

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

REQUEST# 753498
ID# ██████████

NOTICE OF DECISION

PARTY

██████████
For: ██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, CT Dental Health Partnership/BeneCare Dental Plans (“BeneCare”), 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 child, ██████████ as orthodontic treatment was not medically necessary.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the Department’s denial of prior authorization request for interceptive orthodontic treatment.

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

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

On ██████████ 2016, 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:

██████████, Appellant
Karina Reininger, Benecare Representative

Dr. Vincent Fazzino, Dental Consultant for the Department via telephone
Carla Hardy, Hearing Officer

The record remained open for the submission of additional documentation. Documentation was received. The hearing record closed on [REDACTED] 2016.

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 interceptive orthodontic treatment as not medically necessary for [REDACTED] was correct and in accordance with state statutes and regulations.

FINDINGS OF FACT

1. The Appellant is [REDACTED] mother (Appellant's Testimony).
2. [REDACTED] is 11 years old (D.O.B. [REDACTED]/04) (Appellant's Testimony).
3. The Connecticut Dental Health Partnership, ("CTDHP") also known as BeneCare is the Department's contractor for reviewing dental provider's requests for prior authorization of orthodontic treatment (Hearing Record).
4. [REDACTED] is [REDACTED] treating orthodontist (Exhibit 1: Prior Authorization Claim Form).
5. On [REDACTED] 2016, the treating orthodontist requested prior authorization to complete interceptive orthodontic services for [REDACTED] (Hearing Summary, Exhibit 1).
6. The prior authorization request included a Malocclusion Severity Assessment. [REDACTED] assigned [REDACTED] a score of four (4) points and commented, "Bilateral posterior crossbite, RPE only". Also included were models and x-rays of [REDACTED] teeth (Exhibit 2: [REDACTED] Preliminary Handicapping Malocclusion Assessment Record).
7. On [REDACTED] 2016, an Orthodontic Consultant for BeneCare reviewed the dental records and evidence provided by [REDACTED] treating orthodontist and assigned him a score of seven (7) points on the Malocclusion Severity Assessment. Dr. Gange commented, "No Functional shifts". He determined that [REDACTED] condition did not meet the requirements for being determined medically necessary. (Exhibit 3: Dr. Gange's Preliminary Handicapping Malocclusion Assessment Record).
8. On [REDACTED] 2016, BeneCare sent an NOA to the Appellant advising her that the prior authorization request received from [REDACTED] provider for approval of interceptive

treatment (orthodontics) was denied because there was no evidence provided that such treatment was medically necessary (Exhibit 4: NOA, [REDACTED]/16).

9. On [REDACTED] 2016, the Department received the Appellant's request for an appeal/hearing (Exhibit 5: Request for appeal and administrative hearing form).
10. On [REDACTED] 2016, pursuant to the Appellant's appeal filed on [REDACTED] 2016, Dr. Geoffrey Drawbridge, a Dental Consultant for BeneCare conducted an appeal review of [REDACTED] dental records. He assigned [REDACTED] a score of twelve (12) points on the Malocclusion Severity Assessment and commented that [REDACTED] dental condition did not meet the criteria for interceptive treatment (Exhibit 7: Dr. Drawbridge's Preliminary Handicapping Malocclusion Assessment Record).
11. Neither Dr. Gange nor Dr. Drawbridge found evidence that [REDACTED] has a crossbite (Dr. Fazzino's Testimony).
12. On [REDACTED] 2016, BeneCare sent a letter to the Appellant advising her that there was no presence found of any deviations affecting the mouth or underlying structures and there was no evidence presented of any treatment by a licensed psychiatrist or psychologist related to the condition of [REDACTED] teeth (Exhibit 8: Determination letter [REDACTED]/16).
13. On [REDACTED] 2016, the Appellant submitted additional documentation from [REDACTED] indicating [REDACTED] had a unilateral posterior crossbite on the left side with a functional shift. She also provided a letter from [REDACTED]. (Appellant's Exhibit A: Statement from [REDACTED], [REDACTED]/16).
14. On [REDACTED] 2016, the Appellant submitted additional documentation from [REDACTED], DDS indicating [REDACTED] had a posterior crossbite as well as class II malocclusion (Appellant's Exhibit B: Letter from [REDACTED], DDS).
15. [REDACTED] is [REDACTED] dentist (Appellant's Testimony).
16. On [REDACTED] 2016, the Appellant submitted [REDACTED]. She also included a copy of [REDACTED] Planning and Placement Team Cover Page (Appellant's Exhibit C: Planning and Placement Team (PPT) Cover Page, Appellant's Exhibit D: [REDACTED] Evaluation, [REDACTED]).
17. On [REDACTED] 2016, the additional information from [REDACTED], [REDACTED] and [REDACTED] Public School was submitted to Benecare for a third review (Hearing Record).
18. On [REDACTED] 2016, Dr. Drawbridge determined that the additional information supplied did not support a change in the Salzmann assessment or consideration that would justify approval of interceptive orthodontic treatment (Exhibit 11: Dr. Drawbridge's determination, [REDACTED]/16).

19. [REDACTED] is evaluated by the [REDACTED] psychologist one hour per week however there was no evidence presented indicating that [REDACTED] suffered from severe emotional issues related to the condition of his mouth (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. 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.
3. Connecticut Agencies Regulations §17-134d-35(a) provide that orthodontic 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.
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. Connecticut Agencies Regulations §17-134d-35(f) 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.
6. Because [REDACTED] two Malocclusion Severity Assessments were less than 26 points and there was no additional evidence presented about the presence of other severe deviations affecting his mouth and underlying structures, orthodontic services are not determined as medically necessary.
7. The Appellant failed to establish that, even though [REDACTED] scores on the two assessments were less than the required 26 points, he suffered from the presence of severe mental, emotional, and/or behavioral problems, disturbances or dysfunctions caused by his dental deformity.
8. [REDACTED] malocclusion severity does not meet the requirements for medical necessity for approval of his prior authorization request for interceptive orthodontic treatment.
9. BeneCare correctly determined that the requested interceptive orthodontic treatment for [REDACTED] was not medically necessary.

DISCUSSION

[REDACTED] is being evaluated by [REDACTED] a school psychologist. Although he is receiving speech and language therapy, occupational therapy, counseling, and behavior management, there was no evidence presented indicating that [REDACTED] suffered from the presence of severe mental, emotional, and/or behavioral problems caused by his dental deformity. Benecare was correct to deny prior authorization because [REDACTED] does not meet the medical necessity criteria for interceptive orthodontic treatment in accordance with state statutes and regulations.

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 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 06105-3725.

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.