

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105-3730

██████████ 2016  
Signature Confirmation

Client ID # ██████████  
Request # 730323

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2015, Connecticut Dental Health Partnership (“CTDHP”), the Dental Administrator for the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) stating that it had denied a prior authorization request for approval of interceptive orthodontic treatment for ██████████, her minor child. The NOA states, “the documents your dentist has given CTDHP provided no evidence that the requested services met the “medically necessary/medical necessity” care conditions set by the Department.”

On ██████████ 2015, the Appellant requested an administrative hearing to contest the Department’s denial of prior authorization of orthodontia.

On ██████████ 2015, 2015, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2015.

On ██████████ 2015, OLCRAH issued a notice rescheduling the administrative hearing at the Appellant’s request to ██████████ 2015.

On [REDACTED] [REDACTED] 2015, OLCRAH issued a notice rescheduling the administrative hearing to [REDACTED] 2015 and to be held via telephone conference call at the Appellant's request.

On [REDACTED] 2014, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals participated in the hearing via telephone conference call:

[REDACTED], the Appellant  
 Nettie Sarro, CTDHP Grievance & Appeals Representative  
 Dr. Joseph D'Ambrosio,  
 Maureen Foley-Roy, Hearing Officer

The hearing record remained open for the submission of additional evidence. On [REDACTED] 2015, the record closed.

### **STATEMENT OF THE ISSUE**

The issue is whether CTDHP correctly denied the request for interceptive orthodontic treatment for [REDACTED]

### **FINDINGS OF FACT**

1. The Appellant is the mother of the [REDACTED] whose date of birth is [REDACTED] 2005. (Hearing record and Exhibit 1: Prior Authorization Request)
2. [REDACTED] is a participant in the Medicaid program, as administered by the Department. (Hearing Record)
3. CTDHP is the Department's contractor for reviewing dental provider's requests for prior authorization of orthodontic treatment. (Hearing Record)
4. On [REDACTED] 2015, CTDHP received a prior authorization request from Danbury Orthodontics for interceptive orthodontic treatment for [REDACTED] indicating, "client has no missing teeth. Anterior crossbite, phase one treatment needed, limited braces to correct crossbite." (Exhibit. 1: ADA Dental Claim Form)
5. On [REDACTED] [REDACTED] 2015, CTDHP's Orthodontic Consultant, Dr. Benson Monastersky conducted a review of [REDACTED] x-rays and clads. He found no evidence of severe deviations affecting [REDACTED] mouth and underlying structures. Dr. Monastersky comments: "re-evaluate when dentition matures."

6. On [REDACTED] 2015, CTDHP issued a notice denying the request for braces [REDACTED] stating that “the documents your dentist has given CTDHP provided no evidence that the requested services met the “medically necessary/medical necessity” care conditions set by the Department. (Exhibit 4: Notice of Action for Denied Services, [REDACTED]-15)
7. There is no evidence in the hearing record regarding the specifics of [REDACTED] crossbite. (Hearing Record)
8. There is no evidence in the hearing record of how [REDACTED] crossbite is affecting his dental or overall health. (Hearing Record)
9. There is no evidence in the hearing record that the child experiences mental, emotional or behavior problems related solely to his dental condition. (Hearing Record)

### **CONCLUSIONS OF LAW**

1. Section 17b-2(8) of the Connecticut General Statutes states that the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. For the purposes of the administration of the medical assistance programs by the Department, "medically necessary" and "medical necessity" mean those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition. Conn. Gen. Stat. § 17b-259b (a).

3. Orthodontic services for services provided for individuals less than 21 years of age will be paid for when provided by a qualified dentist and deemed medically necessary as described in these regulations. Conn. Agencies Regs. §17-134d-35(a)
4. CTDHP correctly determined that [REDACTED] is not being treated by a licensed psychiatrist or psychologist who recommends orthodontic treatment to significantly ameliorate her child's mental, emotional, and or behavior problems, disturbances or dysfunctions.
5. CTDHP correctly determined that [REDACTED] dentist did not provide evidence that the requested interceptive orthodontic treatment met the medically necessity care conditions set by statute.

**DECISION**

The Appellant's appeal is **DENIED**.

*Maureen Foley-Roy*  
Maureen Foley-Roy  
Hearing Officer

Pc: Diane D'Ambrosio, CTDHP  
Rita LaRosa, CTDHP

### **RIGHT TO REQUEST RECONSIDERATION**

The appellant has the right to file a written reconsideration request within **15** days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105.

### **RIGHT TO APPEAL**

The appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue, Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The 45 day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or the Commissioner's designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.