

**Office of Medicaid  
BOARD OF HEARINGS**

**Appellant Name and Address:**



<b>Appeal Decision:</b>	Denied	<b>Appeal Number:</b>	2510641
<b>Decision Date:</b>	10/8/2025	<b>Hearing Date:</b>	08/21/2025
<b>Hearing Officer:</b>	Christine Therrien		

**Appearance for Appellant:**  
Pro se

**Appearance for United Health Care (UHC):**  
Dr. Trevor Smith, Associate Director;  
Jennifer Castonguay, Senior Account 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>	SCO - Dental
<b>Decision Date:</b>	10/8/2025	<b>Hearing Date:</b>	08/21/2025
<b>UHC's Reps.:</b>	Dr. Trevor Smith, Jennifer Castonguay	<b>Appellant's Rep.:</b>	Pro se
<b>Hearing Location:</b>	Quincy Harbor South - Telephonic		

## 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 6/26/25, the MassHealth Senior Care Organization (SCO) United Health Care (UHC) denied the appellant's prior authorization for benefits, because UHC determined that the services are not medically necessary because they are part of a bridge/denture that will use an implant as support, and implant-supported bridges are non-covered services. (130 CMR 420.425, 130 CMR 420.428, and Exhibit 1).<sup>1</sup> The appellant filed this appeal in a timely manner on 7/18/25. (130 CMR 610.015(B) and Exhibit 2). Denial of assistance is valid grounds for appeal. (130 CMR 610.032).

## Action Taken by UHC

UHC denied the appellant's request for prior authorization for dental services.

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<sup>1</sup> A Senior Care Organization (SCO) is defined at 130 CMR 501.001 as an organization that participates in MassHealth under a contract with the MassHealth agency and the Centers for Medicare & Medicaid Services to provide a comprehensive network of medical, health care, and social service providers that integrates all components of care, either directly or through subcontracts. SCOs are responsible for providing enrollees with the full continuum of Medicare- and MassHealth-covered services.

## Issue

The appeal issue is whether UHC was correct, pursuant to 130 CMR 420.425 and 130 CMR 420.428, in determining that the requested dental services are not covered.

## Summary of Evidence

The appellant is over the age of [REDACTED]. The UHC representative, a licensed dentist, testified that the appellant's dental provider submitted a prior authorization request for 2 implant posts for teeth 11 and 13 (code D6057), 2 implant crowns for teeth 11 and 13 (code D6058), gum surgery for tooth 12 (code D4263), gum surgery for tooth 13 (code D4266), and a bridge for teeth 10 to 13 (code D6240). The UHC representative testified that this request was denied on 6/26/25 because of UHC service limitations. The UHC representative testified that the codes requested are part of a bridge that will use an implant as support, and implant-supported bridges are non-covered services; therefore, the requested services are not medically necessary. (Exhibit 5, p. 42).

The UHC representative testified that bridges are covered services if they are on natural teeth. The UHC representative testified that, based on the appellant's X-rays, she does not have any natural teeth to support the bridge and would require an implant. There are no natural teeth in the upper left quadrant of the appellant's mouth where teeth 10-13 are located. (Exhibit 4, p. 299). The UHC representative testified that there was no narrative to support anything other than that a bridge was the purpose of the prior authorization request.

The appellant testified that she has cancer, and the treatment is causing her teeth to fall out.

## Findings of Fact

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

1. The appellant is over the age of [REDACTED].
2. The appellant's dental provider submitted a prior authorization request for 2 implant posts for teeth 11 and 13 (code D6057), 2 implant crowns for teeth 11 and 13 (code D6058), gum surgery for tooth 12 (code D4263), gum surgery for tooth 13 (code D4266), and a bridge for teeth 10 to 13 (code D6240).
3. The request was denied on 6/26/25 because of UHC service limitations.
4. The codes requested are part of a bridge that will use an implant as support, and implant-supported bridges are non-covered services; therefore, the requested services are not

medically necessary. (Exhibit 5, p. 42).

5. Bridges are covered services if they are on natural teeth.
6. The appellant's X-rays show she does not have any natural teeth to support the bridge and would require an implant.
7. There are no natural teeth in the upper left quadrant of the appellant's mouth where teeth 10-13 are located. (Exhibit 4, p. 299).
8. There was no narrative to support anything other than that a bridge was the purpose of the prior authorization request.

## **Analysis and Conclusions of Law**

MassHealth only pays for medically necessary services established through the prior authorization process. 130 CMR 420.410(D)(1) states that "[p]rior authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment such as member eligibility, the availability of other health-insurance payment, or whether the service is a covered service." Additionally, 130 CMR 420.410(C)(1) indicates that "[t]he provider is responsible for including with the request for prior authorization appropriate and sufficient documentation to justify the medical necessity for the service."

UHC is MassHealth's agent pursuant to 130 CMR 501.001.

The UnitedHealthcare Senior Care Options, Dental Provider Manual, Appendix B, entitled "Member Benefits/Exclusions and Limitations," lists the service limitations for all covered services. (Exhibit 4). Appendix B.1 states "[p]lease note that implant-supported bridges and/or any implant-supported dentures and/or partials are not a covered benefit under this plan." (Exhibit 4, p. 41).

UHC will only cover a bridge if it attaches to natural teeth, and the appellant's X-rays show she does not have natural teeth to hold the bridge; therefore, the appellant is not eligible for the requested services. Additionally, the appellant's provider did not submit a narrative that would indicate the request is for anything other than a bridge. Based on the evidence, UHC was within its regulatory authority in denying the appellant's prior authorization request for 2 implant posts (code D6057), 2 implant crowns (code D6058), gum surgery for tooth 12 (code D4263), gum surgery for tooth 13 (code D4266), and 2 bridges (code D6240).

This appeal is **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.

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Christine Therrien  
Hearing Officer  
Board of Hearings

cc: MassHealth Representative: United Healthcare SCO, Attn: Susan Coutinho McAllister, MD,  
LTC