

Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2507624
Decision Date:	8/14/2025	Hearing Date:	07/09/2025
Hearing Officer:	Casey Groff		

Appearance for Appellant:



Appearance for ICO:

Cassandra Horne, Appeals & Grievances
Manager, Commonwealth Care Alliance (CCA)
Allen Finkelstein, DDS, Dental MD, CCA



*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; ICO; Denial of Level 1 Appeal; Dental Services
Decision Date:	8/14/2025	Hearing Date:	07/09/2025
ICO Rep.:	Cassandra Horne, <i>et. al.</i> (from CCA)	Appellant's Rep.:	Attorney
Hearing Location:	Tewksbury MassHealth Enrollment Center	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 level 1 internal appeal determination notice dated 3/20/25, the Commonwealth Care Alliance (CCA), an integrated care organization (ICO) and managed care contractor for MassHealth,¹ informed Appellant that it upheld its decision to deny her request for dental services. *See* Exh. 2. Appellant filed a request for a level 2 appeal with the Board of Hearings (BOH) in a timely manner on 5/16/25. *See* Exh. 1 and 130 CMR 610.015(B) and Exhibit 2. A managed care contractor's denial of an internal appeal is grounds for appeal. *See* 130 CMR 610.032(B)(2).²

¹ The term "Managed Care Contractor," as defined by MassHealth Fair Hearing Rules, consists of any MassHealth contracted managed care organization including a SCO, ICO, or behavioral health contractor. *See* 130 CMR 610.004.

² An ICO has 45 days to resolve any internal appeals regarding the original coverage decision. *See* 130 CMR 508.010. If the ICO's internal appeals process denies a member's requested covered benefits in whole or in part, the member may appeal the decision to BOH. *See* 130 CMR 610.018; *see also* M.G.L. c. 118E, § 48; 130 CMR 610.015(7).

Action Taken by ICO

Through a level 1 appeal determination, CCA upheld its decision to deny Appellant's request for coverage of dental implants for four missing teeth.

Issue

The appeal issue is whether CCA was correct in denying Appellant's request for dental services based on the determination that the proposed treatment exceeded the scope of coverage and was not medically necessary.

Summary of Evidence

Representatives from CCA appeared at the hearing remotely and offered the following information through testimony and documentary evidence: Appellant is a MassHealth and Medicare beneficiary and is enrolled in CCA's Integrated Care Organization (ICO), also referred to as a "One-Care" program. On 1/13/25, CCA received a prior authorization (PA) request from Appellant's dental provider seeking coverage for 4 units of procedure code D6010 *Surgical Placement of Implant Body: Endosteal Implant* for teeth numbers 9, 19, 20, and 21. See Exh. 10, p. 1.

Through a notice dated 1/13/25, CCA informed Appellant and the provider that it denied the PA request because the proposed treatment was neither covered under Appellant's CCA benefit nor was medically necessary. *Id.* at 21-26.

On 3/13/25, Appellant, through her attorney, requested an internal level 1 appeal of the adverse coverage determination. *Id.* at 12 Through a notice dated 3/20/25, CCA denied Appellant's appeal and provided the following basis for its decision:

The appeal for requested services is denied as the treatment proposed is beyond the scope of coverage and does not meet the criteria for medical necessity. According to the Member Handbook Chapter 3, Section 1.2 and Chapter 4, Section 2.1, your services...must be medically necessary. "Medically necessary" means the service, supplies, or drugs are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

Id. at 62.

The CCA representatives submitted into evidence a copy of CCA's *One Care Member Handbook* ("*Handbook*"). Chapter 3, § B of the *Handbook*, states, in relevant part the following:

CCA One Care covers services covered by Medicare and MassHealth.... CCA One Care will pay for the health care and services you get if you follow the plan rules listed below. To be covered by our plan:

- The care you get must be a plan benefit. This means that it must be included in the plan's Benefit Chart (The chart is in Chapter 4, Section D of this handbook).
- The care must be **medically necessary**. Medically necessary means that the services are reasonable and necessary:
 - For the diagnosis and treatment of your illness or injury; **or**
 - To improve the functioning of a malformed body part; **or**
 - Otherwise medically necessary under Medicare law
 - In accordance with Medicaid law and regulation and per MassHealth, services are medically necessary if:
 - They could be reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions that endanger your life, cause you suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a disability, or result in illness or infirmity; **and**
 - There is no other medical service or place of service that is available, works as well, and is suitable for you that is less expensive. The quality of medically necessary services must meet professionally recognized standards of healthcare, and medically necessary services must also be supported by records including evidence of such medical necessity and quality.

See Exh. 10, p. 30-31.

Chapter 4, § D of the *Handbook*, as referenced in ch. 3, § B, above, identifies the covered benefits for CCA One Care members. With respect to covered dental services, the *Handbook* states, in part:

The plan covers preventive, restorative, and emergency oral health care. We pay for some dental services when the service is an integral part of specific treatment of a beneficiary's primary medical condition. Some examples include reconstruction of the jaw following fracture or injury, tooth extractions done in preparation for radiation treatment for cancer involving the jaw, or oral exams preceding kidney transplantation.

We cover these services under the MassHealth benefit:

.....

Prosthodontics (fixed):

- Implants, limited to 2 anterior implants per arch when needed to support a complete denture. Requires healthy bone to support the implants.

.....

In the event that clinical input is necessary to determine whether a course of treatment is appropriate, CCA One Care reserves the right to have a dental expert review the treatment plan your dentist has proposed. Benefit limitations apply for certain dental services...

See Exh. 10., p. 64.

Also referring to CCA's *Provider Manual*, the CCA representatives highlighted the service description and limitations for procedure code D6010. It states that, as part of its One Care program, CCA covers D6010 - *Surgical Placement of Implant Body: Endosteal Implant* for teeth numbers 6-11 and teeth 22-27 at a "[m]aximum of 2 mandibular or maxillary anterior implants or 4 mini implants per arch, for the purpose of supporting a complete denture where there is minimal ridge present 1 per site per lifetime. See Exh. 11, p. 99. As part of the clinical criteria for medical necessity, CCA requires that requests for implant services under D6010 be supported by documentation showing healthy bone and periodontium and which is free from the presence of periodontal disease. *Id.* at 51.

At hearing Dr. Finkelstein, CCA's Dental Director, testified that although implants are generally a non-covered service under MassHealth regulations, CCA will cover, in limited cases, requests for implants that meet the service descriptions outlined in CCA's benefit plan and which satisfy CCA's clinical criteria for coverage. Dr. Finkelstein explained that here, Appellant's provider is seeking implants for 3 missing *posterior* teeth on Appellant's lower left arch (i.e., teeth numbers 19, 20, and 21) and one implant for a missing anterior tooth on the upper arch (tooth #9). Dr. Finkelstein testified that there was no indication from the treatment plan to suggest the provider intended to use the implants as support for a full upper or lower denture. Rather, the x-rays submitted with the PA request show that Appellant still has remaining teeth on both the upper and lower arches, suggesting that Appellant would only require a partial denture, not a complete denture. He noted that CCA covers medically necessary partial dentures, which would certainly be considered in Appellant's case; however, this service was never requested. In addition, Dr. Finkelstein testified that the x-rays show that Appellant is missing two additional posterior teeth on the lower right arch which were not addressed by the provider in the treatment plan. A partial denture, which is a covered and lower cost alternative than implants, would be effective at treating the missing teeth on both sides of the lower arch. Finally, Dr. Finkelstein testified that the radiographs submitted in the PA request very clearly show that Appellant has long-term and active periodontal disease with observable bone loss in the oral cavity. The reason that CCA requires documentation of periodontal health, as part of its clinical criteria for coverage, is to ensure that sufficient bone structure exists to support the implant. As this component is not present in Appellant's case, the proposed treatment carries a risky prognosis and is unlikely to successfully address Appellant's dental issues.

Appellant appeared at the hearing in person and was represented through an attorney. The attorney first argued that as a One Care member, Appellant is entitled to the full scope of services

offered under CCA's benefit plan, as opposed the more restrictive regulations applicable to MassHealth fee for service members. Counsel clarified that Appellant did not dispute the actual language cited in CCA's *Member Handbook* or *Provider Manual* regarding its coverage for procedure code D6010. Rather, Appellant took issue with the fact that CCA failed to consider the request for services as a benefit exception in light of her unique medical needs. Counsel first pointed to the language in ch. 4, § D of CCA's *Member Handbook* (quoted above) which states that CCA will cover certain dental services when the "service is an integral part of a specific treatment of a beneficiary's primary medical condition." See Exh. 10 at 64. In conjunction with this provision, counsel offered into evidence CCA's "Non-Covered Benefit Medical Necessity Guideline," ("NCB-MNG") which states, in part, that "[a] member may be eligible for coverage of a non-covered benefit, which may be called a 'benefit exception,' when CCA is provided with a documentation of medical necessity, which includes clear determination of need and rationale by the member's care provider, ordering clinician or care team member, for how this service/resource will improve a member's individualized care plan..." See Exh. 14, p. 1. The NCB-MNG further states that "a member may receive a specified service/resource after a medical necessity review is completed, which includes an individualized risk assessment, and well documented rational showing how the benefit may be both reasonable (1) and medically beneficial (2). *Id.*

Counsel argued that CCA should authorize coverage of the dental implants, even if otherwise excluded, as the documentation shows that the requested treatment is integral to Appellant's mental health treatment. In support thereof, Appellant submitted letters of medical necessity from two of Appellant's treating providers providers.

Through a letter dated 7/1/25, [REDACTED] Appellant's dental provider, wrote that due to Appellant's unique circumstances, implants for teeth numbers 9, 19, 20, and 21 were medically necessary based on the following:

[Appellant's] age and severe gag reflex make it impossible for her to tolerate any kind of removable dentures. In light of [Appellant's] age and severe gag reflex, no other alternative interventions would be appropriate or effective for [Appellant].

[Appellant] is currently missing four teeth. Without the recommended implants, she is not able to eat a normal diet and is only able to chew her food with one side of her mouth. Additionally, [Appellant] has reported to me that not having a normal smile has had a severe impact on her mental health, particularly her depression.

.....

See Exh. 17.

Appellant also submitted a letter, dated 7/1/25, by her mental health provider, [REDACTED] asserting that the proposed treatment is a necessary component of her ongoing treatment for

major depressive disorder and anxiety disorder. See Exh. 16. In the letter, the provider, referring to Appellant as “the patient,” wrote the following:

Prior to losing four teeth, the patient was stable on her psychiatric medications with well-managed symptoms. Since the loss of her teeth, [she] has experienced a significant deterioration in her mental health, specifically:

- Worsening depressive symptoms with increased social isolation
- Heightened anxiety related to her appearance and social interactions
- Difficulty with basic functions including eating and speaking
- Diminished self-esteem affecting her daily functioning

The loss of teeth has created both functional and psychological barriers that are directly impacting her mental health recovery. The patient reports significant distress about her appearance, which has led to social withdrawal and interference with her ability to maintain employment and interpersonal relationships. From a clinical perspective, dental implants are medically necessary for this patient as:

The current dental condition is exacerbating her psychiatric symptoms

The functional impairment is affecting her nutrition and ability to communicate effectively.

The psychological impact is creating a barrier to her mental health treatment progress

It is my professional opinion that providing dental implants would significantly improve her psychological well-being and support her ongoing mental health treatment. Without this intervention, I am concerned about continued deterioration of her mental health status.

See Exh. 16.

In summary, counsel argued that the aforementioned letters, coupled with the existing PA documentation, show that Appellant’s psychiatric treatment will continue to remain ineffective until the secondary physical symptoms – the missing teeth – are resolved.

Appellant’s attorney also argued that to the extent the denial was based on Appellant’s active periodontal disease, such basis was not communicated to Appellant in any prior correspondence and therefore they did not have an opportunity to provide a meaningful response on this issue. Had CCA communicated this before the hearing, counsel argued, Appellant could have obtained additional documentation or information from the provider to present for the hearing.³

³ During the hearing, Appellant’s attorney requested additional time to respond to this issue of whether Appellant had active periodontal disease that would prevent her from successfully tolerating implants; however, because the

Counsel also argued that CCA's proposed "less costly alternative" procedure – a removable partial denture – was not appropriate, as explained by her provider, due to her age and physical limitations, including a severe gag reflex.

Appellant testified that her whole life changed since she lost the teeth that she is now missing. Appellant testified that she lost the bottom right teeth many years ago and this was not an issue as she could still chew on her left side. For this reason, the missing right teeth were not addressed in the provider's treatment plan as they were not the primary concern. In 2024, she lost the remaining teeth. First, she lost her top front tooth after the crown broke. Then the other extractions followed. She has been following the doctors' recommendations, going to her appointments, and trying to take care of herself the best she can. Appellant expressed frustration at the fact that she has been waiting for CCA to respond, while she deals with the consequences of missing teeth. This has been extremely difficult on her, both from a dietary perspective as she is unable to eat what she used to eat, as well as a mental health perspective. She just wants to get the treatment done that has been requested by her provider.

In response, CCA's dental director testified that, regardless of the mental health considerations, the treatment plan is not supported by medical necessity as it is not comprehensive and fails to address the entirety of oral health conditions present. It was also noted that CCA covers a specific type of partial denture made from a flexi-material that has proven to be successful and is well-tolerated. The available alternatives cannot be dismissed in their entirety based solely on the statement that Appellant would not likely tolerate a partial denture.

Findings of Fact

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

1. Appellant is a MassHealth and Medicare beneficiary and is enrolled in CCA's ICO or "One-Care" program.
2. On 1/13/25, CCA received a PA request from Appellant's dental provider seeking coverage for 4 units of procedure code D6010 *Surgical Placement of Implant Body: Endosteal Implant* for teeth numbers 9, 19, 20, and 21.
3. Through a notice dated 1/13/25, CCA informed Appellant and the provider that it denied the

denial was not solely based on this issue and would be unlikely to result in a change in CCA's determination, the request to leave the record open was denied. It is also noted that following the hearing, Appellant's attorney requested that the record be reopened to allow Appellant to submit recently obtained dental records from Appellant's 7/23/25 encounter with her dentist. The request to reopen the record was denied under 130 CMR 610.081 as the records which sought to be introduced were outside the relevant timeframe of review for the PA request under appeal. See Exhs. 18-19.

PA request because the proposed treatment was neither covered under Appellant's CCA benefit nor was medically necessary.

4. On 3/13/25, Appellant, through her attorney, requested an internal level 1 appeal of the adverse coverage determination.
5. Through a notice dated 3/20/25, CCA informed Appellant that, pursuant to an internal appeal, CCA affirmed its decision to deny coverage of the requested dental implant services because the proposed treatment was beyond the scope of coverage and did not meet criteria for medical necessity.
6. CCA pays for procedure code D6010 - *Surgical Placement of Implant Body: Endosteal Implant* for teeth numbers 6-11 and teeth 22-27 at a "[m]aximum of 2 mandibular or maxillary anterior implants or 4 mini implants per arch, for the purpose of supporting a complete denture where there is minimal ridge present 1 per site per lifetime" and only when the request is supported by documentation showing healthy bone and periodontium which is free from the presence of periodontal disease.
7. In addition to the four missing teeth which are addressed in the provider's PA request, Appellant has other missing teeth, including those on the right lower arch, which were not addressed in the treatment plan.
8. Appellant has remaining teeth on both the upper and lower arches and there was no suggestion that the implants would be used for the purpose of supporting a complete denture.
9. The radiographs submitted with the PA request show that Appellant has active periodontal disease with observable bone loss in the oral cavity.
10. Appellant has diagnoses of major depression disorder and anxiety disorder for which she is receiving treatment from a mental health provider; and these conditions have been exacerbated following the loss of Appellant's teeth.

Analysis and Conclusions of Law

Appellant is a MassHealth and Medicare member enrolled in an Integrated Care Organization (ICO), otherwise referred to as a "One-Care" program, operated by the Commonwealth Care Alliance (CCA). ICO's, such as CCA, are entities that contract with state and federal government agencies to offer "dual eligible" members between the ages of [REDACTED] an integrated and comprehensive network of medical, behavioral-health care, and long-term services offered through their MassHealth and Medicare benefits. See M.G.L. c. 118, § 9F and 130 CMR 610.004.

The ICO is responsible for providing its dual eligible members with the full continuum of Medicare and MassHealth covered services. See 130 CMR 610.004.

The issue on appeal is whether CCA, in its capacity as an ICO, erred in denying Appellant's prior authorization request for 4 units of *procedure code D6010 - Surgical Placement of Implant Body: Endosteal Implant* for teeth 9, 19, 20, and 21. See Exh. 10, p. 1.

As an ICO, CCA must ensure Appellant has access to, at least, the same array of dental services covered under the MassHealth dental program. See M.G.L. c. 118E, § 9F; 130 CMR 508.007(C). Under the applicable MassHealth dental regulations, implants "of any type or description" are explicitly deemed a non-covered service. See 130 CMR 420.421. As such D6010 is not found within MassHealth's list of covered dental services under Subchapter 6 of the dental manual.

Although MassHealth does not, under any circumstances, cover dental implants, CCA has elected to offer its ICO members coverage of implants under limited circumstances. According to its *Provider Manual*, CCA will pay for D6010 for "teeth numbers 6-11 and teeth 22-27" at a "[m]aximum of 2 mandibular or maxillary anterior implants or 4 mini implants per arch, for the purpose of supporting a complete denture where there is minimal ridge present 1 per site per lifetime. See Exh. 11 at 99. According to CCA's clinical criteria for determining medical necessity, a request for dental implants must be supported by documentation showing healthy bone and periodontium which is free from the presence of periodontal disease. *Id.* at 51. The scope of covered implant services is further described in CCA's *One Care Member Handbook* which states that coverage of D6010 is "limited to 2 anterior implants per arch when needed to support a complete denture. Requires healthy bone to support the implants." See Exh. 10.

Based on the evidence in the record, Appellant has not demonstrated that CCA erred in denying her request for coverage. Three of the four implant units requested were intended for posterior teeth, i.e., numbers 19, 20, and 21, and, on this basis alone, do not meet the criteria for coverage. Furthermore, regarding all four units, there is no evidence in the record, including within the treatment plan, to suggest that implants were sought to support a full upper or lower denture. Radiographs confirm that Appellant retains teeth in both the upper and lower arches, thereby eliminating the need for full dentures. CCA's dental director testified that partial dentures are a covered ICO benefit and would adequately address Appellant's missing teeth.⁴

Appellant, through counsel, contends that CCA failed to consider whether Appellant qualified for a

⁴ While the provider stated that Appellant could not tolerate a partial denture due to her age and gag reflex, there was no medical documentation or further explanation to establish from where this conclusion arose. CCA's dental director explained that CCA covers partial dentures made of a flexible material, which are lighter on the gums and have proven to be more widely tolerated. Given the risky prognosis for dental implants, as CCA testified to at hearing and is described below, Appellant has not demonstrated that she is precluded from an alternative, less costly, treatment, such as a partial denture (which arguably is more appropriate than the current plan given that partial dentures would address all missing teeth).

benefit exception on the basis that the requested treatment constituted an integral component of her overall mental health treatment. See Exh. 10 at 64 and Exh. 14. Through her own testimony and letters of medical necessity, Appellant presented credible evidence regarding the negative impact her missing teeth have on her mental health, diet, and overall well-being. Despite such evidence, CCA may only authorize an exception to an otherwise non-covered or excluded service when provided with documentation of medical necessity, which includes clear determination of need and rationale by the member's care provider, ordering clinician or care team member, *for how this service/resource will improve a member's individualized care plan...* See Exh. 14, p. 1 (emphasis added). Here, neither the treatment plan nor the letters of medical necessity demonstrate that the proposed services are likely to result in a successful clinical outcome in light of Appellant's underlying periodontal disease. Additionally, as CCA's dental director testified, the plan only addressed a portion of Appellant's ongoing oral health concerns and, notwithstanding the mental health component, fails to meet the requirements for a benefit exception under the applicable CCA policy.

In consideration of the totality of evidence in the record, the MassHealth regulations, and CCA's policies regarding covered dental services, Appellant failed to demonstrate that CCA erred in denying her PA request for dental implants. As such, this appeal is DENIED.

Order for ICO

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.

Casey Groff
Hearing Officer
Board of Hearings

cc:

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