

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2510347
Decision Date:	8/28/2025	Hearing Date:	08/14/2025
Hearing Officer:	Mariah Burns		

Appearance for Appellant:

Pro se

Appearance for Commonwealth Care  
Alliance:

Cassandra Horne, Appeals and Grievances  
Manager



*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; Dental Services
<b>Decision Date:</b>	8/28/2025	<b>Hearing Date:</b>	08/14/2025
<b>CCA's Rep.:</b>	Cassandra Horne	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Telephone (Quincy)	<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 June 23, 2025, Commonwealth Care Alliance (CCA) denied the appellant's Level One Appeal requesting prior authorization for coverage of dental codes D6010 and D6104 for tooth three because the request are not covered services. Exhibit 1. The appellant filed this appeal in a timely manner on July 14, 2025. See 130 CMR 610.015(B) and Exhibit 2). A managed care organization's (MCO) decision to deny or provide limited authorization of a requested service is valid grounds for appeal. 130 CMR 610.032(B)(2).

### Action Taken by Commonwealth Care Alliance

CCA denied the appellant's prior authorization request for coverage of dental codes D6010 and D6104 for tooth three.

### Issue

The appeal issue is whether CCA acted within the bounds of the MassHealth regulations in denying the appellant's prior authorization request.

## Summary of Evidence

The appellant is an adult MassHealth member under the age of [REDACTED] who has been enrolled in CCA's One Care plan since 2020. CCA was represented at the hearing by its Appeals and Grievances Manager. All parties appeared by telephone. The following is a summary of the testimony and evidence provided at the hearing:

On June 6, 2025, CCA received a prior authorization request submitted on the appellant's behalf for dental codes D6010 and D6104 for tooth number 3. D6010 is a surgical placement of an implant, while D6104 is a bone graft at the time of implant placement. Neither code is covered by MassHealth; however, CCA covers the codes for One Care members for teeth 6-11, and 22-27 (upper and lower front arches) when they are being used to support a complete denture. The appellant's request was denied on June 7, 2025. She filed a Level One Appeal on June 16, 2025, which was denied on June 23, 2025, because the requested services are beyond the scope of coverage and do not meet the criteria for medical necessity. The CCA representative reported that this is because the request is for a tooth that is not covered, and because it is not being requested to support a denture.

The appellant testified that she is aware that the bone graft would not be covered and has prepared to pay out of pocket for that expense. She argued that the implant itself is medically necessary for her to chew and reported having pain in the area where her natural tooth was removed. She confirmed that the tooth needing the implant is a molar, not on the front (anterior) arch of her mouth.

## Findings of Fact

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

1. The appellant is a MassHealth member between the ages of [REDACTED] who is currently enrolled in Commonwealth Care Alliance's One Care Program. Exhibit 4, Testimony.
2. On June 6, 2025, the appellant submitted a prior authorization request for coverage of dental codes D6010 and D6104 for tooth 3. On June 7, 2025, CCA denied that request. Exhibit 5 at 1-2, 5-9.
3. The appellant underwent CCA's internal appeals process, which resulted in a final denial of coverage for tooth 3 on June 23, 2025, on the grounds that the request is beyond the scope of coverage and does not meet the criteria for medical necessity. Exhibit 1.
4. Having exhausted her internal remedies, the appellant filed a timely notice of appeal to the

## Analysis and Conclusions of Law

Federal law permits MassHealth to contract with individual private insurance companies, referred to as managed care organizations (MCOs), to deliver care to relevant members under the regulations. See 130 CMR 508.000. One such type of MCO is an integrated care organization (ICO), or One Care plan, designed to manage the care of certain MassHealth members between the ages of [REDACTED] who are duly enrolled in Medicaid and Medicare. *Id.* at 508.001(D). Massachusetts law requires ICOs to provide “integrated, comprehensive Medicaid and Medicare services, including medical, behavioral health, and long-term support services...” M.G.L. ch. 118E § 9F.

An ICO has specific statutory and regulatory requirements by which it must abide regarding the scope of its coverage. Namely, the ICO must make “the services it provides to its Medicaid enrollees as accessible (in terms of timeliness, amount, duration, and scope) as those services are to other Medicaid beneficiaries within the area served by the entity. 24 CFR § 438.2 (definition of managed care organization). Put otherwise, the ICO must provide everything under the MassHealth regulations and may have services or coverage that exceed the scope of those provided by MassHealth. Typically, “[a]ll medical services to members enrolled in an MCO...are subject to the prior authorization and referral requirements of the MCO.” 130 CMR 508.004(2). Related to this case, dental codes D6010 and D6104 are not covered by MassHealth for any teeth. See Subchapter 6, MassHealth Dental Manual. <sup>1</sup>

MassHealth regulations apply to ICOs and provide that “[m]embers are entitled to a fair hearing under 130 CMR 610.00: MassHealth Fair Hearing Rules to appeal...a determination by...one of the...ICOs...if the member has exhausted all remedies available through the contractor’s internal appeals process.” 130 CMR 508.010(B). The appellant has the burden of proof at such a hearing “to demonstrate the invalidity of the administrative determination.” *Andrews v. Division of Medical Assistance*, 68 Mass. App. Ct. 228, 231 (2006). The fair hearing decision, established by a preponderance of evidence, is based upon “evidence, testimony, materials, and legal rules, presented at hearing, including the MassHealth agency’s interpretation of its rules, policies and regulations.” 130 CMR 610.082(A) and (B).

In this case, where the requested service is not one provided by MassHealth, the policies of CCA control. The CCA provider manual clearly states that both dental codes D6010 and D6104 are only covered for teeth 6-11 and 22-27. See Exhibit 5 at 43. Where the appellant agrees that her request is for tooth 3, the requested services are covered neither by MassHealth nor CCA. Therefore, I find no error with CCA’s issuance of the June 23, 2025, denial of the appellant’s Level 1

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<sup>1</sup> <https://www.mass.gov/files/documents/2024/06/27/sub6-den.pdf>

Appeal.

For the foregoing reasons, the appeal is hereby denied.

## **Order for Commonwealth Care Alliance**

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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Mariah Burns  
Hearing Officer  
Board of Hearings

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