

**Office of Medicaid
BOARD OF HEARINGS**

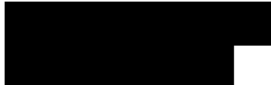
Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2508562
Decision Date:	9/3/2025	Hearing Date:	06/26/2025
Hearing Officer:	Thomas J. Goode	Record Open to:	07/07/2025

Appearances for Appellant:

Pro se



Appearances for Commonwealth Care

Alliance One Care Program:

Alan Finkelstein, Dental Consultant


Cassandra Horne, Operations

Manager/Appeals



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

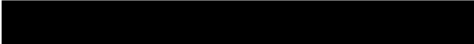
APPEAL DECISION

Appeal Decision:	Denied	Issue:	Managed Care Organization-Denial of Internal Appeal
Decision Date:	9/3/2025	Hearing Date:	06/26/2025
CCA One Care Program's Reps.:	Alan Finkelstein, DMD, Cassandra Horne	Appellant's Reps.:	
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 February 4, 2025, and following a first-level standard internal appeal, Commonwealth Care Alliance One Care Program notified Appellant that it had upheld a denial of a prior authorization request for dental services (130 CMR 508.007, 420.000 *et seq.* and Exhibit 1). Appellant filed this second-level appeal in a timely manner on June 4, 2025 (130 CMR 508.007, 610.015(B)(7), 610.018, 610.032(B) and Exhibit 2). Denial of a first-level standard internal appeal of a prior authorization request for dental services is valid grounds for appeal (130 CMR 610.018, 610.032(B)). The hearing record remained open until July 7, 2025 to allow CCA One Care Program to submit into evidence the One Care Member Handbook (Exhibit 9). Because it was unclear at hearing whether all medical letters submitted by Appellant were received by CCA One Care Program, letters and treatment plans from  were forwarded to CCA One Care Program by the Hearing Officer, and CCA One Care Program was allowed to submit a response by July 7, 2025. No additional response from CCA One Care Program was submitted into evidence and the hearing record closed (See Exhibits 4, 5, and 10).

Action Taken by Commonwealth Care Alliance One Care Program

Through a notice dated February 27, 2025, and following a first-level standard internal appeal, Commonwealth Care Alliance One Care Program notified Appellant that it had upheld a denial of a prior authorization request for dental services.

Issue

The appeal issue is whether Commonwealth Care Alliance One Care Program was correct, pursuant to 130 CMR 508.007, 420.000 et seq., in denying Appellant's prior authorization request for dental services.

Summary of Evidence

Appellant is [REDACTED] years old and is a MassHealth member enrolled since October 1, 2018 in Commonwealth Care Alliance One Care, an Integrated Care Organization (ICO). The CCA One Care Program is a health plan that contracts with Medicare and MassHealth to provide coverage for both programs. The CCA One Care Program representatives testified that the One Care Program covers all MassHealth dental codes identified in the MassHealth Dental Manual in addition to some add on codes that are not otherwise covered by MassHealth. A prior authorization request was submitted by [REDACTED] on January 27, 2025 for Dental Code D6010 Implants for teeth Nos. 18 and 19; Dental Code D6104 for a bone graft at the time of implant placement for tooth No. 18; Dental Code D6106 Guided Tissue Regeneration for tooth No. 18; D6056 Pre-fabricated Abutments for teeth Nos. 18 and 19; and D6058 Abutment Supported Porcelain Ceramic Crown for teeth Nos. 18 and 19. CCA One Care Program denied the prior authorization request on January 27, 2025 because it determined that the services requested are beyond the scope of coverage and do not meet medical necessity criteria. On January 31, 2025, Appellant requested an internal Level 1 appeal, which was denied by CCA One Care Program by notice dated February 4, 2025. Appellant filed a Level 2 appeal with the Board of Hearings in a timely manner on June 4, 2025. CCA One Care Program representatives testified that D6010 Implants, for teeth Nos. 18 and 19 was denied because it is not a covered code for teeth Nos. 18 and 19. D6106 Guided Tissue Regeneration for tooth No. 18 was denied because it is not a covered dental code. The remaining codes were denied because the services are not covered for the teeth involved. The CCA One Care Program representatives testified that implants are not covered by MassHealth under any circumstances. [REDACTED] testified that CCA One Care Program approves implants only when the implants are used to stabilize a denture which is not the case for the services requested. See Provider Manual at Exhibit 7, p. 93. [REDACTED] testified that radiograph images submitted with the prior authorization request show that there is already an implant present in the area of teeth Nos. 18 and 19. [REDACTED] testified that extraction of tooth No. 18 and the removal of the existing implant further supports an

alternative dental plan that includes a flexible partial denture, which would be a less costly and appropriate plan to meet Appellant's dental needs under dental code D5226. The CCA One Care Program representatives testified that the One Care Member Handbook specifies that coverage for implants is limited to 2 anterior implants per arch when healthy bone support is present, and when needed to support a complete denture, which is not part of the dental plan submitted on Appellant's behalf. See Exhibit 9, p. 64.

Appellant testified that CCA One Care Program paid for implants and crowns to replace teeth Nos. 3, 4, and 5, which were not inserted to stabilize a denture and were approved by Medicare following an appeal. [REDACTED] identified himself as a second-year prosthodontic resident at [REDACTED]. [REDACTED] testified that Appellant is missing lower left posterior teeth, and from a prosthodontic perspective implants are recommended over a partial denture. [REDACTED] added that for a partial to be utilized, otherwise healthy teeth would be negatively impacted. He stated that tooth No. 20 is not suitable to anchor a partial denture due to bone loss, and a partial denture is not the ideal option to treat Appellant. [REDACTED] testified that the implant for tooth No. 19 was removed due to infection, and tooth No. 18 developed a crack and has been extracted. Appellant testified that [REDACTED] paid for an implant for tooth No. 19 in 2015. He added that he is disabled and diabetic and is concerned with his ability to chew food with a partial denture. He added that he prefers the dental treatment plan that includes implants which would be more stable and longer lasting. Appellant testified that partial dentures present risks of tissue irritation, ulceration and bleeding, especially in patients with compromised healing ability and increased susceptibility to infections. He added that CCA One Care Program paid for crowns and veneers for teeth Nos. 5-13 which indicates that CCA One Care Program recognizes the importance of permanent restorations. Appellant added that implants for teeth Nos. 18 and 19 would improve dental occlusion, the ability to chew, and overall dental function and stability while reducing the need to replace or repair other options such as partial dentures.

Findings of Fact

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

1. Appellant is [REDACTED] years old and is a MassHealth member enrolled since October 1, 2018 in Commonwealth Care One Care Program, an Integrated Care Organization (ICO). One Care is a health plan that contracts with Medicare and MassHealth to provide coverage for both programs.
2. Appellant is disabled and diabetic.
3. A prior authorization request was submitted to CCA One Care Program by [REDACTED] on January 27, 2025 for Dental Code D6010 Implants for teeth Nos. 18 and 19; Dental Code D6104 bone graft at the time of implant placement for tooth No. 18; Dental

Code D6106 Guided Tissue Regeneration for tooth No. 18; D6056 Pre-fabricated Abutments for teeth Nos. 18 and 19; and D6058 Abutment Supported Porcelain Ceramic Crown for teeth Nos. 18 and 19.

4. The prior authorization request and treatment plan does not include a denture.
5. CCA One Care Program denied the prior authorization request on January 27, 2025, because it determined that the services requested are beyond the scope of coverage and do not meet medical necessity criteria.
6. On January 31, 2025, Appellant requested an internal Level 1 appeal, which was denied by CCA One Care Program by notice dated February 4, 2025.
7. Appellant filed a Level 2 appeal with the Board of Hearings in a timely manner on June 4, 2025.
8. Teeth Nos. 18 and 19 are posterior teeth.
9. Tooth No. 19 was removed due to infection, and tooth No. 18 developed a crack and has been extracted.

Analysis and Conclusions of Law

Appellant has the burden of proving by a preponderance of the evidence the invalidity of the determination by the MassHealth agency or the ICO contracting with MassHealth.¹ Appellant is ■ years old, and is a MassHealth member enrolled in Commonwealth Care Alliance One Care Program (Medicare-Medicaid Plan), which is a health plan that contracts with both Medicare and the Commonwealth of Massachusetts Medicaid program to provide benefits of both programs to enrollees. Pursuant to 130 CMR 508.007(C), when a member is enrolled in an ICO in accordance with the requirements under 130 CMR 508.007(A), the ICO will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. As such, CCA One Care Program is responsible for authorizing all covered services for Appellant, including dental services in accordance with its Dental Provider Manual and MassHealth regulations.

Regulation 130 CMR 420.421: Covered and Noncovered Services: Introduction:

- (A) Medically Necessary Services. The MassHealth agency pays for the following dental services when medically necessary:
- (1) the services with codes listed in Subchapter 6 of the *Dental Manual*, in**

¹ See Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002) (burden is on appellant to demonstrate the invalidity of an administrative determination).

accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456 (emphasis added); 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 ■ years old.

(B) Noncovered Services. The MassHealth agency does not pay for the following services for any member, except when MassHealth determines the service to be medically necessary and the member is younger than ■ years old. Prior authorization must be submitted for any medically necessary noncovered services for members younger than ■ years old.

- (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*.

At issue is a prior authorization request submitted to CCA One Care Program by ■ on January 27, 2025 for Dental Code D6010 Implants for teeth Nos. 18 and 19; Dental Code D6104 bone graft at the time of implant placement for tooth No. 18; Dental Code D6106 Guided Tissue Regeneration for tooth No. 18; D6056 Pre-fabricated Abutments for teeth Nos. 18 and 19; and D6058 Abutment Supported Porcelain Ceramic Crown for teeth Nos. 18 and 19. See Exhibit 6, p. 3. As outlined above, for members ■ years of age and older, MassHealth pays for service codes listed in Subchapter 6 of the Dental Manual and does not pay for implants of any type or description. Dental Codes D6010, D6104, D6106, D6056 and D6058 are not listed in Subchapter 6 of the Dental Manual and are not covered by MassHealth. See Exhibit 8, MassHealth Dental Program Office Reference Manual.

For One Care Members ■ years of age and older: D6106 is not a covered service under the CCA One

Care Program. See Provider Manual at Exhibit 7, p. 94. D6010: Implants, is a covered service for Teeth Nos. 6-11, and 22-27 with prior authorization. Authorization is limited to a maximum 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 Provider Manual at Exhibit 7, p. 93. The CCA One Care Program Member Handbook specifies that coverage for implants is limited to 2 anterior implants per arch when needed to support a complete denture in addition to requiring healthy bone support. See Exhibit 9, p. 64. Teeth Nos. 18 and 19 for which the prior authorization request was submitted are posterior teeth, and do not fall within the CCA One Care Program coverage parameters. Further, the prior authorization request and treatment plan submitted on Appellant's behalf does not include a denture to be stabilized by implants. MassHealth does not cover the services requested, and the services requested do not meet CCA One Care Program coverage requirements.²

The appeal is DENIED.

Order for CCA One Care Program

None.

² The parties disputed the medical necessity for the non-covered services requested. The MassHealth agency defines medical necessity under 130 CMR 450.204 as:

(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: *Potential Sources of Health Care*, or 517.007: *Utilization of Potential Benefits*.

It is undisputed that a partial denture is a less costly alternative to implants. Appellant's representatives described implants as the optimal treatment plan while acknowledging that a partial flexible denture has not been trialed. The services requested on Appellant's behalf are beyond the scope of coverage of the MassHealth Dental Program and the CCA One Care Program as outlined above, rendering moot a determination of medical necessity for the requested services. However, even within the definition of medical necessity, Appellant has not carried the burden of proof in showing that there is no less costly suitable alternative available such as a flexible partial denture.

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.

Thomas J. Goode
Hearing Officer
Board of Hearings

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