

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# 766665

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, BeneCare Dental Health Plans (BeneCare) sent ██████████ (the "Appellant") a Notice of Action ("NOA") denying a request for prior authorization for a replacement of existing partial upper denture indicating no evidence was provided that verify the requested services 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 a replacement upper partial denture or full dentures.

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

The administrative hearing was rescheduled at the Appellant's request. On ██████████ 2016, OLCRAH issued a Notice scheduling the administrative hearing ██████████ 2016.

On ██████████ 2016, 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

██████████, Appellant's Witness
Magdalena Carter, Department's Representative
Sybil Hardy, Hearing Officer

The record was held open for the submission of additional evidence. On ██████████ 2016, the hearing record closed.

STATEMENT OF THE ISSUE

The issue is whether BeneCare's denial of prior authorization through the Medicaid program for the Appellant's replacement a partial upper denture was in accordance with state law.

FINDINGS OF FACT

1. The Appellant is a 36 (DOB ██████████/80) years old and a participant in the Medicaid program, as administered by the Department. (Hearing Record, Exhibit 5: CT Medicaid Archived Claim History Record, ██████████/16)
2. The Connecticut Dental Health Partnership, also known as BeneCare is the Department of Social Services' (the "Department") contractor for reviewing dental provider's requests for prior authorization of dental treatment. (Hearing Record, Exhibit 1: Best Dental Care's Prior Authorization Claim Form, X-rays & Chart (██████████/16))
3. Best Dental Care, Danbury, Connecticut, is the Appellant's treating Dentist. (Exhibit 1)
4. On ██████████ 2016, BeneCare received from the treating dentist a prior authorization claim for a replacement of an existing partial upper denture. (Exhibit 1)
5. On ██████████ 2016, BeneCare sent the Appellant a notice advising her that the request for a replacement of an existing partial upper denture was denied because Medicaid paid for a partial denture within the last seven years and there is no evidence provided from the treating dentist the requested service met the medically necessary and medical necessity are conditions set by the Department. (Hearing Record, Exhibit 2: Notice of Action, ██████████/16)
6. On ██████████ 2016, BeneCare determined from a third review of the dental records that the previously denied request for upper partial dentures is now approved. (Exhibit 9: Letter Regarding Upper Partial Denture Replacement Services, ██████████/16)

CONCLUSIONS OF LAW

1. State statute provides that the Department may make such regulations as are necessary to administer the medical assistance program. [Conn. Gen. Stat. § 17b-262]
2. State statute 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 and 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 and 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]
3. Section 17b-262-864 of the Regulations of Connecticut State Agencies provides that coverage of non-emergency dental services provided to all adults twenty-one years of age and older shall be limited as follows: Prosthodontics:
 - A. Coverage of complete and removable partial denture for functional purposes when there are fewer than 8 posterior teeth in occlusion or missing anterior teeth is subject to prior authorization requirements in section 17b-262-866 of the Regulations of Connecticut State Agencies.
 - B. Coverage of removable partial dentures when there are more than 8 posterior teeth in occlusion and no missing anterior teeth is allowed on a case-by-case basis conditioned upon a demonstration of medical necessity and subject to prior authorization requirements in section 17b-262-866 of the regulations of Connecticut State Agencies;
 - C. 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; and
 - D. 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 because of misuse, abuse or negligence.

4. Benecare has determined from a third review of the dental records that were previously denied, that the request for replacement of an existing partial upper denture. Therefore there is no issue on which to rule.

DISCUSSION

After the hearing held on [REDACTED] 2016, BeneCare approved the request for a replacement upper partial denture. As the issue was denial of a replacement of an existing upper denture; there is no longer an issue on which to rule.

DECISION

The Appellant's appeal is **DENIED**


Sybil Hardy
Hearing Officer

Pc: Diane D'Ambrosio, Connecticut Dental Health Partnership ("CTDHP"), P.O. Box 486,
Farmington, CT 06032
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 Administrative Hearings and Appeals, 25 Sigourney Street, Hartford, CT 06106-5033.

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, 25 Sigourney Street, Hartford, CT 06106. 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.