

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 #810387

NOTICE OF DECISION
PARTY

██████████
For: ██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2017, the Connecticut Dental Health Partnership (“CTDHP”), sent ██████████ (the “Appellant”) a notice of action (“NOA”) denying a request for prior authorization of orthodontia services for her minor child, ██████████. The notice indicated that the severity of ██████████ malocclusion did not meet the requirements in state law to approve the proposed treatment.

On ██████████ 2017, the Appellant requested an administrative hearing to contest the Department’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, OLCRAH issued a notice rescheduling the 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
- ██████████ Appellant’s minor child
- Magdalena Carter, CTDHO’s Representative
- Dr. Vincent Fazzino, CTDHP’s Dental Consultant, by phone
- Veronica King, Hearing Officer

8. On [REDACTED] [REDACTED] 2017, the Department received a request for an administrative hearing from the Appellant. (Exhibit 5: Hearing request)
9. On [REDACTED] 2017, Dr. Geoffrey Drawbridge, DDS, BeneCare's dental consultant, independently reviewed [REDACTED] models and panoramic radiographs and arrived at a score of 13 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. Drawbridge also found no presence of severe deviations affecting the mouth and underlying structures. Dr. Drawbridge commented "crowding and position of number ten addressed in assessment, root morphology number ten not visible". (Exhibit 6: Preliminary Handicapping Malocclusion Assessment Record, [REDACTED]/17)
10. On [REDACTED] 2017, CTDHP requested a third review due to the differences in scoring. Dr. Vincent Fazzino, DMD, BeneCare's dental consultant, independently reviewed [REDACTED] models and panoramic radiographs and arrived at a score of 17 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. Fazzino also found no presence of severe deviations affecting the mouth and underlying structures. Doctor commented "tooth number ten has been evaluated and noted accordingly, maxillary crowding has been also scored accordingly". (Exhibit 7: Preliminary Handicapping Malocclusion Assessment Record, [REDACTED]/17)
11. On [REDACTED] 2017, CTDHP notified the Appellant that the request for orthodontic services was denied because [REDACTED] third score of 17 points was less than the 26 points needed for coverage, lack of evidence of the presence of severe deviations affecting the mouth or underlying structures, and there was no evidence presented of any treatment by a licensed psychiatrist or psychologist related to the condition of [REDACTED] teeth. (Exhibit 8: Letter Regarding Orthodontic Services [REDACTED]/17)
12. [REDACTED] has some discomfort chewing her food. She also experiences some pain of the mouth. (Appellant's and child's testimony)
13. [REDACTED] is not being treated by a qualified psychiatrist or psychologist for related mental emotional or behavior problems, disturbances or dysfunctions at this time. (Appellant's testimony)

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. State regulation 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. [Conn. Gen. Stat. § 17b-259b]
4. Public Act 15-5 (June Sp. Session, Section 390) 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 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. State statute requires 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 definition provided in subsection (a) of this section, that was considered by the department or an entity acting on behalf of the department in making the determination of medical necessity. [Conn. Gen. Stats. § 17b-259b(c)]
7. CTDHP correctly determined that ██████ malocclusion did not meet the criteria for severity, or 26 points, as established in state regulations.
8. CTDHP correctly determined that ██████ did not have a deviation of such severity that would cause irreversible damage to the teeth and underlying structures if left untreated.
9. CTDHP correctly determined that ██████ has not been treated by a licensed psychologist or licensed psychiatrist who has accordingly limited his or her practice to child psychiatry or child psychology.
10. CTDHP correctly determined that ██████ malocclusion did not meet the criteria for medically necessary as established in state regulations at this time.
11. CTDHP correctly denied prior authorization because ██████ does not meet the medical necessity criteria for orthodontic services, in accordance with state statutes and regulations.

DISCUSSION

There are four malocclusion assessment records in [REDACTED] file. None of the dentists who scored [REDACTED] teeth found that she scored the required 26 points to qualify for orthodontic services. Her treating orthodontist believes that severe deviation exist which would warrant orthodontia medically necessary. However, his comments regarding severe maxillary crowding and tooth number ten has short roots do not support the presence of severe deviation.

There is some consensus across all four assessments that [REDACTED] has presence of crowding with her teeth and has been evaluated and scored accordingly. The issue it is the severity of the malocclusion. Unfortunately [REDACTED] malocclusion does not meet the medical necessity criteria for orthodontic services, in accordance with state statutes and regulations.

The Appellant's request for prior authorization of orthodontia treatment remains denied.

DECISION

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



Veronica King
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 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.