

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 # 765513

NOTICE OF DECISION

PARTY

██████████
Re: ██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, BeneCare Dental Health 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 interceptive orthodontia for ██████████, her minor child. The NOA stated that the severity of ██████████ malocclusion did not meet the criteria set in state regulations to approve the proposed treatment.

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

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, 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:

██████████, the Appellant
██████████, friend of the Appellant

Eliana Kouchari, Translator
 Kate Nadeau, CTDHP Grievance & Appeals Representative
 Dr. Greg Johnson, CTDHP Dental Consultant, via telephone conference call
 Maureen Foley-Roy, Hearing Officer

The hearing officer held the hearing record open until [REDACTED] 2016 for the submission of addition of additional evidence from CTDHP. On [REDACTED] 2016, the record closed.

Please see enclosed copy of this decision in Arabic.

STATEMENT OF THE ISSUE

The issue is whether BeneCare's denial of prior authorization for [REDACTED] orthodontic services through the Medicaid program was correct.

FINDINGS OF FACT

1. The Appellant is the mother of the minor child, [REDACTED] [REDACTED] whose date of birth is [REDACTED] 2009. [REDACTED] is seven years old. (Hearing record and Exhibit 1: Dental Claim form)
2. [REDACTED] still has baby teeth. (Appellant's testimony)
3. [REDACTED] is a participant in the Medicaid program, as administered by the Department. (Hearing Record)
4. 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)
5. On [REDACTED] 2016, BeneCare received a prior authorization request from Bridgeport Orthodontics for phase one orthodontic treatment for [REDACTED] (Exhibit 1)
6. On [REDACTED] [REDACTED] 2016, BeneCare received a Preliminary Handicapping Malocclusion Assessment Record with a score of 7 points, dental models and X-rays of [REDACTED] mouth from Dr. Desai at Bridgeport Orthodontics. (Exhibit. 2: Malocclusion Assessment Record signed [REDACTED] 2016)
7. Dr. Desai classified [REDACTED] upper and lower crowding, and his opinion that there was insufficient space for teeth number 7 and 10 as a severe deviation affecting [REDACTED] mouth. (Exhibit 2)

8. On [REDACTED] [REDACTED] 2016, Dr. Benson Monastersky, DMD, BeneCare's orthodontic consultant, reviewed the X Rays and records submitted by the treating orthodontist and determined that [REDACTED] scored 0 points on the Malocclusion Assessment Record. Dr. Monastersky noted that there were no severe deviations affecting [REDACTED] mouth and underlying structures. (Exhibit. 3: Dr. Monastersky's Malocclusion Assessment Record)
9. On [REDACTED] 2016, BeneCare issued a notice denying the request for interceptive orthodontia for [REDACTED] because there was no evidence that orthodontic treatment was medically necessary for her. (Exhibit 4: Notice of Action for Denied Services)
10. On [REDACTED] 2016, Dr. Geoffrey Drawbridge, DDS, consultant for BeneCare, independently reviewed [REDACTED] records and arrived at a score of 6 points on the Malocclusion Assessment Record. Dr. Drawbridge noted that there were no severe deviations affecting [REDACTED] mouth and underlying structures. (Exhibit 7: Dr. Drawbridge's Malocclusion Assessment Record)
11. On [REDACTED] 2016 BeneCare issued a letter to the Appellant notifying her that the dentist's request for interceptive orthodontia for [REDACTED] was denied because 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 conditions of her teeth. (Exhibit 8: BeneCare determination letter)
12. On [REDACTED] 2016, Dr. Geoffrey Drawbridge reviewed [REDACTED] records specifically to address Dr. Desai's comments regarding insufficient space for teeth numbers 7 and 10. Dr. Drawbridge commented that teeth numbers 7 and 10 should be re-evaluated with dental development. (Exhibit 10: Dr. Drawbridge's amended assessment)
13. The Appellant is mostly concerned about the appearance of [REDACTED] teeth and how they will look in the future because there is no space for all of [REDACTED] teeth. [REDACTED] once had a gum infection and her gums bleed sometimes but the Appellant cannot say how often the bleeding occurs. (Appellant's testimony)
14. [REDACTED] teacher has reported to the Appellant that [REDACTED] does not speak in school or to her friends. [REDACTED] told her mother that she does not speak or even open her mouth because she is self-conscious about her teeth and the other children tease her and make fun of her. (Appellant's testimony)
15. [REDACTED] teacher told the Appellant that she should look into why [REDACTED] does not interact with her friends but did not refer her to the school or other psychologist. (Appellant's testimony)

16. In the past, [REDACTED] saw a psychologist through the [REDACTED] [REDACTED] because of family problems. [REDACTED] is currently not being treated by a psychologist, psychiatrist or any other mental health professional and was not referred to one by her school. (Appellant's testimony)

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. 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)]
3. For the purposes of the administration of the medical assistance programs by the Department, "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)]
4. 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. [Sec. 17b-282e of the Supplement to the General Statutes]

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. BeneCare correctly determined 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. BeneCare correctly determined that there was no evidence of emotional issues directly related to █████ teeth.
8. BeneCare correctly determined that █████ medical conditions do not render braces medically necessary for her at this time as per the regulations.

DISCUSSION

█████ is seven years old and still has baby teeth. Dr. Johnson testified that this time of mixed dentition, when a child has both baby teeth and permanent teeth, can result in an awkward appearance. █████ does not have a severe deviation which would be helped by orthodontia. The Appellant testified that she believes that the appearance of █████ teeth is affecting her mental health (or will in the future) but there was no evidence that this is the case. █████ has seen a psychologist in the past for issues other than her teeth and appearance. She is not seeing a psychologist at this time and has not been referred to one. The CTDHP representative testified that █████ can be reevaluated for braces when she is older and her dentition matures. At this time, there is no evidence that braces are medically necessary for █████ CTDHP was correct when it denied the request for braces.

DECISION

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

Maureen Foley-Roy
Maureen Foley-Roy
Hearing Officer

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

الحق في طلب إعادة النظر

يحق للمستأنف تقديم طلب خطي لإعادة النظر في غضون 15 يومًا من تاريخ إرسال القرار على أساس وجود خطأ في الوقائع أو القانون، أو اكتشاف أدلة جديدة أو وجود سبب وجيه آخر. إذا تمت الموافقة على طلب إعادة النظر، فسيتم إخطار المستأنف في غضون 25 يومًا من تاريخ الطلب. عدم الرد في غضون 25 يومًا يعني أنه تم رفض طلب إعادة النظر. ويستند الحق في طلب إعادة النظر إلى §4-181a (a) من قوانين كونيتيكت العامة.

وينبغي أن تتضمن طلبات إعادة النظر أسبابًا محددة للطلب: على سبيل المثال، تشير إلى ما هو الخطأ في الوقائع أو القانون، أو ما هي الأدلة الجديدة، أو ما هو السبب الوجيه الآخر.

يجب أن ترسل طلبات إعادة النظر إلى: Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue Hartford, CT 06105

الحق في الاستئناف

يحق للمستأنف استئناف هذا القرار أمام المحكمة العليا في غضون 45 يومًا من إرسال هذا القرار، أو 45 يومًا بعدما ترفض الوكالة طلبًا لإعادة النظر في هذا القرار، شريطة أن يتم إرسال طلب إعادة النظر في الوقت المناسب إلى الإدارة. ويستند الحق في الاستئناف إلى §4-183 من قوانين كونيتيكت العامة. للاستئناف، يجب أن يقدم الطلب إلى المحكمة العليا. يجب تقديم نسخة من الطلب إلى مكتب النائب العام Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 أو مفوض دائرة الخدمات الاجتماعية Commissioner of the Department of Social Services, 55 Farmington Avenue Hartford, CT 06105. يجب أن تقدم نسخة من الطلب أيضًا إلى جميع الأطراف المنتهية إلى الجلسة.

يجوز تمديد فترة الاستئناف لأكثر من 45 يومًا في بعض الحالات إذا كان هناك سبب وجيه. يجب تقديم طلب التمديد إلى مفوض دائرة الخدمات الاجتماعية بشكل خطي في موعد لا يتجاوز 90 يومًا من إرسال هذا القرار. يتم تقييم ظروف السبب الوجيه من قبل المفوض أو من يعينه المفوض وفقًا لـ §17b-61 من قوانين كونيتيكت العامة. قرار الهيئة في منح التمديد يعتبر نهائيًا وهو غير خاضع للمراجعة أو الاستئناف.

يجب تقديم الطلب إلى كاتب المحكمة العليا في مقاطعة قضائية لنيو بريتين أو مقاطعة قضائية يسكن فيها المستأنف.