

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 # 801936

**NOTICE OF DECISION**

**PARTY**

██████████  
Re: ██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2016, Connecticut Dental Health Partnership (“CTDHP”) sent ██████████ (the “Appellant”) a notice of action denying a request for prior authorization of payment for orthodontia for her son ██████████. The notice of action informed the Appellant that orthodontia was not medically necessary for ██████████ as the severity of his malocclusion did not meet the requirements set out in state statute and regulations for medical necessity.

On ██████████ 2016, the Appellant requested an administrative hearing to contest CTDHP’s denial of prior authorization of payment for orthodontia.

On ██████████ ██████████ 2016, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling an administrative hearing for ██████████ 2017.

On ██████████ 2017, 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’s Ex-Husband/██████████ Father  
Kate Nadeau, CTDHP Representative  
Dr. Greg Johnson, Orthodontic Consultant-State of CT-participated by telephone  
Pamela J. Gonzalez, Hearing Officer

## **STATEMENT OF THE ISSUE**

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

## **FINDINGS OF FACT**

1. The Appellant is [REDACTED] mother. (Hearing Record)
2. The Appellant was not present at this hearing due to her work schedule. (Appellant's Representative's testimony)
3. The Appellant authorized [REDACTED] father to represent [REDACTED] interests in this matter. (Statement dated [REDACTED] 2017 – Appellant's exhibit A)
4. [REDACTED] (D.O.B. [REDACTED]/04) is a participant in the Medicaid program, as administered by the Department of Social Services (the "Department"). (Hearing Record)
5. CTDHP is the Department's contractor for reviewing dental providers' requests for prior authorization of orthodontic treatment. (Hearing Record)
6. BeneCare is the Administrative Service Organization managing the Connecticut Dental Health Partnership for the State of Connecticut. (Hearing record)
7. Dr. Desai of Danbury Orthodontics is [REDACTED] treating orthodontist (the "treating orthodontist"). (Orthodontia Services Claim Form – CTDHP's exhibit 1)
8. On [REDACTED] 2016, the treating orthodontist requested prior authorization of payment for orthodontic services for [REDACTED] (CTDHP's exhibit 1)
9. Dr. Desai submitted a Preliminary Handicapping Malocclusion Assessment Record with a score of 26 points, dental models and x-rays of [REDACTED] mouth. Dr. Desai commented that the "client has no missing teeth. #27 blocked out, anterior crossbite at #7 and #10". (Department's exhibit 1, Assessment Record dated [REDACTED] 2016 – CTDHP's exhibit 2)
10. On [REDACTED] 2016, Dr. Benson Monastersky, CTDHP's orthodontic dental consultant, independently reviewed [REDACTED] models and x-rays, and arrived at a score of 18 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. Monasterky found no presence of severe deviations affecting the mouth and underlying structures. He commented, "comments scored on assessment sheet". (Preliminary

Handicapping Malocclusion Assessment Record, [REDACTED]/16 – CTDHP’s exhibit 3)

11. On [REDACTED] 2016, CTDHP denied the treating orthodontist’s request for prior authorization of orthodontic services as not medically necessary. [REDACTED] teeth scored less than the 26 points needed for coverage, his teeth are not crooked enough to qualify for braces and they currently pose no threat to the jawbone or the attached soft issue. (Notice of Action for Denied Services or Goods, [REDACTED]/16 – CTDHP’s exhibit 4)
12. On [REDACTED] [REDACTED] 2016, Dr. Geoffrey Drawbridge, CTDHP’s dental consultant, independently reviewed [REDACTED] models and x-rays and arrived at a score of 18 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. Drawbridge found no presence of severe deviations affecting the mouth and underlying structures. He commented, “crowding and crossbites noted”. (Preliminary Handicapping Malocclusion Assessment Record, [REDACTED]/16 – CTDHP’s exhibit 6)
13. On [REDACTED] 2016, CTDHP notified the Appellant that orthodontic treatment was not medically necessary. (Notice upholding the previously denied services dated [REDACTED] 2016 – CTDHP’s exhibit 7)
14. On [REDACTED] 2017, Dr. Curtis Beck, DMD, MSD submitted a statement describing his findings with respect to [REDACTED] dentition as well as a lateral cephalogram. He cited moderate crowding, a slightly Class III molar relationship, maxillary crossbite, slight Class III soft tissue appearance with an anterior crossbite and Class III developmental tendency. He requested that [REDACTED] qualify for orthodontic therapy. (Statement dated [REDACTED] 2017 – Appellant’s exhibit A, Lateral Cephalogram – Appellant’s exhibit B)
15. On [REDACTED] 2017, Dr. Geoffrey Drawbridge determined that Dr. Beck’s narrative did not alter the findings noted on the assessment record of [REDACTED] 2016 and that [REDACTED] does not meet criteria for approval. (Statement from Dr. Geoffrey Drawbridge dated [REDACTED] 2017 – CTDHP’s exhibit 9)
16. On [REDACTED] 2017, Dr. Geoffrey Drawbridge determined that the lateral cephalogram of [REDACTED] 2017 did not demonstrate a negative ANB difference and does not alter the assessment findings. (Statement dated [REDACTED] 2017 – CTDHP’s exhibit 10)
17. The evidence in the record does not indicate the presence of severe deviations affecting [REDACTED] mouth and its underlying structures. (CTDHP’s exhibit’s 2, 3, 6, 9, 10, Appellant’s exhibits A, B, Hearing record)

18. ██████ is not being treated by a licensed child psychiatrist or child psychologist for issues related to the condition of his teeth. (Appellant's representative's testimony, 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 26 points and two dentists in blind reviews each gave ██████ scores of 18 points.

The record was held open to allow the Appellant an opportunity to provide additional information. The Appellant submitted another dental opinion describing ██████ dentition and submitted a current lateral cephalogram.

██████ 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, as well as the additional information provided through the hearing process, do not provide

evidence of a severe condition affecting his mouth which, if left untreated, would cause irreversible damage to the teeth and underlying structures.

**DECISION**

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

*Pamela J. Gonzalez*  
Pamela J. Gonzalez  
Hearing Officer

Copy: Kate Nadeau, 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 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.