Office of Medicaid
BOARD OF HEARINGS

Appellant Name and Address:

[redacted]

Appeal Decision:	DENIED	**Appeal Number:**	2505296
Decision Date:	5/29/2025	**Hearing Date:**	05/07/2025
Hearing Officer:	Sharon Dehmand		

Appearance for Appellant:
Pro se

Appearance for MassHealth:
Cassandra Horne, Appeals & Grievances Manager, Commonwealth Care Alliance; Allen Finkelstein, DDS, Dental Medical Director

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:	DENIED	**Issue:**	Managed Care Organization – Denial of Internal Appeal; General Dental
Decision Date:	5/29/2025	**Hearing Date:**	05/07/2025
MassHealth's Rep.:	Cassandra Horne; Dr. Allen Finkelstein	**Appellant's Rep.:**	Pro se
Hearing Location:	Remote	**Aid Pending:**	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 March 11, 2025, 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 April 2, 2025. 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. CCA was represented by the Appeals and Grievance manager and CCA's dental consultant while the appellant appeared pro se and verified her identity. The following is a summary of the testimony and evidence provided at the hearing:

The CCA representative testified that the appellant has been enrolled in CCA's One Care program since October 1, 2023. On February 21, 2025, CCA denied a prior authorization (PA) request, submitted on behalf of the appellant for overdenture – complete maxillary for teeth #11, #24, and #28 under code D5863; overdenture – complete mandibular for teeth #11, #24, and #28 under code D5865; semi-precision abutment for teeth #11, #24, and #28 under code D6191; and semi-precision attachment for teeth #6, #11, #24, and #28 under code D6192. On February 28, 2025, the appellant filed a level 1 appeal of the denial.

CCA's reviewing dentist conducted an independent desk review of the requests and denied the treatment under codes D5863 and D5865 because it exceeded the maximum allowable benefits. CCA's records revealed that the appellant received and CCA paid for a set of overdentures on September 13, 2024. CCA's reviewing dentist also denied the treatment under Codes D6191 and D6192 because the treatments were beyond the scope of coverage and because they did not meet the criteria for medical necessity. On March 11, 2025, CCA issued a written denial.

CCA's dental consultant testified that the appellant received a set of overdentures in 2024, and the maximum allowed benefits is once every 60 months per member. Because 60 months has not lapsed, this PA request was denied.

The appellant acknowledged receiving a set of overdentures in 2024 but testified that they were unusable. She stated that her dentist broke a post in her jaw, and after she complained, he deliberately provided ill-fitting overdentures. She added that her lower overdenture broke shortly after insertion and that she has been without teeth for over a year. The appellant filed a complaint against the dentist with CCA. Although the dentist did not provide her dental file to CCA, CCA informed her that they found the dentist's service acceptable. The CCA representative confirmed receipt of the complaint and read into the record that after reviewing the appellant's 41-page dental file and x-rays, CCA found no quality-of-care issues. The CCA representative agreed to send the appellant a copy of her dental file.

CCA's dental consultant testified that based on the appellant's statement that her appliances are

not operable, any attachments requested under service codes D6191 and D6192 would not be usable. Therefore, the PA request is medically improper. The appellant confirmed and agreed that she does not have usable overdentures to which the requested appliances could be attached. She also acknowledged that she needs to follow up with her dentist, as CCA has fulfilled its role by covering the cost of the overdentures, but she expressed concern that the dentist may refuse to assist her.

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 PA request on behalf of the appellant for overdenture – complete maxillary for teeth #11, #24, and #28 under code D5863; overdenture – complete mandibular for teeth #11, #24, and #28 under code D5865; semi-precision abutment for teeth #11, #24, and #28 under code D6191; and semi-precision attachment for teeth #6, #11, #24, and #28 under code D6192. (Testimony and Exhibit 1).

3. On February 21, 2025, CCA denied the appellant's request. (Testimony and Exhibit 6.)

4. On February 28, 2025, the appellant filed a level 1 appeal of the denial. (Testimony).

5. On March 11, 2025, CCA denied the appellant's level 1 appeal under codes D5863 and D5865 because it exceeded the maximum allowable benefits. CCA also denied the treatment under Codes D6191 and D6192 because the treatments were beyond the scope of coverage and because they did not meet the criteria for medical necessity. (Testimony and Exhibit 1).

6. The appellant filed this appeal in a timely manner on April 2, 2025. (Exhibit 2).

7. CCA's maximum allowed benefit is once every 60 months per member for maxillary and mandibular overdentures. (Testimony and Exhibit 8).

8. The appellant received a set of overdentures in 2024, less than 60 months ago. (Testimony).

9. The appellant's overdentures are not operable. (Testimony).

10. The PA request for appliances under service codes D6191 and D6192 would not have overdentures to which they could be attached. (Testimony).

Analysis and Conclusions of Law

MassHealth members younger than [redacted] 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 [redacted] 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 [redacted] years old and is eligible for MassHealth Standard or MassHealth CommonHealth, he or she may elect to remain in the ICO beyond [redacted] 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.

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, 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 [redacted] 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).

Here, CCA received PA requests for two types of dental services. A PA request was submitted for maxillary and mandibular overdentures, under dental service codes D5863 and D5865, respectively. MassHealth regulations do not cover "overdentures." See 130 CMR 420.421(B)(2). However, CCA's One Care Plan is more generous and covers overdentures once every 60 months per patient. See Exhibit 8, p. 99. CCA's representative testified, and the appellant agreed that she

received a complete set of overdentures in 2024. The appellant testified that after her dentist broke a post, the overdentures she received did not fit properly, were mismatched, and that the bottom overdenture broke shortly after insertion. She accused the dentist of mistreatment and filed a complaint. However, the complaint was not resolved in her favor. Regardless of the aforementioned, there is no dispute that the appellant received and that CCA paid for a set of overdentures in 2024, less than 60 months ago. As such, CCA correctly denied the appellant's PA request because the maximum frequency has been reached.

A PA request was also submitted for semi-precision abutment for teeth #11, #24, and #28 under code D6191; and semi-precision attachment for teeth #6, #11, #24, and #28 under code D6192. Initially, CCA denied this request because it deemed the services outside the scope of coverage and not medically necessary. During the hearing, it became clear through the testimony of the appellant that the overdentures to which the requested appliances would be attached are not usable. As such, this PA request is medically superfluous and stands in direct contradiction to the criteria required to establish 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 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.

Sharon Dehmand, Esq.
Hearing Officer
Board of Hearings

MassHealth Representative: Commonwealth Care Alliance SCO, Attn: Nayelis Guerrero, 30 Winter Street, Boston, MA 02108