

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 No # ██████████
Request # 782376

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, Connecticut Dental Health Partnership (“CTDHP”)/ Benecare sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying prior authorization for approval of Medicaid coverage for a permanent crown because the proposed treatment was not medically necessary under the criteria set forth in the state regulations.

On ██████████ 2016, the Appellant requested an administrative hearing to contest the CTDHP/ benecare’s decision to deny prior authorization of the crown.

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

On ██████████ 2016, the Appellant requested a re-scheduled administrative hearing and it was granted.

On ██████████ 2016, 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:

[REDACTED] Appellant
 [REDACTED] Appellant's support (no testimony provided)
 Kate Nadeau, CTDHP's Representative,
 Almelinda McLeod, Hearing Officer

The hearing record was held open for the submission of additional evidence. On [REDACTED] 2016 the hearing record was closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether CTDHP/ Benecare's denial of prior authorization for payment under the Medicaid program for a permanent crown for the Appellant was in accordance with state regulations.

FINDINGS OF FACT

1. The Appellant is a recipient of medical assistance under the Medicaid Husky D Program with the Department of Social Services. (Exhibit 1C, Claim form Query)
2. On [REDACTED] 2013, the Appellant was approved prior authorization through Connecticut Dental Health Partnership for a crown (POCR BASE M'T) for tooth # 12 for the period of [REDACTED] 2013 to [REDACTED] 2014. (Exhibit B, Notice of approval)
3. CTDHP/ Benecare is the Department's contractor for reviewing dental providers' request for prior authorization of dental treatment that includes crowns. (Hearing Record)
4. Norwich Family Dental Associates is the Appellant's treating dentist. (Exhibit 1A, Prior authorization form)
5. On [REDACTED] [REDACTED] 2016, the treating dentist completed a review of the Appellant's mouth and determined she needed a permanent crown. (Exhibit # 1, Prior Authorization form)
6. On [REDACTED] 2016, the Appellant was 59 years old (DOB-[REDACTED]/1957). (Exhibit # 1C-Claim form Query)
7. On [REDACTED] 2016, CTDHP/ benecare received a prior authorization request from the Appellant's treating dentist for approval of Medicaid coverage for a permanent crown for tooth #12. The treating dentist provided one x-ray. (Exhibit #1, Prior Authorization from)

8. On [REDACTED] 2016, CTDHP/ Benecare sent a Notice of Action (“NOA”) to the Appellant which denied the request for a permanent crown. The reason cited was that “crowns or caps” are not covered when there is enough of the tooth left to fix the tooth with silver or white filling. It further stated that the documents submitted by the treating dentist provided evidence that the tooth did not have enough decay for a crown but could be fixed with a silver or white filling. (Exhibit 2, Notice of Action)
9. On [REDACTED] 2016, the Appellant requested an administrative appeal and submitted a letter from Norwich Family Dental which indicated tooth #12 is fractured and subject to fracture at the gum line and a crown would be the appropriate treatment and attached 2 photos with the letter.(Exhibits #3A, 3B,#C and #D, Appeal request and photos)
10. On [REDACTED] 2016, Dr. Patricia Ierardi, a dental consultant for CTDHP reviewed the documents provided and conducted a clinical review for medical necessity. The dental consultant found tooth #12 has a favorable prognosis free of periodontal involvement. It is free from root fracture. The tooth has sufficient crown structure to restore the tooth to function. There was no evidence presented by a physician stating that a permanent crown was medically necessary. Therefore the dentists request for services was not approved. (Exhibit 4, Dental Consultant Grievance Review Record)
11. On [REDACTED] 2016, CTDHP/ benecare notified the Appellant that the prior authorization requesting approval for a permanent crown for tooth #12 did not meet the medically necessary criteria under state regulations for crowns. Specifically, there was evidence provided that some back teeth were missing (Molars and premolars) but still at least 8 back teeth in occlusion and there was no evidence presented that the teeth to be treated are the only remaining teeth that can serve as a potential partial denture abutment, if needed. CTDHP/ benecare upheld the previously denied prior authorization.
12. On [REDACTED] 2016, CTDHP/ benecare clarified in subsequent statement that the Appellant’s dentition changed from 2013 to 2016. Specifically, the Appellant is now missing tooth #15; it was extracted on [REDACTED] 2014. Because tooth #15 was missing, tooth #12 no longer qualifies. (Exhibit #7, CTDHP Supplemental clarification)

CONCLUSIONS OF LAW

1. Section 17b-2 (6) of the Connecticut General Statutes, ("Conn. Gen. Stats.") 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. Conn. Gen. Stats. § 17b-259b. 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 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.
 - (b) 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.
 - (c) 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 by the department or an entity acting on behalf of the department in making the determination of medical necessity.
 - (d) 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.

3. Conn. Gen. Stats. § 17b-282c(a) provides that all nonemergency dental services provided under the Department of Social Services' dental programs, as described in section 17b-282b, shall be subject to prior authorization. Nonemergency services that are exempt from the prior authorization process shall include diagnostic, prevention, basic restoration procedures and nonsurgical extractions that are consistent with standard and reasonable dental practices. Dental benefit limitations shall apply to each client regardless of the number of providers serving the client. The commissioner may recoup payments for services that are determined not to be for an emergency condition or otherwise in excess of what is medically necessary. The commissioner shall periodically, but not less than quarterly, review payments for emergency dental services and basic restoration procedures for appropriateness of payment. For the purposes of this section, "emergency condition" means a dental condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate dental attention to result in placing the health of the individual, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy, cause serious impairment to body functions or cause serious dysfunction of any body organ or part.
4. Conn. Agency Regs. § 17b-262-866 (a) provides that prior authorization, in a form and in a manner specified by the Department, shall be required for certain dental services. In order for a prior authorization request for coverage to be considered by the Department, the dental provider requesting authorization and payment must complete and submit all necessary forms and information as specified by the Department. Depending on the service requested, this information may include, but is not limited to, a treatment plan, narrative description of the client's medical condition and radiographs. Authorization does not guarantee payment unless all other requirements for payment are met.
5. Conn. Agency Regs. § 17b-262-866 (b) provides for all prior authorization requirements shall be based upon provider specialty, evidence-based dentistry and according to procedures performed by each specialty. In particular, restrictions are delineated for clients under 21 years of age and clients 21 years of age and older.

6. Conn. Agency Regs. § 17b-262-866 (c) provides that the department considers a number of factors in determining whether coverage of a particular procedure or service shall be subject to prior authorization. These factors include, but are not limited to, the relative likelihood that the procedure may be subject to unnecessary or inappropriate utilization, the availability of alternative forms of treatment and the cost of the procedure or service.
7. Section 184(F) (II) (b) of the Medical Services Policy provides for prior authorization. The following treatment and/or services require prior authorization by the Department. Crowns, other than stainless or preformed plastic.
8. On ██████████ 2016, the treating dentist correctly submitted a request for prior authorization for a permanent crown for tooth #12 for the Appellant.
9. Section 184(E)(I)(c)(2) of the Medical Services Policy for Dental Services provides for restorative services, limited to the restoration of carious, permanent and primary teeth with crowns, of the following materials and only in those cases where the breakdown of the tooth structure is excessive.
 - a. Stainless steel, deciduous or permanent, anterior or posterior teeth
 - b. Preformed plastic, anterior teeth only, deciduous or permanent
 - c. Acrylic or porcelain veneer, permanent anterior teeth only.
10. CTDHP/ benecare correctly determined that the Appellant's request for a crown on tooth #12 did not meet the criteria for severity as established in state regulations and there was no evidence presented indicating the breakdown of the tooth structure as excessive.
11. CTDHP/ benecare correctly denied the prior authorization because the Appellant does not meet the medically necessary criteria for a crown, in accordance with state statutes and regulations.
12. On ██████████ 2016, CTDHP/ benecare correctly issued the Appellant a notice of action denying the Appellant's request for a permanent crown for tooth #12 as there was no evidence presented by a physician stating the crown was medically necessary.

DISCUSSION

State statute provides that Medicaid pay for the placement of a crown only when it is medically necessary. The dental consultant's review regarding the integrity of the tooth indicated no extraction would be required because tooth #12 was not fractured at the gum line and the tooth #12 can be restored with a white filling. The [REDACTED] 2016 determination letter indicated the evidence presented did not support the need for a crown, therefore not medically necessary.

The Appellant admitted that the option of the white filling was not offered to her however, feels the placement of a crown is a better option than tooth extraction which will be a likely outcome sometime in the future, if not provided with a crown. The Appellant also provided a document confirming that tooth #12 had been previously approved for a crown on [REDACTED] 2013; however that particular prior authorization approval expired on [REDACTED] 2014. For reasons only known to the Appellant, the procedure was never done. Since 2013, there have been some changes in the dentition of the Appellant, specifically missing tooth #15, which changes the eligibility for a crown.

DECISION

The Appellant's appeal is DENIED.



Almelinda McLeod
Hearing Officer

CC: Dianne D'Ambrosio, CTDHP PO Box 486 Farmington, Ct 06032
Rita LaRosa, CTDHP PO 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 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.