

# Office of Medicaid BOARD OF HEARINGS

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2417618
<b>Decision Date:</b>	1/22/2025	<b>Hearing Date:</b>	01/09/2025
<b>Hearing Officer:</b>	Thomas J. Goode		

**Appearance for Appellant:**

Pro se

**Interpreter:**



**Appearances for United HealthCare Senior  
Care Options:**

Trevor H. Smith, DMD, Associate Director

Jennifer L Castonguay, Senior Account

Manager

Natalia Recovets, Compliance and Operations  
Consultant



*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>	Dental Services
<b>Decision Date:</b>	1/22/2025	<b>Hearing Date:</b>	01/09/2025
<b>United Health Care Reps.:</b>	Trevor H. Smith, DMD, Associate Director et. al.	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Remote		

### 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 5, 2024, and following a first-level standard internal appeal, United HealthCare (UHCSCO) notified Appellant that it had upheld a denial of dental services requested (130 CMR 508.008, 420.000 *et seq.* and Exhibit 1). Appellant filed this second-level appeal in a timely manner on November 18, 2024 (130 CMR 508.008, 610.015, 610.032(B) and Exhibit 2). Denial of a prior authorization request for dental services is valid grounds for appeal (130 CMR 508.008, 610.032(B)).

### Action Taken by United HealthCare Senior Care Options

Through a notice dated November 5, 2024, and following a first-level standard internal appeal, United HealthCare (UHCSCO) notified Appellant that it had upheld a denial of dental services requested.

### Issue

The appeal issue is whether United Health Care (UHCSCO) was correct, pursuant to 130 CMR 508.008, 420.000 *et seq.*, in denying Appellant's prior authorization request for dental services.

## Summary of Evidence

Appellant is a MassHealth member enrolled in United HealthCare Senior Care Options (UHCSCO) program. UHCSCO is a health plan that contracts with Medicare and MassHealth to provide coverage under both programs. On October 18, 2024, UHCSCO denied a prior authorization request for dental code D6740, which is a porcelain/ceramic retainer crown requested for tooth No. 17, and dental code 6245, which is a porcelain/ceramic pontic for teeth Nos. 18 and 19. Appellant requested a Level 1 internal appeal on October 18, 2024, which was denied by UHCSCO by notice dated November 5, 2024 (Exhibit 1). The UHCSCO representatives testified that the plan 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. The UHCSCO representatives testified that the service codes requested are not covered by MassHealth or UHCSCO. Dr. Smith testified that a pontic is an artificial tooth that is part of a bridge. Appellant's dental provider requested 2 pontics in a fixed bridge to replace teeth Nos. 18 (following extraction) and 19 which are in the bottom left jaw. Teeth Nos. 17 and 20 were identified as anchors for the permanent bridge with retainer crowns requested. Dr. Smith testified that there are metal bridge codes that are covered and could be approved if Appellant's dental provider determined those codes appropriate for use in Appellant's treatment plan. However, ██████ noted, UHCSCO does not cover all-ceramic bridges. ██████ added that extraction for tooth No. 18 was approved, and single unit implants are a covered service by UHCSCO. ██████ stated that a prior authorization request was not submitted for an implant for tooth No. 18, however, Appellant does not appear to have sufficient bone quality to allow an implant when tooth No. 18 is extracted. ██████ added that implants were approved for teeth Nos. 19 and 20.

Appellant testified that he discussed the use of metal bridges with his dentist who said they could not be used because metal bridges are considered old technology, and Appellant grinds his teeth at night. Appellant referenced his written narrative, submitted with the appeal request, which explains that in 2015, he was provided a bridge on the left lower jaw that used teeth Nos. 18 and 20 to cover missing tooth No. 19. Tooth No. 18 must now be extracted, and tooth No. 17 could be used as an anchor for a new bridge that would cover missing teeth Nos. 18 and 19. Appellant asserts that teeth Nos. 17 and 20 are still healthy teeth, and a new bridge would last for the next 5 to 10 years. Appellant testified that he is unable to pay out of pocket as a low-income senior citizen with income of about \$1,000 per month. Appellant testified that he discussed implants with his dental provider who said implants are not suitable due to bone loss, and that a fixed bridge for teeth Nos. 17-20 is recommended as the most viable prosthetic solution (Exhibit 2, p. 6).

## Findings of Fact

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

1. Appellant is over 21 years of age and is a MassHealth member enrolled in United HealthCare Senior Care Options (UHCSCO) program.

2. UHCSCO is a health plan that contracts with Medicare and MassHealth to provide coverage under both programs.
3. On October 18, 2024, UHCSCO denied a prior authorization request for dental code D6740, which is a porcelain/ceramic retainer crown requested for tooth No. 17, and dental code D6245, which is a porcelain/ceramic pontic for teeth Nos. 18 and 19.
4. Appellant requested a Level 1 internal appeal on October 18, 2024, which was denied by UHCSCO by notice dated November 5, 2024.
5. UHCSCO 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.
6. The service codes requested are not covered by MassHealth or UHCSCO.
7. A pontic is an artificial tooth that is part of a bridge. Appellant's dental provider requested 2 pontics in a fixed bridge to replace teeth Nos.18 (following extraction) and 19 which are in the bottom left jaw.
8. Teeth Nos. 17 and 20 were identified as anchors for the permanent bridge with retainer crowns requested.
9. UHCSCO covers some metal bridge codes which could be approved if Appellant's dental provider determined the codes are appropriate for use in Appellant's treatment plan.
10. UHCSCO does not cover all-ceramic bridges.
11. Extraction of tooth No. 18 was approved, and single unit implants are a covered service by UHCSCO.
12. A prior authorization request was not submitted for an implant for tooth No. 18. Implants were approved for teeth Nos. 19 and 20.
13. Appellant had a bridge on the left lower jaw that used teeth Nos. 18 and 20 to cover missing tooth No. 19.
14. Appellant's dental provider documented that implants are not suitable due to bone loss, and that a fixed bridge for teeth Nos. 17-20 is recommended as the most viable prosthetic solution.

## **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 SCO contracting with MassHealth.<sup>1</sup> Appellant is a MassHealth member enrolled in United HealthCare Senior Care Options program, 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. UHC Senior Care Options is designed specifically for people who have Medicare and who are also entitled to assistance from MassHealth (Medicaid). Pursuant to 130 CMR 508.008(C), when a MassHealth member chooses to enroll in a senior care organization (SCO), the SCO will deliver the member's primary care and will authorize, arrange, integrate, and coordinate the provision of all covered services for the member. As such, UHCSCO is responsible for authorizing all covered services for Appellant, including dental services in accordance with its Dental Provider Manual and MassHealth regulations.

The UHCSCO Dental Provider Manual states that UHCSCO aligns benefit design to meet all regulatory requirements by Massachusetts Medicaid and the Massachusetts Legislature including the Massachusetts Medicaid Provider Billing Manual, and Standard ADA coding guidelines are applied to all claims. Any service not listed in the benefit grids (Appendix B.2) is excluded. (Exhibit 4, p. 35). Turning to the benefit grids reveals that Dental Service Codes D6740 and D6245 are not listed and therefore are not covered by UHCSCO (Exhibit 4, p. 42).

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 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 21 years old.

Regulation 130 CMR 420.429: Service Descriptions and Limitations: Prosthodontic Services (Fixed)

(A) Fixed Partial Dentures/Bridges. The MassHealth agency pays for fixed partial dentures/ bridge for anterior teeth only for members younger than 21 years old with two or more missing permanent teeth. The member must not have active periodontal disease, and the prognosis for the life of the bridge and remaining dentition must be

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<sup>1</sup> 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).

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MassHealth regulations specify that fixed bridges are covered only for members younger than 21 years of age. Service Codes D6740 and D6245 are not listed in Subchapter 6 of the MassHealth Dental Manual, Section 610, Service Codes: Prosthodontic (Fixed) Services<sup>2</sup>, or the UHCSCO Dental Provider Manual. Because both UHCSCO and MassHealth do not cover the service codes requested, the appeal must be DENIED.

## **Order for UHCSCO**

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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Thomas J. Goode  
Hearing Officer  
Board of Hearings

cc: United Healthcare SCO, Attn: Susan Coutinho McAllister, MD, LTC Medical Director, 1325  
Boylston Street, 11<sup>th</sup> Floor, Boston, Ma 02215

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<sup>2</sup> The MassHealth Dental Manual is available via Mass.Gov.