STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS 55 FARMINGTON AVENUE HARTFORD, CT 06105-3725

2017 SIGNATURE CONFIRMATION

Client ID# Request # 788586

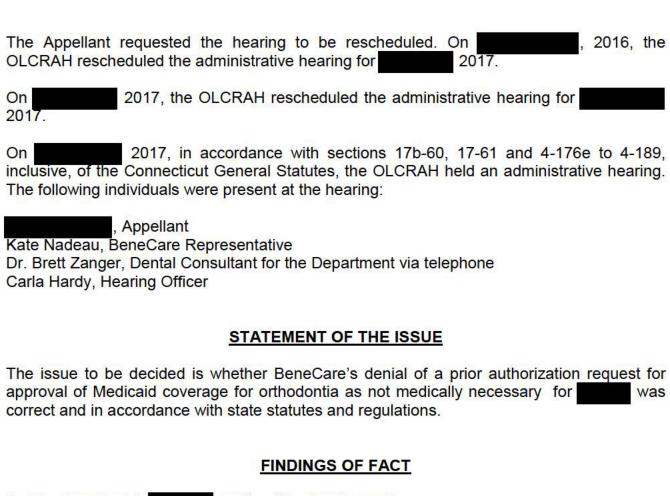
NOTICE OF DECISION

PARTY

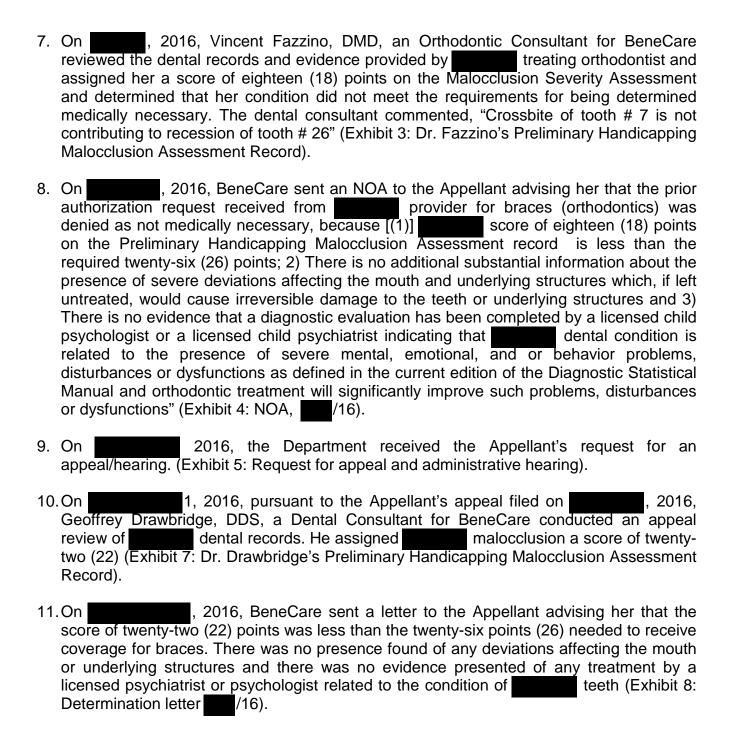


PROCEDURAL BACKGROUND

On 2016, CT Dental Health Partnership/BeneCare Dental Plans ("BeneCare"), the Dental Administrator for the Department of Social Services (the "Department") sent ("2016) a Notice of Action ("NOA") denying a request for prior								
authorization services indicating orthodontic treatment was not medically necessary.								
On, 2016,, (the "Appellant") requested an administrative hearing to contest the Department's denial of the prior authorization request for orthodontia.								
On, 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings (the "OLCRAH") issued a notice scheduling the administrative hearing for 2016.								
On 2016, the OLCRAH rescheduled the administrative hearing for 2016.								
The Appellant requested the hearing to be rescheduled. On rescheduled the administrative hearing for 2016.								
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- 1. The Appellant is mother (Hearing Record).
- 2. is 14 years old (D.O.B. /02) (Exhibit 1: Prior Authorization Claim Form).
- The Connecticut Dental Health Partnership, ("CTDHP") also known as BeneCare is the Department's contractor for reviewing dental provider's requests for prior authorization of orthodontic treatment (Hearing Record).
- 4. Edward Cos, DMD, MS, (the "treating orthodontist") is treating orthodontist (Exhibit 1).
- 5. On complete orthodontic services for (Exhibit 1, Hearing Summary).
- 6. The prior authorization request included a Malocclusion Severity Assessment. The treating orthodontist assigned a score of sixteen (16) points. Also included were models and x-rays of teeth. The treating orthodontist commented, "Please note recession #26 due to crossbite with #7" (Exhibit 2: Dr. Cos' Preliminary Handicapping Malocclusion Assessment Record, Hearing Summary).



is not undergoing psychiatric or psychological treatment related to the condition

of her mouth (Appellant's Testimony).

CONCLUSIONS OF LAW

- Section 17b-2(8) of the Connecticut General Statures 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. 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. Connecticut General Statutes § 17b-259b(a).
- 3. 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)]
- 4. Connecticut General Statues Supplement § 17b-282(e) 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 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 individuals 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.	Because two Malocclusion Severity Assessments were less than 26 points and there was no additional evidence presented about the presence of other severe deviations affecting her mouth and underlying structures, orthodontic services are not determined as medically necessary.

7.	The Appellant failed to establish that, even though scores on the two
	assessments were less than the required 26 points, she suffered from the presence of
	severe mental, emotional, and/or behavioral problems, disturbances or dysfunctions
	caused by her dental deformity.

8.		malocclus	sion se	verity o	does no	t meet tl	he requir	ements	for medica	al necessity
	for appro	val of her	prior a	uthoriza	ation rec	uest for	orthodo	ntic trea	tment.	

9.	BeneCare co	orrectly	denied	the	request	for	orthodontic	treatment	for	as i	t is
	not medically	necessa	ary.								

DISCUSSION

suffers from an inflammation of the nervou	s system which causes extra fluid on her
brain. She gets an MRI every three months. As test	ified by the Appellant, this condition does
not affect the condition of her mouth. State statute p	provides that Medicaid pay for orthodontic
treatment only when it is medically necessary. Th	e Medicaid program uses a Preliminary
Handicapping Malocclusion Assessment Record to	measure the severity of malocclusion and
dentofacial deformity. provider assign	ed her a score of 16, and two other
independently scored assessments assigned her s	cores of 18 and 22 points each. All three
assessments scored less than the requisite 26 point	S.

The Appellant did not provide any evidence showing suffered from the presence of severe mental, emotional, and/or behavioral problems, disturbances or dysfunctions caused by the condition of her mouth and that orthodontic treatment would ameliorate her medical condition. Benecare correctly denied the request for orthodontic treatment.

DECISION

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

Carla Hardy
Carla Hardy
Hearing Officer

Pc: 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 <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 Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105-3725.

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 06105-3725. 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.