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 # 804903

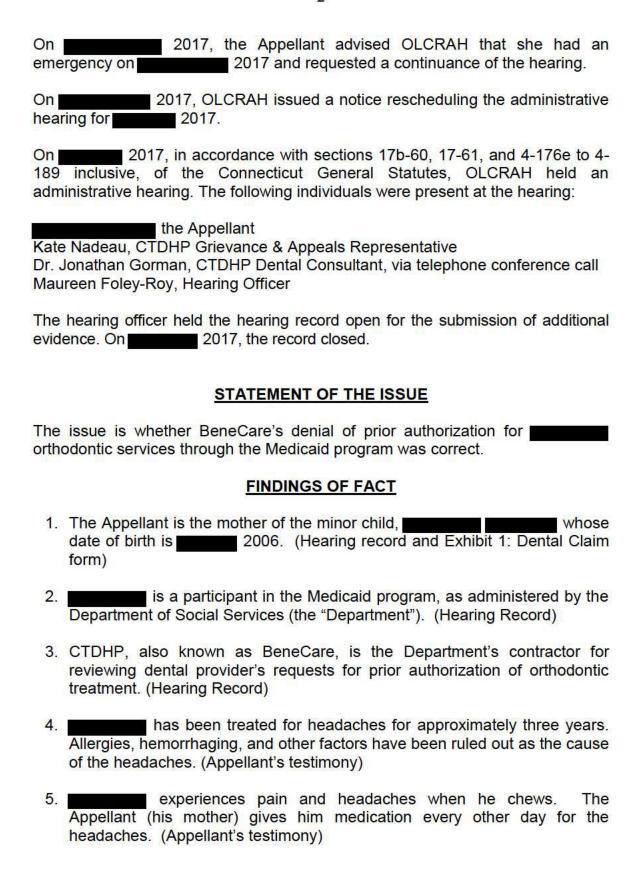
NOTICE OF DECISION

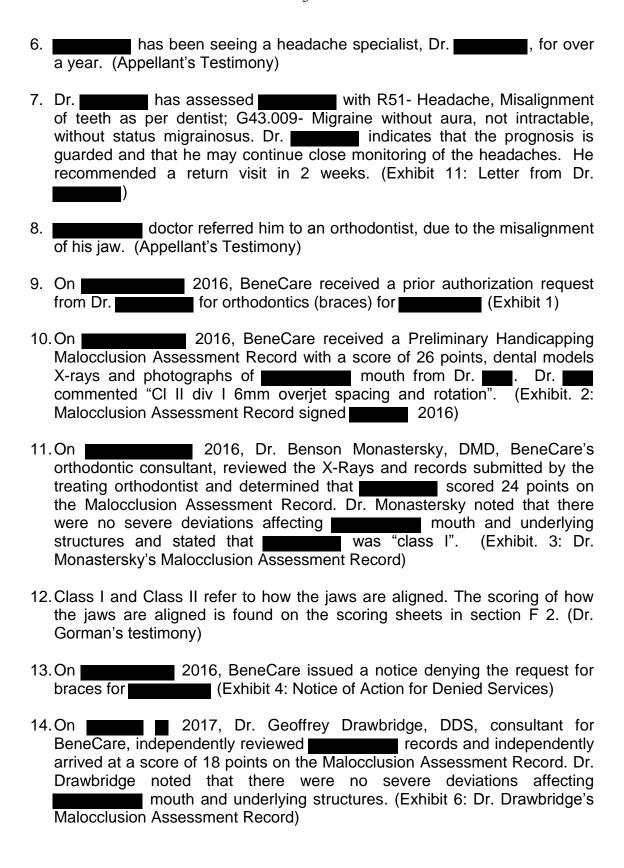
PARTY

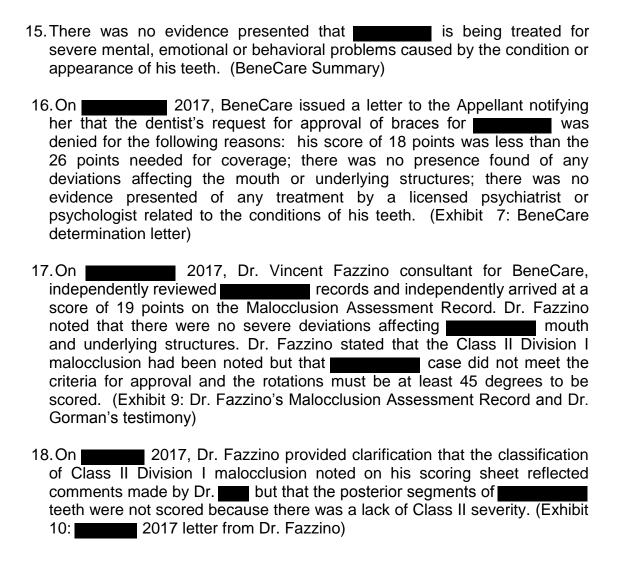
Re:	

PROCEDURAL BACKGROUND

On 2016, BeneCare Dental Health Plans ("BeneCare"), administered by the Connecticut Dental Health Partnership ("CTDHP"), sent (the "Appellant") a Notice of Action ("NOA") denying a request
for prior authorization of orthodontia for the minor child. The NOA stated that the severity of the major ma
On2016, the Appellant requested an administrative hearing to contest BeneCare's denial of prior authorization of orthodontia.
On 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for 2017.
On 2017, the Appellant requested a continuance of the hearing, which OLCRAH granted.
On 2017, OLCRAH issued a notice rescheduling the administrative hearing for 2017.







CONCLUSIONS OF LAW

- 1. 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. 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. For the purposes of the administration of the medical assistance programs by the Department, "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. [Conn. Gen. Stat. § 17b-259b (a)]

- 4. 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. [Sec. 17b-282e of the Supplement to the General Statutes]
- 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. BeneCare correctly found that malocclusion did not meet the criteria for severity, or 26 points, as established in state regulations.
- 7. BeneCare correctly determined that there was no documentation of the presence of other severe deviations affecting oral facial structures.

8. BeneCare correctly determined that there was no evidence of emotional issues directly related to teeth.
9. BeneCare correctly determined that medical conditions do not render braces medically necessary for him at this time as per the regulations.
10. BeneCare correctly denied braces for because there was not sufficient evidence to show that orthodontia was medically necessary to treat his headaches.
DISCUSSION
State regulations provide that orthodontic services 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. The definition of medical necessity is found in COL #2, above.
is ten years old and has been treated for headaches for three years. He has been under the care of a headache specialist for approximately one year. During the course of the treatment, many possible causes for the headaches have been eliminated. The specialist suggests that the headaches are secondary to dental issues. The fact that the headaches begin when is chewing supports that suggestion.
In reviewing the criteria established by the statute, in order to find orthodontia medically necessary to treat headaches, it would need to meet the conditions found in COL #2. There was no evidence that orthodontia is accepted as standard medical practice in the treatment of headaches. There was no evidence from physicians specializing in the treatment of headaches or literature from medical societies. There was no evidence that orthodontia is appropriate in terms of type, frequency, timing, site, extent and duration and considered effective to treat headaches.
The issue of headaches did not arise until the hearing. Important momentum did not even mention the headaches when she requested the hearing. She spoke of his self-confidence being affected. The providing orthodontist submitted a letter regarding in treatment but did not mention the headaches. The undersigned left the hearing record open so inductional evidence. The additional evidence submitted consisted of a single page from a doctor of unknown specialty who wrote two lines regarding the headaches relating to dental issues. There was not sufficient evidence that headaches were caused by his dental problems and could be treated by orthodontia. The Dental Health Partnership was correct when they did not approve braces, based on the evidence.

DECISION

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

Maureen Folsy-Roy Maureen Foley-Roy Hearing Officer

CC: Diane D'Ambrosio, CTDHP Rita LaRosa, CTDHP

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 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.