

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 # 793371

NOTICE OF DECISION  
PARTY

██████████  
Re: ██████████

██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████ 2016, Connecticut Dental Health Partnership (“CTDHP”) sent ██████████ (the “Appellant”) a notice of action (“NOA”) denying a request for prior authorization of interceptive orthodontic treatment for ██████████ her minor child, indicating that the severity of her malocclusion did not 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 to complete interceptive orthodontic treatment.

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  
Rosario Monteza, CTDHP Representative  
Dr. Greg Johnson, CTDHP Dental Consultant, via telephone  
Swati Sehgal, Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue is whether CTDHP's denial of prior authorization to complete interceptive orthodontic treatment for ██████████ as not medically necessary was in accordance with state statute and regulations.

### **FINDINGS OF FACT**

1. The Appellant is the mother of the minor child, ██████████ (Appellant's Testimony)
2. ██████████ is 9 years old (D.O.B. ██████████/2007) and is a participant in the Medicaid program, as administered by the Department of Social Services (the "Department"). (Appellant's Testimony; Exhibit 1: Prior Authorization Claim Form dated ██████████ 2016)
3. CTDHP is the Department's contractor for reviewing dental providers' requests for prior authorization of orthodontic treatment. (Hearing Record)
4. Kool Smiles of Waterbury, (the "treating Orthodontist") is ██████████ treating orthodontist. (Hearing Summary, Exhibit 1 and Exhibit 2: Preliminary Malocclusion Assessment Record)
5. On ██████████ 2016, the treating orthodontist requested prior authorization to complete limited orthodontist treatment for ██████████ (Exhibit 1 and Hearing summary)
6. On ██████████ 2016, CTDHP received from the treating orthodontist a Preliminary Malocclusion Assessment Record with a score of 20 points, dental models and x-rays of ██████████ mouth. The treating orthodontist notes the presence of other severe deviations affecting the mouth and underlying structures and commented: "Tooth number nine (#9) in cross bite and traumatic occlusion with tooth number twenty four (#24) which has incisal notch due to occlusion and gingival recession. Please approve for limited treatment of tooth in cross bite." (Exhibit 2 and Hearing Summary)
7. On ██████████ 2016, Dr. Benson Monastersky CTDHP's orthodontic dental consultant, independently reviewed ██████████ models and panoramic x-rays of her teeth, and arrived at a score of 0 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. Monastersky found no

evidence of severe irregular placement of [REDACTED] teeth within the dental arches and no irregular growth or development of the jawbones. There was no evidence of emotional issues directly related to her mouth. Dr. Monastersky commented: "does not meet Phase One treatment guidelines."(Exhibit 3: Preliminary Handicapping Malocclusion Assessment Record dated [REDACTED] 2016; Hearing summary)

8. On [REDACTED] 2016, CTDHP sent a Notice of Action to the Appellant explaining that [REDACTED] did not qualify for Interceptive Orthodontic services because it was not medically necessary. (Exhibit 4: Notice of Action for Denied Services dated [REDACTED] 2016; Hearing Summary)
9. On [REDACTED] 2016, the Department received the Appellant's request for an administrative hearing. (Exhibit 5: Appeal and Administrative Hearing request dated [REDACTED] 2016)
10. On [REDACTED] 2016, Dr. Geoffrey Drawbridge, CTDHP's orthodontic dental consultant, conducted an appeal review of [REDACTED] models and panoramic x-rays, and arrived at a score of 20 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. Drawbridge found no evidence of severe irregular placement of [REDACTED] teeth within the dental arches and no irregular growth or development of the jawbones. Dr. Drawbridge commented: "Does not meet criteria for interceptive D8020 treatment. Anterior cross bite not present/demonstrated by record submitted." (Exhibit 6: Preliminary Handicapping Malocclusion Assessment Record; Hearing Summary)
11. On [REDACTED] 2016, CTDHP notified the Appellant that an appeal review has determined that Interceptive Orthodontic treatment is not medically necessary for [REDACTED] (Exhibit 7: Determination Letter)
12. There was no evidence presented that [REDACTED] has received treatment by a qualified psychiatrist or psychologist for mental emotional or behavior problems, disturbances or dysfunctions related to her teeth or mouth. (Hearing record)

### **CONCLUSIONS OF LAW**

1. Connecticut General Statutes §17b-262 provides that the Department may make such regulations as are necessary to administer the medical assistance program.
2. Connecticut Agencies Regulations §17-134d-35(a) provide that orthodontic 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.

3. Connecticut General Statutes §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. Section 17b-282e of the Supplement to the Connecticut General Statutes provides that 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 structure; 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. Connecticut Agencies Regulations §17-134d-35(b)(3) define the Preliminary Handicapping Malocclusion Assessment Record as the method of determining the degree of malocclusion and eligibility for orthodontic services. Such assessment is completed prior to performing the comprehensive diagnostic assessment.

6. Connecticut Agencies Regulations §17-134d-35(f)(1) provide that prior authorization is required for the comprehensive diagnostic assessment. The qualified dentist shall submit: (A) the authorization request form; (B) the completed Preliminary Handicapping Malocclusion Assessment Record; (C) Preliminary assessment study models of the patient's dentition; and, (D) additional supportive information about the presence of other severe deviations described in Section (e) (if necessary). The study models must clearly show the occlusal deviations and support the total point score of the preliminary assessment. If the qualified dentist receives authorization from the Department, he/she may proceed with the diagnostic assessment..
7. In ██████ case, study models submitted for prior authorization do not show severe deviations affecting the mouth and underlying structures. Her dental cross bite is not severe enough to qualify for Interceptive Orthodontic treatment.
8. ██████ is not being treated by a licensed psychiatrist or licensed psychologist who has limited his or her practice to child psychiatry or child psychology and has not recommended that she receive orthodontic treatment to significantly ameliorate her mental, emotional, and or behavior problems, disturbances or dysfunctions.
9. CTDHP was correct to find that ██████ malocclusion is not severe enough to qualify for Medicaid payment for Interceptive Orthodontic treatment and was correct to find that there were no other severe deviations affecting the mouth which would make interceptive orthodontic treatment medically necessary.
10. There is no evidence that ██████ suffers from the presence of severe mental, emotional and/or behavioral problems, disturbances, or dysfunctions caused by her dental issues.
11. CTDHP was correct to deny prior authorization because ██████ does not meet the medical necessity criteria for interceptive orthodontic services, in accordance with state statute and regulations.

## **DECISION**

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

Swati Sehgal  
Swati Sehgal  
Hearing Officer

cc: Diane D'Ambrosio, Connecticut Dental Health Partnership  
Rita LaRosa, Connecticut Dental Health Partnership

### **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, 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 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.

