

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

[REDACTED]  
for  
[REDACTED]

DOCKET No. 25-4081

V.

EXECUTIVE OFFICE OF HEALTH  
AND HUMAN SERVICES

**DECISION**

**I. INTRODUCTION**

A Microsoft Teams telephonic meeting on the above-entitled matter was held on October 15, 2025, with the Executive Office of Health and Human Services (EOHHS), UnitedHealthcare-Rite Smiles (UHC-RS), and [REDACTED] (Appellant), on behalf of her daughter, [REDACTED] (Child). The Appellant initiated this matter to appeal the July 24, 2025, decision by a Medicaid Managed Care Organization (MCO), specifically UHC-RS, pertaining to the denial of dental services – full braces.

The Appellant disagrees with UHC-RS' denial, and requests Medicaid approval for Comprehensive Orthodontic Treatment of the Adolescent Dentition – a full set of braces. Based on the evidence presented and discussed in more details below, the Appellant's appeal is denied.

## **II. JURISDICTION**

EOHHS is authorized and designated by R.I. General Laws. § 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/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 Child qualifies for Medicaid-covered braces, in accordance with Medicaid regulations and UHC-RS policy as set forth below.

## **IV. PARTIES AND EXHIBITS**

██████████, United Healthcare Dental Director, provided testimony and evidence relevant to UHC-RS' denial of orthodontic treatment. Also in attendance were Deborah Morales, R.I. Medicaid Assistant Director, and ██████████, account manager for UnitedHealthCare, overseeing the administration of Rite Smiles dental program for the State of Rhode Island. The following exhibits were presented as evidence:

- Exhibit #1:
  - Rhode Island Medicaid Severe Malocclusion Treatment Request Form, including the Handicapping Labio-Lingual Deviation (HLD) index (Part A and B), filled out by ██████████ of ██████████ on July 15, 2025, along with photographs (front, side, and interior views) and x-rays of the Child's teeth and skull.
  - American Dental Association Dental Claim Form.
  - Initial Notice of Adverse Determination – FULL DENIAL dated July 24, 2025,
  - EOHHS Medicaid program form explaining the categories and scoring for the HLD Index.

The Appellant provided testimony relevant to her request for the Child's orthodontic treatment. She submitted the following document as evidence:

- Exhibit #1:
  - Appeal form dated September 11, 2025,
  - Notice of Upheld Appeal dated August 20, 2025.

## **V. RELEVANT LAW/REGULATIONS**

EOHHS is responsible for administering the State's Medicaid program, according to 210-RICR-10-00-1, "Overview of the Rhode Island Medicaid and Children's Health Insurance Programs." In addition, 210-RICR-30-05-2, section 2.55, "Rite Smiles Dental Plan Overview," states the 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 UnitedHealthcare 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." A medically necessary service means medical, surgical or other services required for the prevention, diagnosis, cure, or treatment of a health-related condition including any such services that are necessary to prevent a detrimental change in either medical status or services needed to achieve age-appropriate growth and development or to attain, maintain, or regain functional capacity. Medically necessary services must be provided in the most cost-efficient and appropriate setting and must not be provided solely for the convenience of the member or service provider. 210-RICR-30-05-2.8(A)(3).

Medicaid, and thereby UHC-RS, utilizes the 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 Index exists. In the absence of any Part A condition, a score of 26 at the minimum is needed on Part B to demonstrate a severe handicapping malocclusion and/or meet the medical necessity criteria.

**VI. FINDINGS OF FACT**

1. The Appellant's Child is a Medicaid recipient, enrolled in and receiving UHC-RS dental coverage.
2. The Child's orthodontist completed the pre-authorization request form for braces, on July 15, 2025, which included the HLD Index and the Child's score of 14. Photographs of the Child's mouth also were included with the form.
3. On July 24, 2025, UHC-RS sent an initial Notice of Adverse Determination – FULL DENIAL, to the Child, stating the request for orthodontic treatment was denied because the Child did not meet the score of 26 on the Rhode Island Medicaid Severe Malocclusion Treatment Request Form.
4. The orthodontist did not identify any auto-qualifying condition in Part A of the HLD index on the form. Part B is the score sheet, where the Child received a score of 14, with points for overjet, overbite, ectopic eruption, and posterior unilateral crossbite.
5. The Appellant appealed the UHC-RS denial, which was upheld in an August 20, 2025, Notice of Upheld Appeal to the child. The denial stated that the review of the appeal was complete, and the decision was the same. It stated that the request for orthodontic treatment was denied and stated that the Child did not meet the score of 26 on the Rhode Island Medicaid Severe Malocclusion Treatment Request Form.
6. [REDACTED] testified that the Child's plan requires the presence of a severe, physically handicapping malocclusion to be present for orthodontic treatment to be approved, and that determination is made using the HLD Index.

7. [REDACTED] testified that an orthodontist consultant reviewer reviewed the initial July 2025 request for braces, denying it as the required point score of 26 was not met, and the presence of a severe, physically handicapping malocclusion was not established.
8. A second orthodontist consultant reviewer reviewed the Appellant's subsequent appeal of the braces denial, upholding the initial denial in an August 20, 2025, letter. [REDACTED] testified that no additional clinical documentation was submitted by the provider in support of overturning the denial. The only information submitted was what was provided with the initial request for braces.
9. [REDACTED] testified that after the appeal was filed with EOHHS on September 11, 2025, UnitedHealthCare's internal team comprised of licensed dentists reviewed the request again, and confirmed the point score to be accurate, and that medical necessity criteria was not met.
10. The orthodontist wrote on the HLD form "not many points – but severe malocclusion." [REDACTED] testified that these comments were reviewed, and both consultants agreed that the malocclusion issue was addressed by the points that the Child received in Part B.
11. The Appellant wrote on her appeal: "I believe, because our dentist and the consulting orthodontist told me so, that full braces are medically necessary for my daughter. She is missing an adult tooth that never replaced the baby tooth that fell out and as a result has abnormal spacing and the potential for damaging tooth migration. Braces would be required to keep her teeth in normal and healthy alignment."
12. The Appellant argued that the point of having braces is to prevent further – and more costly – problems, and that the denial does not make sense to her since the Child's dentist and orthodontist are recommending them. The Appellant said she does not want to pay \$6,000 out-of-pocket for braces.

## **VII. DISCUSSION**

The Child is a Medicaid recipient enrolled in the RItE Smiles dental plan. 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 points in Part A of the HLD Index, which would automatically qualify her for braces. Her score of 14 on Part B, reflecting four conditions – overjet, overbite, ectopic eruption, and posterior unilateral crossbite – was below the required score of 26 needed to show a medical necessity for orthodontic treatment. Therefore, the presence of a severe, physically handicapping malocclusion was not established.

The pre-authorization request for braces, along with photographs and x-rays, were reviewed after they were submitted by the Child's orthodontist on July 15, 2025, and the orthodontist consultant reviewer denied it because the Child did not meet the score of 26 needed to qualify for braces. The Appellant appealed that decision, and the denial was upheld, after a review by another orthodontist consultant, in an August 20, 2025, letter, again stating that the Child did not meet the score of 26 needed for braces. An internal review team at UnitedHealthCare again reviewed the case after the appeal was filed with EOHHS, and determined the treatment did not meet medical necessity as the point score was determined to be accurate. [REDACTED] testified that no additional information was provided throughout the appeal process to consider when reviewing the denial.

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

After careful review of the testimony and evidence presented at the Administrative Hearing, this Appeals Officer concludes that the Child does not qualify for Medicaid-covered Comprehensive Orthodontic Treatment of the Adolescent Dentition, or full braces, as Medicaid's medical necessity criteria has not been met. The UHC-RS decision to deny the prior authorization/request for full braces was therefore correct based on department policy.

#### **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' decision to deny the Appellant's request for braces.

**APPEAL DENIED**

*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 R.I. General Laws §42-35-12. Pursuant to R.I.G.L. §42-35-15, a final order may be appealed to the Superior Court sitting in and for the County of Providence within 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], [REDACTED] Sally McGrath, Deborah Morales, Sheila O'Connor-Santos, Melanie Oxley, John Neubauer, and Dr. Samuel Zwetchkenbaum on this 24th day of October, 2025.

  
\_\_\_\_\_