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

REC	QUES	T#	734	361
ID#				

NOTICE OF DECISION

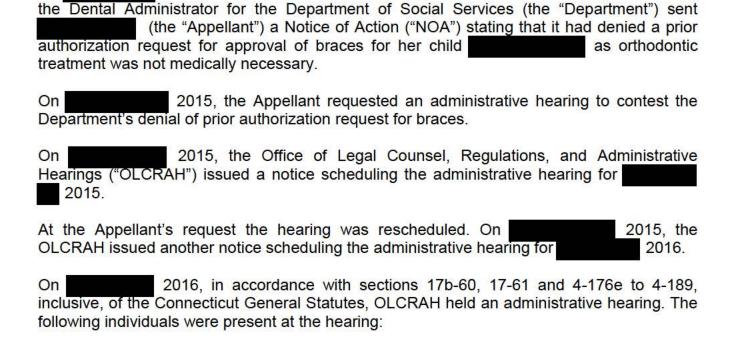
PARTY



On

PROCEDURAL BACKGROUND

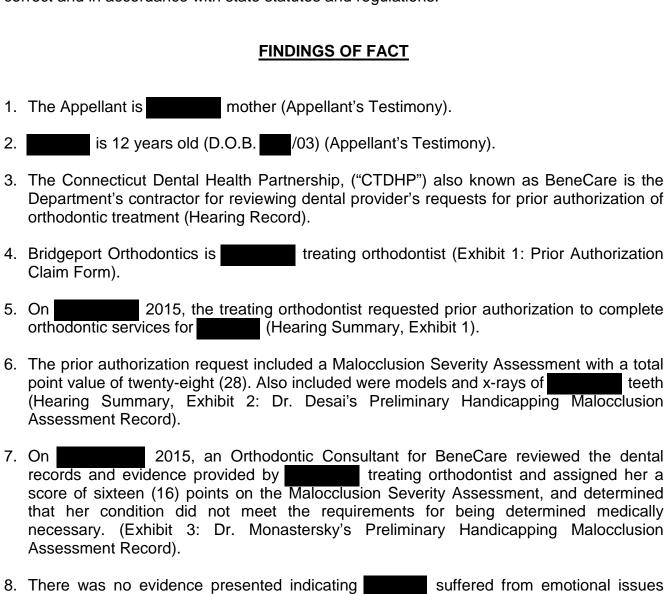
2015, CT Dental Health Partnership/BeneCare Dental Plans ("BeneCare"),



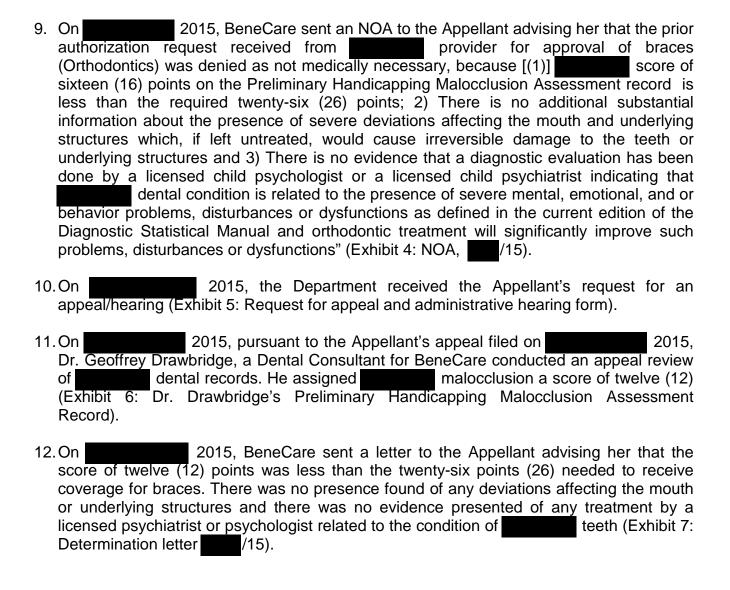
Appellant
Patricia Pereira, Interpreter
Luz Quinones, Benecare Representative
Dr. Jonathan Gorman, Dental Consultant for the Department via telephone
Carla Hardy, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether BeneCare's denial of a prior authorization request for approval of Medicaid coverage for braces as not medically necessary for was correct and in accordance with state statutes and regulations.



related to the condition of her mouth (Hearing Record).



CONCLUSIONS OF LAW

- Section 17b-2(8) of the Connecticut General Statures 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 purposes of the administration of the medical assistance programs by the Department of Social Services, "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. Connecticut General Statutes § 17b-259b(a).

- 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. Because two Malocclusion Severity Assessments were less than 26 points and there was no additional evidence presented about the presence of other severe deviations affecting her mouth and underlying structures, orthodontic services are not determined as medically necessary.
- 7. The Appellant failed to establish that, even though assessments were less than the required 26 points, she suffered from the presence of severe mental, emotional, and/or behavioral problems, disturbances or dysfunctions caused by her dental deformity.

- 8. malocclusion severity does not meet the requirements for medical necessity for approval of her prior authorization request for orthodontic treatment.
- 9. BeneCare correctly determined that the requested orthodontic treatment for was not medically necessary.



DISCUSSION

State statute provides that Medicaid pay for orthodontic treatment only when it is medically necessary. The Medicaid program uses a Preliminary Handicapping Malocclusion Assessment Record to measure the severity of malocclusion and dentofacial deformity. Although provider assigned her a score of 28, two other independent assessments assigned her scores of 16 and 12 points which is less than the requisite 26 points.

DECISION

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

Carla Hardy
Carla Hardy
Hearing Officer

Pc: Diane D'Ambrosio, Connecticut Dental Health Partnership, P.O. Box 486, Farmington, CT 06034
Rita LaRosa, Connecticut Dental Health Partnership, P.O. Box 486, Farmington, CT 06034

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 <u>specific</u> 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 06105-3725.

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 06105-3725. 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.