

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 # 763008

NOTICE OF DECISION
PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2016, Connecticut Dental Health Partnership (“CTDHP”) sent ██████████ ██████████ (the Appellant”) a notice of action denying a request for prior authorization of a partial upper denture, indicating that the request did not meet the criteria set in state regulations to approve the proposed treatment.

On ██████████ 2016, the Appellant requested an administrative hearing to contest CTDHP’s denial of prior authorization of an upper denture.

On ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued 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
- Dr. Greg Johnson, Dental Consultant, CTDHP
- Magdalena Carter, Grievance and Appeals representative, CTDHP’s Representative
- Maria Jefferson, Interpreter
- Roberta Gould, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether CTDHP's denial of prior authorization through the Medicaid program for the replacement of the Appellant's partial upper denture was in accordance with state statutes and regulations.

FINDINGS OF FACT

1. The Appellant is receiving Medicaid assistance for himself. (Hearing Record)
2. The Appellant's date of birth is [REDACTED] 1954. (Exhibit 1: Prior Authorization request)
3. Community Health Center is the Appellant's treating dentist ("the treating dentist"). (Exhibit 1 and Hearing summary)
4. On [REDACTED] 2011, the Department of Social Services (the "Department") paid for a partial upper and lower denture for the Appellant. (Exhibit 4: CT Medicaid Claim History and Hearing summary)
5. On [REDACTED] 2016, the treating dentist requested prior authorization to replace existing partial dentures for the Appellant. (Exhibit 1 and Hearing summary)
6. On [REDACTED] 2016, CTDHP denied the treating dentist's request for prior authorization for partial dentures because the Department had paid for full or partial dentures within the last seven years. (Exhibit 2: Notice of Action and Hearing summary)
7. On [REDACTED] 2016, the Appellant requested an appeal and administrative hearing of CTDHP's denial of his upper denture. He stated that his existing partial denture no longer fits because the tooth that holds the partial denture in is not in good condition and the denture keeps falling out. (Exhibit 3: Administrative hearing request and Hearing summary)
8. On [REDACTED] 2016, CTDHP conducted an administrative review of the Appellant's request for a replacement of his upper denture and determined that there was a history of plan payments made towards this service. CTDHP's decision was to deny the request for an upper partial denture, but did approve a full upper denture. (Exhibit 6: CTDHP's Dental Consultant Review and Hearing summary)
9. On [REDACTED] 2016, CTDHP sent the Appellant a Determination letter informing him that after a second review of his dental records prior authorization for the replacement of an upper denture was denied because there was no evidence of medical necessity presented from the treating dentist and there was evidence that the Department had paid for an upper partial denture on [REDACTED] 2011. (Exhibit 7: Determination letter and Hearing summary)

10. The Appellant has one tooth remaining in his upper jaw. The remaining tooth is not strong enough to hold a denture in place properly. (Dr. Greg Johnson's testimony)
11. The Appellant has declined full upper dentures as well as a partial lower denture because he would prefer a partial upper denture. He is seeking an implant to hold the partial denture in place. (CTDHP's testimony and Appellant's testimony)

CONCLUSIONS OF LAW

1. Section 17b-2(8) of the Connecticut General Statutes provides 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 Agency Regulations §17-262-337 provides that sections 17b-262-337 through 17b-262-349, inclusive, set forth the Department of Social Services requirements for payment of accepted methods of treatment performed by or under the supervision of licensed physicians for clients who are determined eligible to receive services under Connecticut's Medicaid Program pursuant to section 17b-261 of the Connecticut General Statutes.
3. Connecticut General Statute §17b-259b provides that (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 healthcare 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 (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 requested

health service shall be used solely as guidelines and shall not be the basis for a final determination of medical necessity.

Connecticut General Statutes § 17b-259b (c) provides that upon denial of a request for authorization of services based on medical necessity, the individual shall be notified that, upon request, the Department of Social Services shall provide a copy of the specific guideline or criteria, or portion thereof, other than the medical necessity definition provided in subsection (a) of this section, that was considered by the department or an entity acting on behalf of the department in making the determination of medical necessity.

Connecticut General Statutes § 17b-259b (d) provides that the Department of Social Services shall amend or repeal any definitions in the regulations of Connecticut state agencies that are inconsistent with the definition of medical necessity provided in subsection (a) of this section, including the definitions of medical appropriateness and medically appropriate, that are used in administering the department's medical assistance program. The commissioner shall implement policies and procedures to carry out the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal not later than twenty days after implementation. Such policies and procedures shall be valid until the time the final regulations are adopted.

4. Section 184 of the Medical Services Policy provides that for the purposes of this section, dental services are diagnostic, preventive, or restorative procedures, performed by a licensed dentist in a private or group practice or in a clinic; a dental hygienist, trained dental assistant or, or other dental professionals employed by the dentist, group practice or clinic, providing such services are performed within the scope of their profession in accordance with State law. These services relate to:
 - I. The teeth and other structures of the oral cavity; and
 - II. Disease, injury, or impairment of general health only as it relates to
 1. the oral health of the recipient.
5. Section 184D of the Medical Services Policy provides that payment for Dental Services is available for all persons eligible for Medicaid, subject to the conditions and limitations, which apply to these services.
6. Section 184E of the Medical Services Policy provides that except for the limitations and exclusions listed below, the Department will pay for the professional services of a licensed dentist or dental hygienist which conform to accepted methods of diagnosis and treatment, but will not pay for anything of an unproven, experimental or research nature or for services in excess of those

deemed medically necessary by the Department to treat the recipient's diagnosis, symptoms or medical history.

7. Section 17b-262-865 of the Regulations of Connecticut State Agencies provides that coverage of the following non-emergency dental services is limited when provided to clients twenty-one years of age and older. Each of the limitations on coverage described below are subject to exception on a case-by-case basis upon demonstration of medical necessity and any other factors specified below. Prior authorization is required for medical payment to be available as an exception to any of the following limitations on coverage.
8. Section 17b-262-865(d)(1) of the Regulations of Connecticut State Agencies discusses prosthodontics and states complete and partial denture prosthesis construction shall be limited to one per seven (7) year period.
9. Section 17b-262-865(d)(3) of the Regulations of Connecticut State Agencies provides that replacement of denture prosthesis more than once in the seven (7) year period shall be limited to replacement for reasons of medical necessity. Replacement will not be made for cosmetic reasons. Replacement will not be made if the prosthesis was lost, stolen or destroyed as a result of misuse, abuse, or negligence.
10. The Department correctly determined that the Appellant had received a partial upper and lower denture in the past seven (7) years and that replacement of the denture at this time was not medically necessary.
11. CTDHP was correct to deny prior authorization to replace the Appellant's partial upper denture because the plan does not pay for dentures more than once in seven years. There was evidence that replacement of the denture was medically necessary and a full upper denture was approved, but the Appellant has declined the full upper denture.

DISCUSSION

State regulations provide that non-emergency dental services is limited when provided to clients twenty-one years of age and older. They also provide that replacement of denture prosthesis more than once in a seven year period shall be limited to replacement for reasons of medical necessity. CTDHP provided evidence that the Department paid for partial upper and lower dentures within the past seven years.

After reviewing the testimony and evidence presented at this hearing, I find that the Appellant did not provide any other evidence of a substantial nature to indicate that the replacement of his partial upper denture was medically necessary. CTDHP has denied a partial upper denture for the Appellant, but did approve a full upper denture, which the Appellant declined.

The undersigned hearing officer finds that the Appellant's request for a partial upper denture did not meet the criteria of medical necessity, as established in state regulations.

DECISION

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

Roberta Gould

Roberta Gould
Hearing Officer

Pc:

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.