

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

Client ID # ██████████
Request # 761070

NOTICE OF DECISION

PARTY

██████████
██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, BeneCare Dental Plans (“BeneCare”), administered by the Connecticut Dental Health Partnership (“CTDHP”), sent ██████████ (the “Appellant”) a notice of action (“NOA”) denying a request for prior authorization of orthodontic treatment for ██████████ his minor child, indicating that the severity of ██████████ malocclusion did not meet the medical necessity requirement to approve the proposed treatment.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the Department’s denial of prior authorization of orthodontia.

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

On ██████████ 2016, the OLCRAH received and approved the Appellant request to reschedule his hearing.

On ██████████ 2016, the OLCRAH reissued a Notice scheduling the 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, OLCRAH held an administrative hearing.

The following individuals were present at the hearing:

██████████, Appellant
Rosario Monteza, CTDHP's representative
Dr. Susan Lee, CTDHP's Dental Consultant, via telephone
Swati Sehgal, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether CTDHP's denial of prior authorization for ██████ orthodontic services as not medically necessary was in accordance with state statute and regulations.

FINDINGS OF FACT

1. The Appellant is the father of the minor child, ██████████ (Hearing Record)
2. ██████ is 13 years old (D.O.B. ██████/2002) and is a participant in the Medicaid program, as administered by the Department of Social Service ("the "Department"). (Hearing Record)
3. The Connecticut Dental Health Partnership, ("CTDHP") also known as BeneCare Dental Plans, is the Department's contractor for reviewing dental provider's requests for prior authorization of orthodontic treatment. (Hearing Record)
4. Bridgeport Orthodontics is ██████ treating orthodontist (the "treating orthodontist"). (Ex. 1: Prior Authorization Claim Form)
5. On ██████████ 2016, CTDHP received from the treating orthodontist a Preliminary Handicapping Malocclusion Assessment Record with a score of 33 points, dental models, x-rays and photo of ██████ mouth. The treating orthodontist noted that ██████ had no severe deviations affecting her mouth and underlying structures. (Ex. 2: Preliminary Handicapping Malocclusion Assessment Record)
6. On ██████████ 2016, Dr. Benson Monastersky, a CTDHP's orthodontic consultant, independently reviewed all the information submitted by treating orthodontist, and arrived at a score of 24 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. Monastersky did not find any presence of severe deviations affecting the mouth and underlying structures. (Ex. 3: Preliminary Handicapping Malocclusion Assessment Record)
7. On ██████████ 2016, CTDHP denied the treating orthodontist's request for prior authorization for orthodontic services for the reason that the scoring of ██████ mouth was less than the 26 points required for coverage and there was no additional substantial information about the presence of severe deviations

affecting the mouth and underlying structures that if left untreated would cause irreversible damage to the teeth and underlying structures, or evidence that a diagnostic evaluation had been done by a licensed child psychologist or a licensed child psychiatrist indicating that the dental condition is related to a severe mental health condition and that orthodontic treatment would significantly improve the mental health problems. (Ex. 4: Notice of Action for Denied Services)

8. On ██████ 2016, the Department received the Appellant's request for an administrative hearing. (Ex. 5: Appeal and Administrative Hearing request form)
9. On ██████ 2016, Dr. Geoffrey Drawbridge, another CTDHP's orthodontic consultant, conducted an appeal review of ██████ models and X-rays and arrived at a score of 19 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. Drawbridge did not find any presence of severe deviations affecting the mouth and underlying structures. (Ex. 6: Preliminary Handicapping Malocclusion Assessment Record, Hearing Summary)
10. On ██████ 2016, CTDHP notified the Appellant that it had completed an appeal review that affirmed CTDHP's original decision that orthodontic treatment is not medically necessary for ██████ (Ex. 7: Appeal Review Decision Letter)
11. ██████ has no medical problems directly related to the condition of her teeth. (Appellant testimony)
12. ██████ has not been diagnosed by a psychiatrist or psychologist with any mental disorder classified in the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association (the "DSM"), and is not being treated for any mental health condition. (Appellant 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) provides 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.
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 Agencies Regulations §17-134d-35(f) provides that the study models submitted for prior authorization must clearly show the occlusal deviations and support the total point score of the preliminary assessment.
5. Sec. 17b-282e of the Supplement to the General Statutes provides that 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 individual's daily functioning.
6. The Department was correct to determine that █████ did not have a deviation of such severity that it would cause irreversible damage to the teeth and underlying structures if left untreated.
7. The Department was correct to find that █████ malocclusion did not meet the criteria for severity, or 26 points, as established in state statute.
9. The Department correctly determined that █████ does not have a severe mental health condition defined in the DSM, which would be significantly helped by orthodontic treatment.
10. The Department was correct to find that there is no substantive information regarding the presence of severe deviations affecting the oral facial structures, or

regarding the presence of severe mental, emotional or behavioral problems or disturbances, which must be considered in determining the need for orthodontic services for [REDACTED]

11. The Department was correct to deny prior authorization because [REDACTED] did not meet the medical necessity criteria for orthodontic services, in accordance with state statute and regulations.

DISCUSSION

Orthodontic treatment for children under the age of 21 is approved when the treatment is medically necessary. When a properly scored "Salzmann Index" assessment results in a score of 26 points or greater, the dental condition is presumed to be of sufficient severity that dental health and function would be impaired. Two of BeneCare's orthodontists who are trained in the scoring of the Salzmann Index independently reviewed dental x-rays and cast models of [REDACTED] teeth, and both concluded that he did not qualify for a score of 26 points or greater on the Index.

When the total score on the assessment is less than 26 points, treatment may only be considered if there are severe deviations affecting the oral facial structures, or if a severe mental health condition exists which would be significantly helped by orthodontic treatment. There is no evidence that [REDACTED] has any such condition.

DECISION

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

Swati Sehgal

Swati Sehgal
Hearing Officer

cc: Diane D'Ambrosio, Connecticut Dental Health Partnership
Rita LaRosa, Connecticut Dental Health Partnership

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.