

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

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

Client ID # ██████████
Request # 750969

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2015, Benecare Dental Plans (“BeneCare”) administered by the Connecticut Dental Health Partnership (“CTDHP”) sent ██████████, (the “Appellant”) a notice of action denying a request for prior authorization of orthodontia treatment for her minor child, ██████████ indicating that the severity of ██████████ malocclusion did not meet the requirements in state law to approve the proposed treatment and that is not medically necessary.

On ██████████ 2016, (“the Appellant”) requested an administrative hearing to contest Benecare’s denial of prior authorization of orthodontia for ██████████

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2016.

On ██████████ 2016, the Appellant requested a rescheduled hearing due to inclement weather.

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2016.

On [REDACTED] 2016, in accordance with sections 17b-60, 17b-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:

[REDACTED], Appellant
 [REDACTED] [REDACTED], minor child
 Magdalena Carter, CTDHP Representative
 Dr. Vincent Fazzino, CTDHP Dental Consultant, via telephone
 Shelley Starr, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether BeneCare's denial of prior authorization through the Medicaid program for [REDACTED] orthodontic and interceptive treatment as not medically necessary was in accordance with state statutes and state regulations.

FINDINGS OF FACT

1. The Appellant is the mother of [REDACTED] [REDACTED] (Hearing Record and Appellant's Testimony)
2. [REDACTED] is fifteen (15) years old (D.O.B. [REDACTED]/01) and is a participant in the Medicaid program, as administered by the Department of Social Services (the "Department"). (Exhibit 1: Dental Claim Form; Appellant's Testimony)
3. BeneCare is the Department's contractor for reviewing dental providers' requests for prior authorization of orthodontic treatment. (Hearing Record)
4. [REDACTED] (the "treating orthodontist") is [REDACTED] treating orthodontist. (Hearing Summary, Exhibit 1: Prior Authorization Request dated [REDACTED] 2015 and Exhibit 2: Preliminary Malocclusion Assessment Record dated [REDACTED] 2015)
5. On [REDACTED] 2015, the treating orthodontist requested prior authorization to complete orthodontic services for [REDACTED] requesting approval for comprehensive orthodontic treatment and interceptive orthodontic treatment. (Hearing Summary and Exhibit 1: Prior Authorization Request; Exhibit 2: Preliminary Handicapping Assessment dated [REDACTED] 2015)
6. On [REDACTED] 2015, BeneCare received from the treating orthodontist, a Preliminary Handicapping Malocclusion Assessment Record with a score of

12 points, dental models, and x-rays of [REDACTED] mouth. Dr. Greenberg did not indicate there is the presence of other severe deviations affecting the mouth and underlying structures. Dr. Greenberg commented “needs limited treatment for severe overjet and diastema see photo.” (Hearing Summary and Exhibit 2: Preliminary Malocclusion Assessment Record, dated [REDACTED] 2015)

7. The Department evaluated [REDACTED] for both comprehensive orthodontic treatment and interceptive orthodontic treatment. (Dental Consultant’s Testimony)
8. On [REDACTED] [REDACTED] 2015, Dr. Geoffrey Drawbridge, DDS, BeneCare’s orthodontic dental consultant, independently reviewed [REDACTED] models and x-rays, and arrived at a score of 15 points on a Preliminary Handicapping Malocclusion Assessment Record. Dr. Drawbridge did not indicate there is the presence of other severe deviations affecting the mouth and underlying structures. Dr. Drawbridge commented, “Does not meet criteria for approval under 26 points or approval for D8020”. Exhibit 3: Dr. Drawbridge’s Assessment dated [REDACTED] 2015; Hearing Summary)
9. Code D8020 is the code for interceptive orthodontic treatment and is used for limited treatment of the transitional dentition. (Dental Consultant Testimony)
10. On [REDACTED] 2016, Dr. Vincent Fazzino, Benecare’s orthodontic dental consultant, independently reviewed [REDACTED] models and x-rays, and arrived at a score of 15 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. Fazzino did not indicate there is the presence of other severe deviations affecting the mouth and underlying structures. Dr. Fazzino commented “does not meet criteria for D8020.” (Hearing Summary and Exhibit 6: Dr. Fazzino’s Assessment dated [REDACTED] [REDACTED] 2016)
11. On [REDACTED] 2016, BeneCare denied the treating orthodontist’s request for prior authorization of orthodontic services as not medically necessary. [REDACTED] teeth scored less than the 26 points needed for coverage, her teeth are not crooked enough to qualify for braces and they currently pose no threat to the jawbone or the attached soft tissue. (Exhibit 7: Notice of Action for Denied Services or Goods dated [REDACTED] 2016)
12. [REDACTED] has no problems chewing or swallowing food. (Appellant’s Testimony)
13. [REDACTED] has no pain or infection. (Appellant’s Testimony)
14. [REDACTED] has no speech impairments. (Appellant’s Testimony)

15. [REDACTED] is not receiving treatment by a qualified psychiatrist or psychologist for related mental emotional or behavior problems, disturbances or dysfunctions related to her malocclusion. (Appellant's Testimony)
16. [REDACTED] is social at school and is a good student. (Appellant's Testimony)

CONCLUSIONS OF LAW

1. Connecticut General Statutes § 17b-262 provides that the Department may make such regulations as are necessary to administer the medical assistance program.
2. Connecticut Agencies Regulations § 17-134d-35(a) 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.
3. Connecticut General Statutes § 17b-259b provides (a) 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.
4. Connecticut General Statutes § 17b-259b(b) provides that clinical policies, medical policies, clinical criteria or any other generally accepted clinical practice guidelines used to assist in evaluating the medical necessity of a request health service shall be used solely as guidelines and shall not be the basis for a final determination of medical necessity.

5. Public Act 15-5 (June Special 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 Salzman 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 Salzman 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 individual’s daily functioning.”
6. Connecticut Agencies Regulations § 17-134d-35(b)(3) define the Preliminary Handicapping Malocclusion Assessment Record as the method of determining the degree of malocclusion and eligibility for orthodontic services. Such assessment is completed prior to performing the comprehensive diagnostic assessment.
7. Connecticut Agencies Regulations § 17-134d-35(f)(1) provide that prior authorization is required for the comprehensive diagnostic assessment. The qualified dentist shall submit: (A) the authorization request form; (B) the completed Preliminary Handicapping Malocclusion Assessment Record; (C) Preliminary assessment study models of the patient’s dentition; and, (D) additional supportive information about the presence of other severe deviations described in Section (e) (if necessary). The study models must clearly show the occlusal deviations and support the total point score of the preliminary assessment. If the qualified dentist receives authorization from the Department, he may proceed with the diagnostic assessment.
8. ████████ study models submitted by the treating orthodontist do not clearly support the presence of any deviations affecting the mouth or underlying structures; as required by state regulations for the authorization of comprehensive or interceptive orthodontia treatment.
9. ████████ has not been recommended by a licensed psychiatrist or psychologist, that she receive orthodontic treatment to significantly ameliorate mental, emotional, and or behavior problems, disturbances or dysfunctions.
10. BeneCare was correct to deny prior authorization because ████████ does not meet the medical necessity criteria for orthodontic services, in accordance with state statutes and regulations.

DISCUSSION

State regulations provide that when a child is correctly scored with at least 26 points on a Preliminary Handicapping Malocclusion Assessment Record, a test measuring severity of malocclusion and dentofacial deformity, the Medicaid program will authorize and pay for orthodontic treatment. The treating orthodontist scored the malocclusion of [REDACTED] teeth to equal 12 points. Two dentists in blind reviews independently assessed [REDACTED] models and x-rays and scored the malocclusion to equal 15 and 15 points. It is reasonable to conclude that the models do not support the severity of malocclusions and dentofacial deformity.

The Department conducted their evaluation for approval based on factors including the 26 point scoring requirement and on factors for approval of D8020 interceptive orthodontic limited treatment. All three independent evaluations agreed that [REDACTED] did not meet the 26 point scoring requirement. Based on the provided evidence, BeneCare correctly determined that [REDACTED] dentist did not provide evidence that the requested treatment met the medically necessary conditions set by statute for orthodontic treatment. [REDACTED] is not receiving any treatment by a licensed psychiatrist or psychologist and there is no indication that [REDACTED] has any other severe deviations affecting the mouth and underlying structures. In addition, it has not been recommended that [REDACTED] receive orthodontic treatment to significantly ameliorate her mental, emotional, and or behavior problems disturbances or dysfunctions.

The undersigned hearing officer finds that [REDACTED] malocclusion did not meet the requirements, established in state regulations to allow the Medicaid program to pay for orthodontic services.

DECISION

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



Shelley Starr
Hearing Officer

Pc: Diane D'Ambrosio, CTDHP, P.O. Box 486 Farmington, CT 06032
Rita LaRosa, CTDHP, P.O. Box 486 Farmington, CT 06032

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.