

STATE OF RHODE ISLAND  
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
APPEALS OFFICE

████████████████████  
for  
████████████████████

DOCKET No. 24-2323

v.

EXECUTIVE OFFICE OF HEALTH AND  
HUMAN SERVICES

**DECISION**

**I. INTRODUCTION**

A telephonic hearing on the above-entitled matter came before an Appeals Officer on July 29, 2024 at 1:00 PM with the Executive Office of Health and Human Services (EOHHS), United Healthcare-Rite Smiles (UHC-RS) and ██████████ (Appellant) on behalf of her child, ██████████ (Child). The Appellant initiated this matter to appeal the March 4, 2024, decision by a Medicaid Managed Care Organization (MCO), specifically UHC-RS' denial of a prior authorization request for Comprehensive Orthodontic Treatment of the Adolescent Dentition, or full braces. The Appellant disagrees with UHC-RS's denial, and requests Medicaid approval for Comprehensive Orthodontic Treatment of the Adolescent Dentition, or Full Braces. For the reasons discussed in more details below, the Appellant's appeal is denied.

## **II. JURISDICTION**

EOHHS is authorized and designated by R.I.G.L. § 42-7.2-6.1 and EOHHS regulation 210-RICR-10-05-2 to be the entity responsible for appeals and hearings related to Medicaid/Medicaid Managed Care Plans/UHC RItE Smiles Program. The Administrative Hearing was held in accordance with the Administrative Procedures Act, R.I.G.L. § 42-35.1 et. seq., and EOHHS regulation 210-RICR-10-05-2.

## **III. ISSUE**

The issue on Appeal is whether the minor child qualifies for Medicaid-covered Comprehensive Orthodontic Treatment of the Adolescent Dentition, or Full Braces, in accordance with Medicaid Regulations and UHC-RS Policy as set forth below.

## **IV. PARTIES AND EXHIBITS**

Dr. Andrea Spurr, associate director, clinical consultant, UHC-RS, provided testimony and evidence regarding the case. Also in attendance was Nina Lennon, administrator of medical services, EOHHS, Medicaid, who testified the state of Rhode Island contracts with UHC for the RItE Smiles program. The following exhibits were presented by Dr. Spurr as evidence:

- Exhibit #1: UHC Notice of Upheld Appeal, March 22, 2024.  
UHC Appeal Acknowledgement Letter, March 21, 2024.  
UHC Initial Notice of Adverse Determination – FULL DENIAL, March 4, 2024.  
Rhode Island Medicaid Severe Malocclusion Treatment Request Form, including HLD index (Part A and B), Date of Exam by [REDACTED], February 5, 2024, including photographs of Child's teeth, and two x-rays: full mouth and side profile.

An interpreter from Maria's Translation, interpreted for the Appellant, who attended the hearing on her Child's behalf, and provided testimony relevant to her request for orthodontic treatment for her Child. Included in her appeal were the same photographs of her Child's teeth from [REDACTED]; the March 4, 2024, UHC Initial Notice of Adverse Determination – FULL DENIAL; and the March 22, 2024, UHC Notice of Upheld Appeal. She presented the following exhibit as evidence:

- Exhibit #1: Four photographs of the interior of the Child's mouth.

**V. RELEVANT LAW/REGULATIONS**

According to 210-RICR-10-00-1, "Overview of the Rhode Island Medicaid and Children's Health Insurance Programs," EOHHS is responsible for administering the State's Medicaid program. In addition, 210-RICR-30-05-2, section 2.55, "Rite Smiles Dental Plan Overview," states Rite Smiles Program is the statewide dental benefits managed care delivery system for Rhode Island children who receive Medicaid. EOHHS contracts with United Healthcare of Rhode Island to provide oral health services to these children.

The United Healthcare Rite Smiles Member Handbook and the Rhode Island Medicaid Dental Services Coverage Manual provide guidelines for determining when orthodontic services are "medically necessary" and, therefore, covered. The manual states orthodontics are "medically necessary services needed to correct handicapping malocclusion in recipients under age 21." Medicaid, and thereby UHC-RS, utilizes the Handicapping Labio-lingual Deviation Index (HLD Index), included in the Rhode Island Medicaid Severe Malocclusion Treatment Request Form, to determine the degree of a handicapping malocclusion, and to determine if it meets medical necessity criteria. A severe handicapping malocclusion exists, and medical necessity is met, if

any condition listed on Part A of the HLD exists. In the absence of any Part A condition, a score of twenty-six (26) or more in Part B is needed to demonstrate a severe handicapping malocclusion and/or meet medical necessity criteria. These requirements and their application to this appeal are discussed in more detail below.

## **VI. FINDINGS OF FACT**

1. The Appellant's Child was born February 22, 2012, and is a Medicaid recipient, enrolled in and receiving UHC-RS dental coverage.
2. The Appellant requested dental services – full braces, on March 3, 2024.
3. On March 4, 2024, UHC-RS sent an Initial Notice of Adverse Determination – FULL DENIAL, to the Child, stating the request for dental services was denied as the Child did not meet the score of twenty-six (26) on the Rhode Island Medicaid Severe Malocclusion Treatment Request form.
4. The score on the Rhode Island Medicaid Severe Malocclusion Treatment Request Form submitted by the Child's orthodontist to UHC-RS was twenty-four (24). A score of twenty-six (26) is needed to meet the medical necessity criteria to qualify for braces. The orthodontist did not identify any auto-qualifying condition in Part A of the HLD index. Photographs of the child's mouth and two x-rays also were included with the form.
5. On March 21, 2024, the Appellant appealed UHC-RS's March 4, 2024, orthodontic treatment denial. That same day, UHC-RS sent a letter to the Child acknowledging the appeal was received.
6. On March 22, 2024, UHC sent a Notice of Upheld Appeal to the Child, stating the appeal review is complete, and the denial of the D8080 Comprehensive Orthodontic

Treatment of the Adolescent Dentition remains unchanged for failing to meet the score of twenty-six (26) on the Rhode Island Medicaid Severe Malocclusion Treatment Request Form.

7. The Appellant testified, and wrote on her appeal form, that the Child needs braces to align his teeth because he bites the sides of his mouth when he eats, causing inflammation, bleeding, and pain.
8. Dr. Spurr testified that no additional information was submitted by the treating provider after the appeal was filed.
9. Dr. Spurr testified that RItE Smiles requires the presence of a “severe physically handicapping malocclusion” for orthodontic treatment to be approved for a UHC-RS member, and the Child did not meet the criteria.
10. The requirements for orthodontic treatment are outlined in the United Healthcare RItE Smiles Member Handbook and Rhode Island Medicaid Dental Services Coverage Manual.

## **VII. DISCUSSION**

The Appellant’s Child is a Medicaid recipient enrolled in the RItE Smiles dental plan for children. The plan requires the presence of a “severe, physically handicapping malocclusion” for orthodontic treatment to be paid by RItE Smiles. The HLD Index is used to determine the degree of a handicapping malocclusion, and to determine if it meets the medical necessity criteria. The Child did not receive any score in Part A on the HLD Index, which would automatically qualify him for braces, and received a score of twenty-four (24) on Part B, reflecting three conditions, overjet, overbite, and anterior crowding. The score is below the minimum score of twenty-six (26) needed to show a medical necessity for orthodontic treatment. Therefore, the prior

authorization request for Comprehensive Orthodontic Treatment of The Adolescent Dentition was denied by UHC-RS as not medically necessary, Dr. Spurr testified.

The Appellant argued that the Child needs braces because he bites the side of his mouth every time he chews. She testified the orthodontist told her he needs braces, and once the teeth are aligned, the problem will go away. However, there was no such notation on the Treatment Request Form. Dr. Spurr told the Appellant that the form can be updated and re-submitted, which may change the outcome. She also stated that there is no limit as to how many times an orthodontist can submit the Rhode Island Medicaid Severe Malocclusion Treatment Request Form, and she also can have a different orthodontist evaluate her child and re-submit the form.

Medicaid regulations, and the Medicaid dental rules, as outlined in the Rhode Island Medicaid Dental Services Coverage Manual and the United Healthcare RIte Smiles Member Handbook, clearly explain that Medicaid provides payment for covered dental services only when the service is determined to be medically necessary. Orthodontics for a Medicaid recipient under the age of twenty-one (21) is considered a medical necessary service only when a severe handicapping malocclusion is present – examples of such a malocclusion include: significant discrepancies in the relationships of the jaws and teeth in anteroposterior, vertical, or transverse directions. The scoring on Part B of the HLD Index did not rise to the level of severity to establish a handicapping malocclusion that results in a medical need for orthodontic treatment, or full braces.

#### **VIII. CONCLUSION OF LAW**

After careful review of the testimony and evidence present at the Administrative Hearing, the Child does not qualify for Medicaid-covered Comprehensive Orthodontic Treatment of The

Adolescent Dentition, or full braces. Medicaid's medical necessity criteria has not been met. The UHC-RS decision to deny the prior authorization/request for Comprehensive Orthodontic Treatment of The Adolescent Dentition, or full braces, based on the evidence and testimony provided by UHC-RS, when considered with the Appellant's testimony, establishes a preponderance of evidence that the Child does not have a medical need for Comprehensive Orthodontic Treatment to correct a severe handicapping malocclusion.

**IX. DECISION**

Based on the foregoing Findings of Fact, Conclusions of Law, evidence, and testimony it is found that a final order be entered that there is sufficient evidence to support UHC-RS's decision to deny the Appellant's request for Comprehensive Orthodontic Treatment of The Adolescent Dentition, or full braces.

**APPEAL DENIED**

*/s/ Lori Stabile*

Lori Stabile

Appeals Officer

**NOTICE OF APPELLATE RIGHTS**

This final order constitutes a final order of the Executive Office of Health and Human Services pursuant to RI General Laws §42-35-12. Pursuant to RI General Laws §42-35-15, a final order may be appealed to the Superior Court sitting in and for the County of Providence within thirty (30) days of the mailing date of this decision. Such appeal, if taken, must be completed by filing a petition for review in Superior Court. The filing of the complaint does not itself stay enforcement of this order. The agency may grant, or the reviewing court may order, a stay upon the appropriate terms.

**CERTIFICATION**

I hereby certify that I mailed, via regular mail, postage prepaid, a true copy of the foregoing to [REDACTED]; copies were sent, via email, to [REDACTED], Sally McGrath, Shannon DeCesare, Nina Lennon, Dr. Samuel Zwetchkenbaun, John Neubauer, and UHC-RS representative Sheila O'Connor-Santos, Dr. Alan Chusid, and Dr. Andrea Spurr, on this 22nd day of August, 2024.

