite concerns about insufficient bone support for a bridge of that size. Both CCA and the appellant agreed that a partial denture is necessary to address all his missing teeth. The appellant acknowledged that he has had a history of failed root canals on his lower posterior teeth and the CCA consultant cited the presence of four root remnants in the lower arch. As such, based on the testimonies of both parties, the proposed fixed bridge is contraindicated. There is also no evidence indicating that the appellant has a history of being unable to tolerate a corresponding partial denture. Although, the appellant credibly testified that he suffers from frequent gum bleeds, this condition does not rise to the level of medical necessity as outlined by the regulations. See 130 CMR 450.204(A). As such, I find that CCA correctly determined that the treatment proposed was beyond the scope of

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<sup>1</sup> Exception is made when MassHealth determines the service to be medically necessary **and** the member is younger than 21 years old. See id.

coverage because a less costly, dental appropriate alternative procedure is available and that the appellant's condition did not meet the criteria for medical necessity.

Additionally, I find that the proposed treatment plan under code D2740 for teeth #8, #9, and #26 was correctly denied by CCA because the radiographs showed that there is less than 50% bone support for these teeth and that the treatment proposed is not medically necessary. See Exhibit 8, pp. 39-40. An appellant bears the burden of proof at fair hearings "to demonstrate the invalidity of the administrative determination." See Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228, 231 (2006). The appellant did not demonstrate that CCA erred in denying his PA request. Regarding tooth #26, although the appellant submitted a radiograph purported as proof of a previously approved root canal, the CCA determined that the radiograph did not substantiate the appellant's claim. Furthermore, the appellant provided no additional evidence to demonstrate that tooth #26 was properly treated and filled correctly. As a result, he has failed to establish by a preponderance of the evidence that the CCA's determination was incorrect. See Craven v. State Ethics Comm'n, 390 Mass. 191, 200 (1983)("[p]roof by a preponderance of the evidence is the standard generally applicable to administrative proceedings"). Based on this record, I find that CCA correctly determined that the treatment proposed was beyond the scope of coverage and not medically necessary.

For the foregoing reasons, this appeal is DENIED.

## **Order for MassHealth**

None.

## **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.

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Sharon Dehmand, Esq.  
Hearing Officer  
Board of Hearings

MassHealth Representative: ICO Commonwealth Care Alliance, Attn: Nayelis Guerrero, 30



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