

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3725

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

Client ID # ██████████
Request # 734349

NOTICE OF DECISION

PARTY

██████████
Re: ██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2015, BeneCare Dental Health Plans (“BeneCare”), administered by the Connecticut Dental Health Partnership (“CTDHP”), sent ██████████, (the “Appellant”) a Notice of Action (“NOA”) denying a request for prior authorization of orthodontia for ██████████, her minor child. The NOA stated that the severity of the ██████████ malocclusion did not meet the criteria set in state regulations to approve the proposed treatment.

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

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

On ██████████ 2015, 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 were present at the hearing:

██████████ the Appellant
Jackie Romaniuk, CTDHP Grievance & Appeals Representative
Adrian Rodriguez, translator
Dr. Greg Johnson, CTDHP Dental Consultant, via telephone conference call
Maureen Foley-Roy, Hearing Officer

The hearing record remained open for the submission of additional evidence. No additional information was received and the record closed on [REDACTED] 2015.

Por favor vea la copie incluida de esta decision en espanol.

STATEMENT OF THE ISSUE

The issue is whether BeneCare's denial of prior authorization through the Medicaid program for [REDACTED] orthodontic services was correct.

FINDINGS OF FACT

1. The Appellant is the mother of the minor child, [REDACTED], whose date of birth is [REDACTED] 1999. (Hearing record and Exhibit 1: Request claim form)
2. [REDACTED] is a participant in the Medicaid program, as administered by the Department. (Hearing Record)
3. The Connecticut Dental Health Partnership, ("CTDHP") also known as BeneCare Dental Plans, is the Department's contractor for reviewing dental provider's requests for prior authorization of orthodontic treatment. (Hearing Record)
4. On [REDACTED] 2015, BeneCare received a prior authorization request from New Haven Orthodontics for orthodontics (braces) for the Appellant's child.
5. On [REDACTED] 2015, BeneCare received a Preliminary Handicapping Malocclusion Assessment Record with a score of 27 points, dental models and X-rays of [REDACTED] mouth from New Haven Orthodontics. (Ex. 2: Malocclusion Assessment Record signed [REDACTED] 2015)
6. [REDACTED] does not smile due to the appearance of her teeth. Because her bottom teeth are facing the inside.(Appellant's testimony)
7. [REDACTED] does not have any medical problems related to the condition of her teeth or mouth but the positioning of the teeth is bothersome to her. (Appellant's testimony)
8. On [REDACTED] [REDACTED] 2015, Dr. Benson Monastersky, DMD, BeneCare's orthodontic consultant, reviewed all of the information submitted by the treating orthodontist and determined that [REDACTED] scored 22 points on the Malocclusion Assessment Record. (Ex. 3: Dr. Monastersky's Malocclusion Assessment Record)

9. On [REDACTED] 2015, BeneCare issued a notice denying the request for braces for [REDACTED] (Exhibit 4: Notice of Action for Denied Services)
10. On [REDACTED] 2015, Dr. Geoffrey Drawbridge, orthodontic consultant for BeneCare, independently reviewed [REDACTED] records and arrived at a score of 20 points on the Malocclusion Assessment Record. (Exhibit 6: Dr. Drawbridge's Malocclusion Assessment Record)
11. Dr. Drawbridge's assessment noted that there were no severe deviations affecting the mouth and/or underlying structures. (Exhibit 6)
12. On [REDACTED] 2015, BeneCare issued a letter to the Appellant notifying her that the dentist's request for approval of braces for [REDACTED] was denied for the following reasons: her score of 20 points was less than the 26 points needed for coverage; there was no presence found of any deviations affecting the mouth or underlying structures; there was no evidence presented of any treatment by a licensed psychiatrist or psychologist related to the conditions of her teeth. (Exhibit 8: BeneCare determination letter)

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. State regulations provide that 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. Public Act 15-5 (June Sp. Session, Section 390) provides, in relevant part, as follows: “ The Department of Social Services shall cover orthodontic services for a Medicaid recipient under twenty-one years of age when the Salzmann Handicapping Malocclusion Index indicates a correctly scored assessment for the recipient of twenty-six points or greater, subject to prior authorization requirements. If a recipient’s score on the Salzmann Handicapping Malocclusion Index is less than twenty-six points, the Department of Social Services shall consider additional substantive information when determining the need for orthodontic services, including (1) documentation of the presence of other severe deviations affecting the oral facial structures; and (2) the presence of severe mental, emotional or behavioral problems or disturbances, as defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association, that affects the individuals daily functioning.”
5. State regulations provide that the study models submitted for prior authorization must clearly show the occlusal deviations and support the total point score of the preliminary assessment. [Conn. Agencies Regs. §17-134d-35(f)]
6. BeneCare correctly found that ██████████ malocclusion did not meet criteria for severity, or 26 points, as established in state regulations.
7. BeneCare correctly determined that ██████████ did not have a deviation of such severity that it would cause irreversible damage to the teeth and underlying structures if left untreated.
8. BeneCare correctly determined that there was no evidence of emotional issues directly related to ██████████ teeth.
9. BeneCare correctly determined that ██████████ medical conditions do not render braces medically necessary for her at this time as per the regulations.

DECISION

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

Maureen Foley-Roy
Maureen Foley-Roy
Hearing Officer

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

DERECHO A SOLICITAR RECONSIDERACIÓN

El apelante tiene el derecho de presentar una solicitud escrita de reconsideración dentro de los 15 días siguientes a la fecha de envío por correo de la decisión si ha habido un error de hecho o derecho, si se descubre nueva evidencia o si existe otro motivo suficiente. Si se otorga la solicitud para reconsideración, el apelante será notificado dentro de los 25 días siguientes a la fecha de solicitud. Si no hay respuesta dentro de los 25 días siguientes quiere decir que la solicitud de reconsideración fue negada. El derecho a solicitar una reconsideración se basa en la sección 4-181a(a) de las leyes generales de Connecticut.

En la solicitud de reconsideración se deben incluir las razones específicas de la solicitud; por ejemplo, indicar qué error de hecho o derecho, qué nueva evidencia o qué otro motivo suficiente existe.

Las solicitudes de reconsideración deben enviarse a: Departamento de Servicios Sociales, Director, Oficina de Asesoría Legal, Regulaciones y Audiencias Administrativas, 55 Farmington Avenue Hartford, CT 06105.

DERECHO A APELAR

El apelante tiene el derecho de apelar esta decisión ante el Tribunal Superior dentro de los 45 días siguientes al envío por correo de la misma o 45 días después de que la agencia rechace una petición para la reconsideración de dicha decisión, sujeto a que la petición de reconsideración haya sido presentada de manera oportuna ante el Departamento. El derecho de apelar se basa en la sección 4-183 de las leyes generales de Connecticut. Para apelar, se debe presentar una petición en el Tribunal Superior. Debe entregarse una copia de la petición en la oficina del fiscal general (Office of the Attorney General), 55 Elm Street, Hartford, CT 06106 o al comisionado del Departamento de Servicios Sociales, 55 Farmington Avenue Hartford, CT 06105. También debe entregarse copia de la petición a todas las partes de la audiencia.

El período de apelación de 45 días puede ampliarse en algunos casos si hay motivo suficiente. La solicitud de ampliación debe presentarse ante el comisionado del Departamento de Servicios Sociales, por escrito, a más tardar 90 días después de enviada la decisión. Las circunstancias de los motivos suficientes son evaluadas por el comisionado o su designado, de conformidad con la sección 17b-61 de las leyes generales de Connecticut. La decisión del organismo de otorgar una ampliación es definitiva y no estará sujeta a revisión o apelación.

La apelación debe presentarse con el empleado administrativo del Tribunal Superior en el distrito judicial de New Britain o en el distrito judicial en el que reside el apelante.