

Office of Medicaid BOARD OF HEARINGS



Appellant Name and Address:




Appeal Decision:	Denied	Appeal Number:	2508201
Decision Date:	08/12/2025	Hearing Date:	06/26/2025
Hearing Officer:	Thomas J. Goode		

Appearance for Appellant:
Pro se

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

 DMD, Associate Director
, Senior Account
Manager

 DDS, Associate Director



*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:	Dental Services- General Dental
Decision Date:	08/12/2025	Hearing Date:	06/26/2025
United Health Care Reps.:	<div>██████████</div> DMD, Associate Director et. al.	Appellant's Rep.:	Pro se
Hearing Location:	Quincy Harbor South	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 27, 2025, and following a first-level standard internal appeal, United HealthCare Senior Care Options (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 May 29, 2025 (130 CMR 508.008, 610.015(B)(7), 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 February 27, 2025, and following a first-level standard internal appeal, United HealthCare Senior Care Options (UHCSCO) notified Appellant that it had upheld a denial of dental services requested.

Issue

The appeal issue is whether United Health Care Senior Care Options (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 for both programs. 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. A prior authorization request submitted by Harvard School of Dental Medicine on February 12, 2025 was partially approved and partially denied by notice dated February 13, 2025 (Exhibit 4, pp. 273-278).¹ Appellant requested an internal Level 1 appeal, which was denied by UHCSCO by notice dated February 27, 2025. Appellant filed a Level 2 appeal in a timely manner on May 29, 2025. [REDACTED] testified that the prior authorization request does not provide a big picture treatment plan, and left UHCSCO to infer from the requested codes that the treatment plan involves implant-supported bridgework because bridge code D6740 was submitted for several upper teeth, Nos. 3, 4, 9, 10, and 12. [REDACTED] testified that Dental Code D6010 for implants for teeth Nos. 3, 5, 9, 10 was denied because the implants were requested as part of a bridge. He added that bridgework is not covered by the plan, and although 4 single unit implants, with an abutment and crown can be approved per year by UHCSCO, the requested services were denied because the implants are intended to be part of a non-covered bridge. Implants for teeth Nos. 12 and 30 were denied administratively due to limits on the number of implants allowed. Dental Code D6104, bone grafting at the time of implant placement for teeth Nos. 3, 5, 10 and 30, was denied because it is not a covered service. Dental Code D0367, cone beam CT scan code was denied because it is not a covered service. Dental Code D4266, guided tissue regeneration for teeth Nos. 5 and 30, was denied because medical necessity was not demonstrated, and the coding is inappropriate for the procedure. The notice dated February 27, 2025 states that bone surgery to treat gum disease can be covered if x-rays sent show a bone defect, and records sent do not show bone defects (Exhibit 4, p. 305). Dental Code D6056 abutments placed on implants for teeth Nos. 3, 5, 9, 10, 12, and 30, was denied because bridge work is not a covered service and the abutments are intended to be placed for implants as part of a bridge. Dental Code D6740 retainer crown for teeth Nos. 3, 4, 5, 9, 10, 12, and 30 was denied because it is not a covered service and is an incorrect code for the procedure requested.

Appellant testified that the surgeon at Harvard Dental School told him that the treatment plan was all set. Appellant also testified that the surgeon told him that because he has a family history of heart

¹ The notice dated February 13, 2025, shows approval for multiple crowns (Exhibit 4, p. 273).

disease, he required treatment to prevent infection in his gums.

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 for both programs.
3. On February 27, 2025, UHCSCO denied Appellant's Level 1 internal appeal of a denial of a prior authorization request for dental services.
4. 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.
5. Dental Code D6740 is a bridge code submitted for teeth Nos. 3, 4, 5, 9, 10, 12, and 30 was denied because it is not a covered service by MassHealth or UHCSCO.
6. Dental Code D6010 for implants for teeth Nos. 3, 5, 9, 10 was denied because the implants were requested as part of a bridge.
7. Four single unit implants, with an abutment and crown can be approved per year by UHCSCO.
8. Implants for teeth Nos. 12 and 30 were denied administratively due to limits on the number of implants allowed.
9. Dental Code D6104, bone grafting at the time of implant placement for teeth Nos. 3, 5, 10 and 30, was denied because it is not a covered service.
10. Dental Code D0367, cone beam CT scan code was denied because it is not a covered service.
11. Dental Code D4266, guided tissue regeneration for teeth Nos. 5 and 30, was denied because medical necessity was not demonstrated. The notice dated February 27, 2025 states that bone surgery to treat gum disease can be covered if x-rays sent show a bone defect, and records sent do not show bone defects.
12. Dental Code D6056 abutments placed on implants for teeth Nos. 3, 5, 9, 10, 12, and 30, was

denied because bridge work is not a covered service and the abutments are intended to be placed for implants as part of a bridge.

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.² 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. Appendix B.1 further specifies under Exclusions and Limitations that "implant supported bridges and /or any implant supported dentures and/or partials are not a covered benefit under this plan. Single unit implant supported crowns are a covered benefit, please refer to benefit grid (Appendix B. 2.)" (Exhibit 4, p. 35).

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.

² 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).

(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 21 years old. Prior authorization must be submitted for any medically necessary noncovered services for members younger than 21 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*.

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 excellent.

MassHealth regulations specify that fixed bridges are covered under limited circumstances and only for members younger than 21 years of age. Service Codes D6740, D6010, D6104, D0367, D4266, D6056 are not listed in Subchapter 6 of the MassHealth Dental Manual and are not covered codes by MassHealth.³ The UHCSCO benefit grid excludes codes D6740, D6104, and D0367. The denial of these service codes is therefore upheld. UHCSCO does provide coverage for D6010 (Surgical Placement of Implant Body: Endosteal Implant 4 per year), and D6056 (Prefabricated Abutment). However, the implants requested under D6010 for teeth Nos. 3, 5, 9, and 10 are requested as part of a bridge requested under the non-covered code D6740. Therefore, UHCSCO correctly denied the 4 implants requested. Dental Code D6056 abutments placed on implants for teeth Nos.

³ The MassHealth Dental Manual is available via Mass.Gov.

3, 5, 9, 10, 12, and 30, was also correctly denied because bridge work is not a covered service and the abutments are intended to be placed on implants as part of a bridge. Further, Appellant requested a total of 6 implants which exceeds the maximum of 4 per year, and the administrative denial of implants on teeth Nos. 12 and 30 is therefore correct. Dental Code D4266, guided tissue regeneration for teeth Nos. 5 and 30, was denied because medical necessity was not demonstrated. The notice dated February 27, 2025 states that “[b]one surgery to treat gum disease can be covered if x-rays sent show a bone defect. Records sent do not show bone defects.” (Exhibit 4, p. 277) There is no clinical evidence or testimony to the contrary in the hearing record, and Appellant has not carried the burden of showing the service requested is medically necessary. Therefore, the denial of services requested under D4266 is upheld.

The appeal is 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.

Thomas J. Goode
Hearing Officer
Board of Hearings

MassHealth Representative: United Healthcare SCO, Attn: Susan Coutinho McAllister, MD, LTC
Medical Director, 1325 Boylston Street, 11th Floor, Boston, MA 02215