

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# 754713
ID# ██████████

NOTICE OF DECISION

PARTY

██████████
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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 braces 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 braces.

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings (the "OLCRAH") issued a notice scheduling 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
██████████, father
Karina Reininger, Benecare Representative
Dr. Jonathan Gorman, 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 braces 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 13 years old (D.O.B. [REDACTED]/02) (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 orthodontic services for [REDACTED] (Exhibit 1).
6. The prior authorization request included a Malocclusion Severity Assessment. [REDACTED] assigned [REDACTED] a score of six (6) points and commented "lower right #2 blocked out". Also included were models and x-rays of [REDACTED] teeth. (Hearing Summary, Exhibit 2: [REDACTED] Preliminary Handicapping Malocclusion Assessment Record).
7. [REDACTED] tooth #26 is not in alignment with the other teeth in her lower jaw (Dr. Gorman's Testimony).
8. On [REDACTED] 2016, an Orthodontic Consultant for BeneCare reviewed the dental records and evidence provided by [REDACTED] treating orthodontist and assigned her a score of ten (10) points on the Malocclusion Severity Assessment, and determined that her condition did not meet the requirements for being determined medically necessary. (Exhibit 3: Dr. Gange's Preliminary Handicapping Malocclusion Assessment Record).
9. There was no evidence presented indicating [REDACTED] suffered from emotional issues related to the condition of her mouth (Hearing Record).

10. On [REDACTED] 2016, BeneCare sent an NOA to the Appellant advising her that the prior authorization request received from [REDACTED] provider for braces (orthodontics) was denied as not medically necessary, because [(1)] [REDACTED] score of ten (10) points on the Preliminary Handicapping Malocclusion Assessment record is less than the required twenty-six (26) points; 2) There is no additional substantial information about the presence of severe deviations affecting the mouth and underlying structures which, if left untreated, would cause irreversible damage to the teeth or underlying structures and 3) There is no evidence that a diagnostic evaluation has been done by a licensed child psychologist or a licensed child psychiatrist indicating that [REDACTED] dental condition is related to the presence of severe mental, emotional, and or behavior problems, disturbances or dysfunctions as defined in the current edition of the Diagnostic Statistical Manual and orthodontic treatment will significantly improve such problems, disturbances or dysfunctions” (Exhibit 4: NOA, [REDACTED]/16).
11. On [REDACTED] 2016, the Department received the Appellant’s request for an appeal/hearing (Exhibit 5: Request for appeal and administrative hearing form).
12. 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] malocclusion a score of nineteen (19) (Exhibit 6: Dr. Drawbridge’s Preliminary Handicapping Malocclusion Assessment Record).
13. On [REDACTED] 2016, BeneCare sent a letter to the Appellant advising her that the score of nineteen (19) points was less than the twenty-six points (26) needed to receive coverage for braces. 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 7: Determination letter [REDACTED]/16).
14. On [REDACTED] 2016, the Appellant submitted a letter from Dr. [REDACTED] stating that [REDACTED] has a posterior crossbite and severe space deficiency (Appellant’s Exhibit A: Letter from Dr. [REDACTED]).
15. On [REDACTED] 2016, the letter from Dr. [REDACTED] was submitted to Benecare for a third review (Hearing Record).
16. On [REDACTED] 2016, Dr. Drawbridge determined that the information supplied did not change the Salzman Assessment or justify consideration for approval of orthodontic treatment (Exhibit 9: Dr. Drawbridge’s determination, [REDACTED]/16).
17. On [REDACTED] 2016, the Appellant submitted a letter to Benecare from [REDACTED] - [REDACTED] stating [REDACTED] has severe crowding of the mandibular teeth. [REDACTED] also commented that [REDACTED] experiences pain when eating and thus, limiting her to softer foods (Appellant’s Exhibit B: Letter from [REDACTED], [REDACTED] 16).

18. On [REDACTED] 2016, Dr. Drawbridge determined that the lack of severity of [REDACTED] dental discrepancies as indicated by the Salzman Assessment did not support a correlation with the symptoms described or [REDACTED] complaints (Exhibit 10: Dr. Drawbridge's determination, [REDACTED]/16).

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 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).
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 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 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 [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 her 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, she suffered from the presence of severe mental, emotional, and/or behavioral problems, disturbances or dysfunctions caused by her dental deformity.
8. [REDACTED] 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 [REDACTED] was not medically necessary.

DECISION

The Appellant’s appeal is **DENIED**.



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.