

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: ██████████  
Request: 755952

**NOTICE OF DECISION**

**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2016, the Connecticut Dental Health Partnership (“CTDHP”), a dental subcontractor for the Department of Social Services, issued ██████████ (the “Appellant”) a *Notice of Action* stating that it had denied a request from her dentist for approval of the replacement of existing partial or full dentures, for the reason that the Medicaid program would pay for a new full or partial dentures once every seven years.

On ██████████ 2016, the Appellant filed a request for an administrative hearing with the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) to contest the CTDHP’s action.

On ██████████ 2016 and on ██████████ 2016, the OLCRAH issued a notice to the Appellant scheduling an administrative hearing for ██████████ 2016.

On ██████████ 2016, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the OLCRAH held an administrative hearing by telephone conference, as an accommodation to the Appellant. The following individuals participated:

██████████, Appellant  
Rosario Monteza, CTDHP’s representative  
Anthony Gallo, D.D.S., CTDHP’s witness  
Eva Tar, Hearing Officer

The hearing record closed ██████████ 2016.

## **STATEMENT OF ISSUE**

The issue to be decided is whether CTDHP correctly denied authorization for payment through the Medicaid program to replace the Appellant's lost lower partial denture.

## **FINDINGS OF FACT**

1. The Appellant is 51 years old. (Appellant's testimony)
2. The Appellant has six existing top teeth. (CTDHP's Exhibit 1: *Dental Claim Form*, marked as received [REDACTED]/16)(CTDHP's witness's testimony)
3. The Appellant has nine existing bottom teeth. (CTDHP's Exhibit 1)(CTDHP's witness's testimony)
4. The Appellant has medical coverage through the Medicaid program, or HUSKY Health. (CTDHP's Exhibit 2: *Notice of Action*, [REDACTED]/16)
5. The Appellant's Client Id number is [REDACTED] (Hearing request)
6. CTDHP is a dental subcontractor for the Department of Social Services. (CTDHP's representative's testimony)
7. On [REDACTED] 2011, the Medicaid program paid \$611.52 for a lower partial denture of cast metal framework with resin denture bases for the Appellant, as identified by her Client Id number. (CTDHP's Exhibit 5: *Dental Claim*, printed [REDACTED]/16)
8. The Appellant lost her dentures approximately two years ago, when moving between different residences. (Appellant's testimony)
9. The Appellant suspects that her mother was unable to locate the Appellant's dentures in a moving box when unpacking for the Appellant after one move. (Appellant's testimony)
10. On [REDACTED] 2016, [REDACTED] Dental submitted a request for authorization of payment for an upper partial denture (resin base), a lower partial denture (resin base), and panoramic film for the Appellant. (CTDHP's Exhibit 1)
11. CTDHP approved payment for an upper partial denture for the Appellant. (CTDHP's representative's testimony)
12. The Appellant received an upper partial denture. (Appellant's testimony)
13. With the upper partial denture, the Appellant no longer bites the inside of her cheek. (Appellant's testimony)

14. The Appellant is returning to her dentist to get the upper partial denture adjusted, as the denture is difficult to remove. (Appellant's testimony)
15. On ██████████ 2016, CTDHP issued the Appellant a *Notice of Action* stating that it had denied a request from her dentist for approval of the replacement of existing partial or full dentures, for the reason that the Medicaid program would pay for a new full or partial dentures once every seven years. Exceptions would be considered, but only when being without the dentures creates a condition where the patient can't complete activities of daily living if it worsens an existing medical condition. (CTDHP's Exhibit 2)
16. On ██████████ 2016, CTDHP completed an internal review of the Appellant's dentist's request for authorization of payment to replace the Appellant's lower partial denture. (CTDHP's Exhibit 6: *Dental Consultant Grievance Review Record*, ██████████/16)
17. On ██████████ 2016, CTDHP issued correspondence to the Appellant stating that it was upholding its denial of a request for replacement of her lower partial dentures, as no evidence of medical necessity was provided by the attending physician. (CTDHP's Exhibit 7: Correspondence, ██████████/16)
18. In conjunction with the Appellant's existing teeth, an upper partial denture should be sufficient to stabilize the Appellant's bite, allowing her to be able to chew. (CTDHP's witness's testimony)

### **CONCLUSIONS OF LAW**

1. The Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program. Conn. Gen. Stat. § 17b-262.
2. Sections 17b-262-862 to 17b-262-866, inclusive, of the Regulations of Connecticut State Agencies set forth limitations on the extent of non-emergency dental services provided to adults twenty-one years of age and older who receive services under the Connecticut Medicaid program. Such limitations include coverage limits, prior authorization requirements and services that are not covered under Medicaid. These regulations supplement but do not supplant Department Medical Services Policies for dental services, including but not limited to, provider participation, eligibility, coverage limitations, billing procedures and payment, to the extent that such policies have the force of law pursuant to section 17b-10 of the Connecticut General Statutes. Conn. Agencies Regs. § 17b-262-862.
3. The limitations on coverage of certain non-emergency dental services in subsection (a) of this section apply to healthy adults. The limitations on non-emergency dental services in subsection (b) of this section apply to all adults twenty-one years of age and older and are subject to the prior authorization requirements in section 17b-262-

866 of the Regulations of Connecticut State Agencies. Conn. Agencies Regs. § 17b-262-864.

4. The Appellant is an adult who is over the age of twenty-one years.
5. The Appellant is subject to limitations on coverage of non-emergency dental services as outlined in Conn. Agencies Regs. § 17b-262-864.
6. One complete and partial denture prosthesis construction is covered per seven-year period. Clients shall sign an acceptance form upon receipt of a new denture prosthesis acknowledging that the prosthesis is acceptable and that he or she understands the department's replacement policy as described in subsection (d) of this section. Conn. Agencies Regs. § 17b-262-864 (b)(2)(C).
7. Replacement of denture prosthesis more than once in a seven-year period shall be limited to replacement for reasons of medical necessity. Replacement shall not be made for cosmetic reasons. Replacement shall not be made if the prosthesis was lost, stolen or destroyed as a result of misuse, abuse or negligence. Conn. Agencies Regs. § 17b-262-864 (b)(2)(D).
8. It is reasonable to expect that an individual who is moving her possessions from one residence to another would wear her dentures during the moving process, rather than place them loose in a moving box.
9. The Appellant lost her dentures due to negligence.
10. The Medicaid program cannot pay for a replacement of the Appellant's dentures prior to ██████████ 2018, if it is not medically necessary to do so.
11. 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. Conn. Gen. Stat. § 17b-259b (a).

12. Clinical policies, medical policies, clinical criteria or any other generally accepted clinical practice guidelines used to assist in evaluating the medical necessity of a requested health service shall be used solely as guidelines and shall not be the basis for a final determination of medical necessity. Conn. Gen. Stat. § 17b-259b (b).
13. The Appellant did not establish that replacing her lower partial dentures is medically necessary.
14. CTDHP correctly denied authorization for payment through the Medicaid program to replace the Appellant's lost lower partial denture.

**DECISION**

The Appellant's appeal is DENIED.

*Eva Tar-electronic signature*  
Eva Tar  
Hearing Officer

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

### **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 Legal Counsel, Regulations, and Administrative Hearings, 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 his 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.