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

[redacted], 2018
Signature Confirmation

Case ID # [redacted]
Client ID # [redacted]
Request # 122674

NOTICE OF DECISION
PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted], 2018, BeneCare Dental Plans ("BeneCare") sent [redacted] (the "Appellant") a notice of action denying a request for prior authorization of orthodontia for [redacted] (the "child") indicating that the severity of the child's malocclusion did not meet the requirements in state law to approve the proposed treatment, and that orthodontia was not medically necessary.

On [redacted], 2018, the Appellant requested an administrative hearing to contest the Department's denial of prior authorization of orthodontia for her child.

On [redacted], 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [redacted], 2018.

On [redacted], 2018, 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:

[redacted], Appellant
Alejandro Terranova, Interpreter ITI Translates
Kate Nadeau, BeneCare's Representative
Dr. Stanley Wolfe, DMD, BeneCare Dental Consultant, by phone
Christopher Turner, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether BeneCare's denial of prior authorization for the child's orthodontic services for lack of medical necessity is correct and in accordance with state law.

FINDINGS OF FACT

1. The Appellant is the mother of the minor child. (Hearing record)

2. The child (DOB [redacted]) is a participant in the Medicaid program, as administered by the Department of Social Services (the "Department"). (Hearing record; Appellant's testimony)

3. BeneCare/CTDHP is the Department's contractor for reviewing dental provider's requests for prior authorization of orthodontic treatment. (Hearing record)

4. CT Braces is the child's treating provider. (Exhibit 1: Orthodontia Services Claim Form; Hearing summary)

5. [redacted], 2018, CTDHP received from the treating provider, a Preliminary Handicapping Malocclusion Assessment Record with a score of 23 points. Models and X-rays of the child's mouth were used for the evaluation. The provider commented: "Missing number seven (7), deep bite." (Exhibit 2: Malocclusion Assessment Record, [redacted]/18)

6. [redacted] 2018, Dr. Benson Monastersky, DMD, CTDHP's orthodontic dental consultant, independently reviewed the child's X-rays, and models of her teeth, and arrived at a score of 16 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. Monastersky did not find any evidence of severe irregular placement of the child's teeth within the dental arches or irregular growth or development of the jaw. Dr. Monastersky commented: "Overbite is not deep enough to score." Dr. Monastersky denied approval of payment for this case because it did not meet the State of Connecticut requirements for being medically necessary. (Exhibit 3: Dr. Monastersky's Assessment, [redacted]/18)

7. On [redacted], 2018, CTDHP denied the treating provider's request for prior authorization for orthodontic services for the reason that the scoring of the child's mouth was less than the 26 points needed for coverage, the child's teeth are not crooked enough to qualify for braces, and they currently pose no threat to the jawbone or the attached soft issue. Also, there was no evidence that a diagnostic evaluation has been done by a licensed child psychologist or a licensed child psychiatrist indicating that the child's dental condition is related to the presence of severe mental emotional and/or behavioral problems, disturbances or dysfunctions, as defined in the current edition of the Diagnostic Statistical Manual and orthodontic treatment will significantly improve such problems, disturbances or dysfunctions. (Exhibit 4C: Notice of Action for Denied Services or Goods, [redacted]/18)

8. On [redacted], 2018, a Dental Consultant for CTDHP, Dr. Geoffrey Drawbridge conducted a review. He used the models and X-rays of the child's teeth. The Malocclusion Severity Assessment scored 14 points. Dr. Drawbridge did not find evidence of severe irregular placement of his teeth within the dental arches or irregular growth or development of the jawbones. There was no evidence presented indicating the presence of emotional issues directly related to the child's dental situation. Dr. Drawbridge denied approval of payment for this case because it did not meet the State of Connecticut requirements for being medically necessary. (Exhibit 6: Dr. Drawbridge's Assessment, [redacted]/18)

9. On [redacted], 2018, CTDHP notified the Appellant that the child's score of 14 points did not meet the requirements for orthodontic treatment and that such treatment was not medically necessary. (Exhibit 7C: Letter regarding Orthodontic Services, [redacted]/18)

CONCLUSIONS OF LAW

1. Connecticut General Statutes § 17b-2 (6) provides 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. Regulations of Connecticut State Agencies §17-134d-35(a) provides that orthodontic services will be paid for when (1) provided by a qualified dentist; and (2) 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. Connecticut General Statutes §17b-282e provides that the Department of Social Services shall cover orthodontic services for a Medicaid recipient less than 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. Regulations of Connecticut State Agencies §17-134d-35(f) (1) provides that the study models submitted for prior authorization must clearly show the occlusal deviations and support the total point score of the preliminary assessment.

6. In the Appellant's case, the study models submitted for prior authorization do not show occlusal deviations and do not meet the requirement of a 26-point score on a preliminary assessment.

7. Regulations of Connecticut State Agencies §17-134d-35(e) provides when an eligible recipient is determined to have a malocclusion, the attending dentist should refer the recipient to a qualified dentist for preliminary examination of the degree of malocclusion. (2) If the total score is less than twenty-four (26) points the Department shall consider additional information of a substantial nature about the presence of severe mental, emotional, and/or behavior problems, disturbances or dysfunctions, as defined in the most current edition of the Diagnostic Statistical Manual of the American Psychiatric Association, and which may be caused by the recipient's daily functioning. The department will only consider cases where a diagnostic evaluation has been performed by a licensed psychiatrist or a licensed psychologist who has accordingly limited his or her practice to child psychiatry or child psychology. The evaluation must be clear and substantially document how the dentofacial deformity is related to the child's mental, emotional, and/or behavior problems and that orthodontic treatment is necessary and, in this case, will significantly ameliorate the problems.

8. In the Appellant's case, no information was submitted indicating the child has had a diagnostic evaluation performed by a licensed psychiatrist or a licensed psychologist who has accordingly limited his or her practice to child psychiatry or child psychology. The evaluation must be clear and substantially document how the dentofacial deformity is related to the child's mental, emotional, and/or behavior problems and that orthodontic treatment is necessary and, in this case, will significantly ameliorate the problems.

9. CTDHP was correct to find that the child's malocclusion did not meet the requirements for severity as established in state regulations.

10. CTDHP was correct to deny prior authorization because orthodontia services for the child are not medically necessary.

DECISION

The Appellant's appeal is denied.

Christopher Turner
Hearing Officer

Cc: Diane D'Ambrosio, Connecticut Dental Health Partnership,
P.O. Box 486 Farmington, CT 06032
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, law, and 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 06105-3725.

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, if 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 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.