

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



Appeal Decision:	Denied	Appeal Number:	2513419
Decision Date:	12/15/2025	Hearing Date:	10/30/2025
Hearing Officer:	Casey Groff, Esq.		

Appearance for Appellant:



Appearance for Managed Care Organization:

Dr. Trevor H. Smith, D.M.D., Associate
Director, United Healthcare (UHC);
Jennifer L. Castonguay, Senior Account
Manager, UHC



*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 (MCO); SCO; Denial of Internal Appeal
Decision Date:	12/15/2025	Hearing Date:	10/30/2025
MCO's Reps.:	Associate Dental Director; Senior Account Manager	Appellant's Rep.:	Son
Hearing Location:	Board of Hearings, Remote	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 level 1 appeal notice dated 7/8/25, UnitedHealthcare (UHC), a MassHealth managed care contractor, upheld its denial of Appellant's prior authorization request for dental services on the basis that the requested services, i.e., a complete maxillary overdenture with precision attachments, were not covered under Appellant's UHC Senior Care Options (SCO) plan, nor were medically necessary. (Exh. 1). On 9/16/25, the Board of Hearings (BOH) received Appellant's fair hearing request challenging the level 1 appeal determination. (Exh. 2). BOH initially dismissed the matter for timeliness, however, later granted Appellant's motion to vacate the dismissal pursuant to 130 CMR 610.015(B)(7)(a). (Exhs. 3-5). A MassHealth managed care contractor's final determination to deny or limit a request for prior authorization is valid grounds to appeal to BOH. (130 CMR 610.032(B)).

Action Taken by MCO

Pursuant to an internal level 1 appeal, UHC denied Appellant's request for coverage of a complete maxillary overdenture (D5863) and related precision attachments (D5863) on the basis that the services were not medically necessary and would be used as an implant supported denture or bridge, which are non-covered benefits.

Issue

The appeal issue is whether UHC, a senior care organization acting on behalf of MassHealth, correctly denied coverage for an implant-supported overdenture with precision attachments based on MassHealth dental regulations at 130 CMR 420.000 *et. seq.* and UHC's SCO coverage guidelines.

Summary of Evidence

At the hearing, UnitedHealthcare (UHC) was represented by an associate dental director and a senior account manager (collectively "UHC representatives"). Through testimony and documentary submissions, the UHC representatives presented the following evidence: Appellant is over the age of 65 and is enrolled in UHC's Senior Care Options (SCO) plan. In this capacity, UHC is a MassHealth contracted senior care organization responsible for managing and coordinating Appellant's Medicaid and Medicare benefits.

In June of 2025, Appellant's dental provider submitted a prior authorization on behalf of Appellant, seeking coverage for (1) D5863 – *complete maxillary overdenture*; (2) D5862 - *precision attachments for teeth 6, 8, 9, and 11*; and (3) D6057 – *Implant abutment posts* for the same four teeth. (Exh. 6). On 6/16/25, UHC approved the request for abutment posts but denied the requests for the overdenture (D5863) and precision attachments (D5862). (*Id.*). On 6/30/25, Appellant filed a level 1 internal appeal, prompting UHC to perform a secondary review of the coverage determination. (*Id.*).

In support of the level 1 appeal, Appellant's provider submitted a letter of medical necessity dated 6/23/25. (*Id.* at 294). In the letter, the provider states that following evaluation, the only viable treatment option for Appellant is the placement of an overdenture with precision attachments, and that no alternative procedure or treatment plan would adequately meet Appellant's dental needs or ensure long-term oral health. (*Id.*). The provider further explained that the requested treatment was necessary to improve Appellant's dental function, nutrition, and overall quality of life, thereby urging UHC to reconsider the denial and approved requested services as the sole available option. (*Id.*).

Through an appeal decision letter dated 7/8/25, UHC denied Appellant's level 1 appeal, affirming its initial denial of coverage for the overdenture (D5863) and four precision attachments (D5862).

The letter provided the following rationale for its coverage determination:

Our plan made this decision because this request is not medically necessary...The records sent show this service will be used as part of a bridge and/or denture that will use implant(s) as support. Implant supported bridges and dentures are not covered.

(Exh. 1).

The UHC representatives testified that the dental records and x-rays showed that Appellant had four maxillary implants with no remaining upper teeth. (Exh. 6, p. 295). With respect to implant-related dental services, UHC's SCO plan covers a maximum of four single unit implant and related abutment/crowns per year; however, it does not cover implant supported dentures or bridges. Because the proposed overdenture would be supported by Appellant's implants, as opposed to natural teeth (a prerequisite for coverage of D5862 and D5863) the service codes were denied.

The UHC representatives highlighted the language in UHC's *SCO Dental Provider Manual*. Appendix B of the *Dental Manual* states that the benefit plan is designed to meet all regulatory requirements by the state legislature and Medicaid program, including MassHealth's *Provider Billing Manual*. (Exh. 6, p. 41, *Dental Manual* (DM), p. 35). It further states:

Please note 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).

Any service not listed as a covered service in the benefit grids (Appendix B.2) is excluded.

(*Id.*)

Appendix B.2 of the Dental Manual is the grid which "contains all covered dental procedures and is intended to align to all State and Federal regulatory requirements." (*Id.* at 42, DM p. 36). It lists codes D5862 *precision attachment* and D5863 *overdenture* as covered services that are subject to prior authorization. (*Id.*). According to Appendix C.4, which establishes the clinical criteria and documentation requirements for services requiring authorization, a claim for D5863 *overdenture*, must be supported by clinical documentation showing that the "remaining tooth roots supporting [the] overdenture have healthy bone and periodontal support." (*Id.* at 56, DM p. 50).

In summarizing the benefit plan language, the UHC representatives explained that while single-unit implant-supported crowns are covered, the plan explicitly excludes any implant-supported bridges, dentures, or partial dentures. Appellant's request for an overdenture, which will be supported and retained by his four maxillary implants, falls within the excluded services. The UHC

representatives also noted that this exclusion is consistent with the MassHealth regulations, which, in fact, have a broader exclusionary rule which pertains to all implant related services.

The UHC representatives testified that, in addition to the general prohibition on implant supported dentures, Appellant's provider requested incorrect service codes that did not align with the treatment being sought. As indicated in the *Dental Manual*, D5862 and D5863 correspond to overdentures and attachments supported by natural teeth and tooth roots, and require, as a condition of coverage, evidence that the remaining tooth roots provide healthy periodontal support. Because Appellant has no remaining maxillary dentition, he did not demonstrate the medical necessity criteria for authorization of the services requested. The UHC representative noted that there are codes specifically related to implant supported prostheses which are aligned to the treatment Appellant is seeking. A review of Appendix B of the *Dental Manual* lists D6110 (implant abutment-supported removable denture, maxillary) as a covered service code subject to prior authorization; however, it does not appear in Appendix C, which provides the clinical criteria for covered services subject to prior authorization. (*Id.* at 47 (DM 41)).¹ The UHC representatives clarified that regardless of the service code, Appellant's claim for any implant-supported denture or bridge would be denied as exceeding the scope of coverage. The representatives did note, however, that consistent with MassHealth regulations, the plan does cover other types of dentures, including complete and partial dentures and related repair or adjustment procedures, some of which do not require prior authorization. For these reasons, the UHC representatives concluded that the denial of coverage was correct.

Appellant was represented by his son at the hearing. The son testified that in 2020, UHC paid for, and Appellant received, four upper maxillary implants and an implant-supported overdenture – similar to the one he is requesting now. The son further testified that Appellant's existing appliance has deteriorated to the point where it no longer stays stable in his mouth and does not allow him to chew. The son expressed concern that removing the existing implants to fabricate a conventional denture would be harmful to the Appellant given his advanced age and fragile health. He asserted that because UHC previously paid for this procedure in 2020, it must therefore cover the replacement. Referring to Appendix B of the *Dental Manual*, Appellant's son argued that the inclusion of D5862 and D5863 in the list of covered services within the SCO benefit plan implies Appellant's entitlement to the proposed treatment, which his provider has deemed medically necessary.

In rebuttal, the UHC representatives testified that while the codes themselves are listed as covered services, UHC will only pay for the service when used for the intended purpose, i.e, natural tooth supported overdentures, pursuant to clinical criteria guidelines. They emphasized that Appellant's requested prosthesis is implant-supported. UHC did not have information related to the prior service that Appellant's son claimed was covered in 2020, so could not verify whether UHC did in

¹ There was no discussion at hearing about this particular service code, including whether it is considered a covered benefit or whether it would be excluded as an implant supported prosthesis.

fact pay for an overdenture in the past, nor could it confirm what prior services had been approved. They testified that the presence of prior implants, whether or not previously covered by UHC, does not require coverage where the requested prosthesis is clearly excluded under current coverage guidelines. A conventional removable complete maxillary denture that does not attach to implants remains a covered alternative.

Findings of Fact

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

1. Appellant is a MassHealth member enrolled in UHC's SCO plan. (Testimony).
2. Appellant's dental provider submitted a prior authorization request on Appellant's behalf seeking, in part, coverage of a maxillary overdenture under service code D5863 and four precision attachments for teeth 6, 8, 9, and 11 under D5862. (Testimony; Exh. 6).
3. Appellant previously received four anterior maxillary implants, which he currently maintains, and has no remaining natural teeth. (Testimony; Exh. 6, p. 295).
4. Appellant previously had an implant-supported maxillary denture which no longer remains stable in his mouth, and he is unable to use it for chewing food. (Testimony).
5. According to the treatment plan, Appellant's existing maxillary implants would be used to support and retain the proposed overdenture. (Testimony; Exh. 6, pp. 293-95).
6. On 6/16/25, UHC denied the PA request with respect to the overdenture and precision attachment requests, finding that it was not medically necessary and outside the scope of coverage. (Testimony; Exh. 6).
7. Pursuant to a level 1 internal appeal, UHC upheld its denial of the requested overdenture and four precision attachments. (Testimony; Exh. 1; Exh. 6).
8. UHC's SCO dental benefit expressly excludes implant-supported dentures, bridges, and partials, covering only single-unit implant-supported crowns. (Testimony; Exh. 6).
9. The Dental Provider Manual criteria for D5863 overdentures require remaining tooth roots to support the overdenture. (Testimony; Exh. 6, p. 50).

Analysis and Conclusions of Law

Appellant is a MassHealth and Medicare member enrolled in UHC's Senior Care Options plan. UHC is responsible for providing its SCO members with the full continuum of Medicare and MassHealth covered services and must ensure that the "duration and scope of Medicaid-covered services [available to its enrollees] shall be at a minimum no more restrictive than the scope of services provided under MassHealth standard coverage..." M.G.L. c. 118E, § 9D(a)-(d); see 130 CMR 610.004; 130 CMR 450.105.

MassHealth dental regulations govern the baseline level of coverage for members. MassHealth covers medically necessary² dental services "that are listed in Subchapter 6 of the *Dental Manual* [and] in accordance with the service descriptions and limitations described in 130 CMR 420.422 through 420.456." See 130 CMR 420.421(A). The dental regulations also list specific categories of dental services which are excluded from coverage. Non-covered dental services include "*implants of any type or description*" and certain types of denture services 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...*" 130 CMR 420.421(B).

While UHC offers its members dental benefits beyond those covered through MassHealth, any additional services offered are subject to benefit limitations established under the approved SCO plan. Pursuant to Appendix B.1 of the *Dental Manual*, UHC explicitly excludes implant-supported bridges, dentures, and partials, with the sole implant-related exception being single-unit implant-supported crowns. See Exh. 6. The evidence indicates that the requested treatment – a D5863 *overdenture* with four D5862 *precision attachments* - would be retained and supported by Appellant's four existing maxillary implants. As such, the requested prosthesis constitutes an implant-supported denture and is explicitly excluded from coverage under both MassHealth coverage rules and UHC's SCO plan.

While Appellant notes that D5862 and D5863 are included in the list of covered services under the SCO *Dental Manual*, this fact alone does not equate to automatic coverage. Rather, authorization of a covered service is subject to plan limitations and clinical criteria. According to Appendix C of the *Dental Manual*, service codes D5862 and D5863 pertain to tooth-supported dentures and are covered *only* when documentation shows sufficient bone and periodontal health around the tooth root to support the appliance. See Exh. 6, p. 50. As the evidence shows that Appellant has no remaining maxillary dentition, UHC appropriately determined that the clinical criteria for the

² Under 130 CMR 450.204(A), MassHealth defines a service as "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.

proposed treatment had not been met.

Appellant's argument that UHC paid for similar services in 2020 does not render the current determination incorrect. As a preliminary matter, neither party was able to verify the specific procedure codes, if any, that UHC previously authorized in 2020. Even if established, prior coverage does not change the controlling inquiry under appeal – which is whether the current benefit plan, in conjunction with the MassHealth regulations, permits exclusion of the requested service. As discussed above, both the MassHealth regulations and SCO benefit plan contain unambiguous language excluding coverage for implant-supported dentures. The evidence further shows that UHC provides dental and related denture services within the scope of coverage authorized under MassHealth regulations. Accordingly, UHC did not err in denying Appellant's level 1 appeal.

Based on the foregoing, this appeal is DENIED.

Order for MCO

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.

Casey Groff
Hearing Officer
Board of Hearings

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