

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2517885
Decision Date:	02/17/2026	Hearing Date:	01/08/2026
Hearing Officer:	Mariah Burns		

Appearance for Appellant:

Pro se

Appearance for Commonwealth Care Alliance (CCA):

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

Appeal Decision:	Denied	Issue:	Managed Care Organization – Denial of Internal Appeal; Dental Services
Decision Date:	02/17/2026	Hearing Date:	01/08/2026
CCA's Rep.:	Cassandra Horne	Appellant's Rep.:	Pro se
Hearing Location:	Telephone (Quincy)	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 November 7, 2025, Commonwealth Care Alliance (CCA) denied the appellant's Level One Appeal requesting prior authorization for coverage of dental code D6010 for teeth 19 and 29 because the request is beyond the scope of the appellant's coverage. Exhibit 1. The appellant filed this appeal in a timely manner on December 4, 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 code D6010 for teeth 19 and 29.

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 over the age of 65 who has been enrolled in CCA's One Care plan, which is an Integrated Care Organization, since 2014. 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 or about October 7, 2025, CCA received a prior authorization request submitted on the appellant's behalf for dental code D6010, which is a surgical placement of an implant. The requested service is not covered by MassHealth; however, at the time of the request, CCA covered the code for One Care members for teeth 6-11, and 22-27 (upper and lower front arches) when an implant is being used to support a complete denture.¹ The appellant's request was denied on October 7, 2025. She filed a Level One Appeal on October 31, 2025, which was denied on November 7, 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 teeth that are not covered, and because the code is not being requested to support a complete denture. CCA introduced a copy of its Dental Provider Manual into evidence, which details all covered service codes and their respective benefit limitations. *See generally*, Exhibit 6.

The appellant testified that she was informed that a denture would not be comfortable because of the anatomy of her gum. She stated that the current condition of her missing teeth affects all her teeth and are causing bone loss and infections. She reported issues with chewing, pain, enamel loss, and taste buds.

Findings of Fact

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

1. The appellant is a MassHealth member over the age of 65 who is currently enrolled in Commonwealth Care Alliance's One Care Program. Exhibit 4, Testimony.
2. On or about October 7, 2025, the appellant submitted a prior authorization request for coverage of dental code D6010 (surgical placement of an implant) for teeth 19 and 29. On that same date, CCA denied that request. Exhibit 5 at 1-2, 4-5.
3. The appellant underwent CCA's internal appeals process, which resulted in a final denial of coverage on November 7, 2025, on the grounds that the request is beyond the scope of coverage

¹ The CCA representative reported that as of January 1, 2026, implants are no longer covered by any CCA MCO plan.

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 Board of Hearings on December 4, 2025. Exhibit 2.

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 21 and 64 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 exceeds 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 is not covered by MassHealth for any teeth. See Subchapter 6, MassHealth Dental Manual.²

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, at the time of the request, dental D6010 is

² <https://www.mass.gov/files/documents/2024/06/27/sub6-den.pdf>

only covered for teeth 6-11 and 22-27. *See* Exhibit 6 at 99. Where the appellant does not dispute that her request is for teeth 19 and 29, the requested services are covered neither by MassHealth nor CCA. Therefore, I find no error with CCA's issuance of the November 7, 2025, denial of the appellant's Level 1 Appeal.

For the foregoing reasons, the appeal is hereby 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.

Mariah Burns
Hearing Officer
Board of Hearings

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