

# Office of Medicaid BOARD OF HEARINGS

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2511420
Decision Date:	10/14/2025	Hearing Date:	9/12/2025
Hearing Officer:	Patrick Grogan	Record Open to:	N/A

Appearance for Appellant:



Appearance for CCA:

Cassandra Horne, Appeals and Grievances  
Manager

Interpreter:

N/A



*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, General Dental
<b>Decision Date:</b>	10/14/2025	<b>Hearing Date:</b>	9/12/2025
<b>CCA's Rep.:</b>	Cassandra Horne	<b>Appellant's Rep.:</b>	[REDACTED]
<b>Hearing Location:</b>	Remote (Tel)	<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), an Integrated Care Organization (ICO), denied the Appellant's level 1 appeal and request for prior authorization of dental services because CCA determined that the treatment proposed was beyond the scope of coverage and did not meet the criteria for medical necessity. (Exhibit 1). (Exhibit 1, see 130 CMR 508.004(B)) The Appellant filed this appeal in a timely manner on August 4, 2025. (Exhibit 2, see 130 CMR 610.015(B)). 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 CCA determined that the treatment proposed was beyond the scope of coverage and did not meet the criteria for medical necessity. (Exhibit 1)

## Issue

Whether CCA was correct in denying the Appellant's prior authorization request for dental services because CCA determined that the treatment proposed was beyond the scope of coverage and did not meet the criteria for medical necessity. (Exhibit 1, see 130 CMR 450.204(A); 130 CMR 420.421(B)(5))

## Summary of Evidence

The CCA's Representative (CCA) and the Appellant appeared telephonically and verified her identity. . The following is a summary of the testimony and evidence provided at Hearing:

CCA testified that the Appellant is enrolled in CCA's One Care program. (Testimony, Exhibit 5) CCA denied a prior authorization (PA) request, submitted on behalf of the Appellant for the following dental procedures:

- Service Code D6740: Retainer Crown - porcelain/ceramic for tooth #12 and #14,
- Service Code D6240: Pontic - porcelain fused to high noble metal for tooth #13.

CCA determined that the treatment proposed was beyond the scope of coverage and did not meet the criteria for medical necessity. (Testimony, Exhibit 1, Exhibit 5)

On June 16, 2025, the Appellant filed a level 1 appeal of the denial. CCA's dentist conducted an independent review of the request and upheld the denial. (Testimony, Exhibit 1, Exhibit 5) On June 23, 2025, CCA issued written notice of the denial, which is the subject of this appeal. (Exhibit 1).

In the Fair Hearing Request Form, the Appellant stated that the Appellant experiences pain and cannot chew and eat. (Exhibit 2) Within CCA's submission, the Appellant's reasons for requesting the Level 1 denial are included. (Exhibit 5, pg. 19) The Appellant stated that her top left bridge fell out and the bridge is over 10 years old. (Exhibit 2) At Hearing, the Appellant indicated that she was confused by the service codes, and did not understand how she had been denied when she had been approved in the past. (Testimony) CCA testified that the Appellant had been approved and denied for various dental procedures in the past and confirmed that the codes requested are not covered codes for members over the age of 21. (Testimony) CCA stated that there may be procedures that are covered, but the requested procedures are not covered. (Testimony, Exhibit 7)

## Findings of Fact

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

1. The Appellant is enrolled in CCA's One Care program, a MassHealth ICO. (Testimony, Exhibit 5).
2. The Appellant, through the Appellant's dentist, submitted a prior authorization request to CCA for dental procedures: service code D6740: Retainer Crown - porcelain/ceramic for tooth #12 and #14 and service code D6240: Pontic - porcelain fused to high noble metal for tooth #13. (Testimony, Exhibit 5)
3. CCA denied the Appellant's prior authorization request. (Testimony, Exhibit 5).
4. On June 16, 2025, the Appellant filed a level 1 appeal of the denial. (Testimony, Exhibit 1).
5. Through a Notice dated June 23, 2025, CCA denied the Appellant's level 1 appeal because CCA determined that the treatment proposed was beyond the scope of coverage and did not meet the criteria for medical necessity. (Testimony, Exhibit 1, Exhibit 5)
6. The Appellant experiences pain and has difficulty chewing and eating. (Testimony, Exhibit 2)
7. The service code D6240 does not appear in Subchapter 6 of the Dental Manual as referenced in MassHealth regulations for individuals over the age of 21. (Exhibit 7).
8. The service code D6740 does not appear in Subchapter 6 of the Dental Manual as referenced in MassHealth regulations for individuals over the age of 21. (Exhibit 7).

## **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).

Pursuant to 130 CMR 508.007, 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.

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. Id.

The CCA's One Care Plan is a MassHealth ICO. The CCA Provider Manual ("Manual") explains the "CCA Dental Program." (See Exhibit 6) 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.

Pursuant to 130 CMR 420.421(A), 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.

130 CMR 450.2004(A) explains that 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.

In accordance with 130 CMR 420.421(B), MassHealth does not pay for the following 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 under age 21. Prior authorization must be submitted for any medically necessary noncovered services for members under age 21.

- (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*.  
(Emphasis added)**

The Appellant has the burden "to demonstrate the invalidity of the administrative determination." Andrews v. Division of Medical Assistance, 68 Mass. App. Ct. 228. See also Fisch v. Board of Registration in Med., 437 Mass. 128, 131 (2002); Faith Assembly of God of S. Dennis & Hyannis, Inc. v. State Bldg. Code Commn., 11 Mass. App. Ct. 333, 334 (1981); Haverhill Mun. Hosp. v. Commissioner of the Div. of Med. Assistance, 45 Mass. App. Ct. 386, 390 (1998).

Here, the Appellant's prior authorization request sought dental procedures for service code D6740: Retainer Crown - porcelain/ceramic for tooth #12 and #14 and service code D6240: Pontic - porcelain fused to high noble metal for tooth #13. These codes do not appear in Subchapter 6 of the *Dental Manual*, which is a prerequisite for payment under 130 CMR 420.421(A). This service is also not referenced as a covered service within the MassHealth dental regulations as described in 130 CMR 420.422 through 420.456. As such, CCA correctly denied coverage for this dental service. In order for MassHealth to cover dental services, medical necessity must be combined with a covered service code listed in Subchapter 6 of the *Dental Manual*. This is not the case for these procedures sought by the Appellant.

On this Record, the Appellant has not proven, by a preponderance of the evidence, that CCA's denial of the requested dental procedures is invalid. Accordingly, this appeal is DENIED.

## **Order for CCA**

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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Patrick Grogan  
Hearing Officer  
Board of Hearings

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