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 # 768636

NOTICE OF DECISION

PARTY



PROCEDURAL BACKGROUND

On	2016, Connecticut Deni	al Health Partners	snip ("CTDHP") se	∍nt
notice of act	(the "Appellant") a non of payment for orthodo tion informed the Appellator as the severity as set out in state statute	ontia for her daugh ant that orthodonti of her malocclusic	nter, manufacture in the manufac	The Illy e
	2016, the Appellant requiperial of prior authorization			contest
	2016, the Office of Leg DLCRAH") issued a no 16.	,	•	
	2016, in accordance wive, of the Connective hearing.			

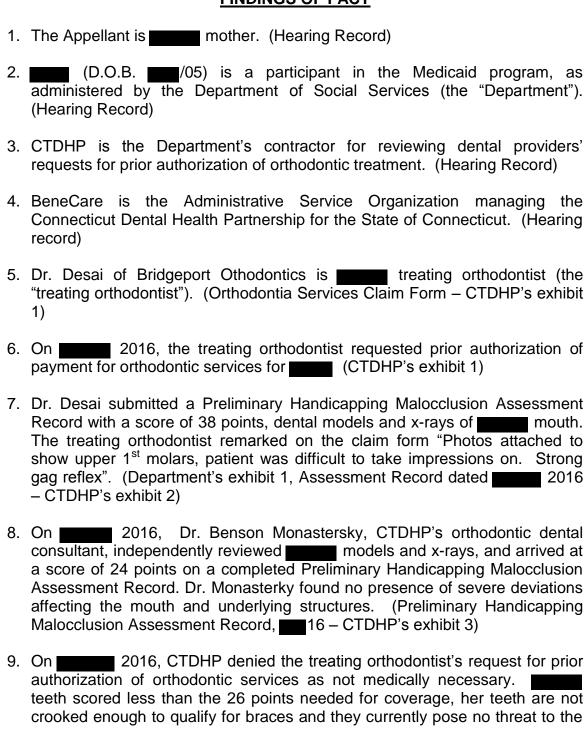
The following individuals were present at the hearing:

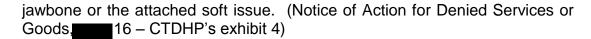
Appellant
Magdalena Carter, CTDHP Representative
Dr. Stanley Wolfe, Orthodontic Consultant-State of CT
Pamela J. Gonzalez, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether CTDHP's denial of prior authorization of payment for orthodontic services was correct in accordance with state statute and regulations.

FINDINGS OF FACT





- 10. On 2016, Dr. Geoffrey Drawbridge, CTDHP's dental consultant, independently reviewed models and x-rays and arrived at a score of 24 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. Drawbridge found no presence of severe deviations affecting the mouth and underlying structures. (Preliminary Handicapping Malocclusion Assessment Record.
- 11. On 2016, CTDHP notified the Appellant that orthodontic treatment was not medically necessary. (Notice upholding the previously denied services dated 2016 CTDHP's exhibit 8)
- 12. The evidence in the record does not indicate the presence of severe deviations affecting mouth and its underlying structures. (CTDHP's exhibit's 2, 3, 7, Hearing record)
- 13. No additional evidence from the treating orthodontist was presented at this hearing. (Hearing record)
- 14. There is no evidence in the record that is being treated by a licensed child psychiatrist or child psychologist for issues related to the condition of her teeth. (Hearing record)

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 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. Conn. Gen. Stat.§ 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. Sec. 17b-282e of the Supplement to the General Statutes provides, in relevant part, as follows: "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."
- 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. In this case, the study models submitted for prior authorization do not show occlusal deviations that meet the requirement of a 26 point score on the preliminary assessment, nor is there evidence about the presence of other severe deviations affecting the mouth and underlying structures which, if left untreated, would cause irreversible damage to the teeth and underlying structures.
- 7. In this case, a licensed psychiatrist or licensed psychologist who has limited his or her practice to child psychiatry or child psychology has not recommended that receive orthodontic treatment to significantly ameliorate mental, emotional, and or behavior problems, disturbances or dysfunctions.

8. CTDHP correctly denied the request for prior authorization because malocclusion does not meet the medical necessity requirements for orthodontic services, in accordance with state statutes and regulations.

DISCUSSION

State regulations allow the Medicaid program to authorize and pay for orthodontic treatment when a correctly scored Preliminary Handicapping Malocclusion Assessment results in at least 26 points. In this case, the treating orthodontist scored 38 points and two dentists in blind reviews each gave scores of 24 points.

does not meet the magnitude criterion which requires a point score of at least twenty-six on a correctly scored Preliminary Handicapping Malocclusion Assessment. In addition, the study models and x-rays submitted do not provide evidence of a severe condition affecting her mouth which, if left untreated, would cause irreversible damage to the teeth and underlying structures.

DECISION

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

Copy: Magdalena Carter, CTDHP, P.O. Box 486 Farmington, CT 06032 Diane D'Ambrosio, CTDHP, P.O. Box 486 Farmington, CT 06032 Rita Larose, CTDHP, P.O. Box 486 Farmington, CT 06032

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 <u>specific</u> grounds for the request: for example, indicate <u>what</u> error of fact or law, <u>what</u> new evidence, or <u>what</u> 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.