

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

██████████ 2019  
SIGNATURE CONFIRMATION

██████████

NOTICE OF DECISION

PARTY

██████████

PROCEDURAL BACKGROUND

On ██████████ 2018, CT Dental Health Partnership/BeneCare Dental Plans (“BeneCare”), the Dental Administrator for the Department of Social Services (the “Department”) sent ██████████ (“the child”), a Notice of Action (“NOA”) denying a request for prior authorization interceptive orthodontic treatment indicating it was not medically necessary.

On ██████████, 2018, ██████████ (the “Appellant”), requested an administrative hearing to contest the Department’s denial of the prior authorization request for the treatment.

On ██████████, 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2019.

On ██████████ 2019, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████, Appellant  
██████████, Appellant’s Witness and the child’s mother  
Kate Nadeau, BeneCare Representative  
Dr. Vincent Fazzino, Dental Consultant for BeneCare via telephone  
Carla Hardy, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether BeneCare's denial of a prior authorization request for approval of Medicaid coverage for the child's interceptive orthodontic treatment as not medically necessary was correct and in accordance with state statutes and regulations.

## **FINDINGS OF FACT**

1. The Appellant is the child's father. (Hearing Record)
2. The child is [REDACTED] years old (DOB [REDACTED] 10). (Exhibit 1: Prior Authorization Claim Form)
3. BeneCare is the Department's contractor for reviewing dental provider's requests for prior authorization of orthodontic treatment. (Hearing Record)
4. [REDACTED] (the "treating orthodontist") is the child's treating orthodontist. (Exhibit 1, Hearing Summary)
5. On [REDACTED] 2018, BeneCare received a prior authorization request for interceptive orthodontic treatment for the child. (Exhibit 1; Hearing Summary)
6. The prior authorization request included a Malocclusion Severity Assessment. The treating orthodontist assigned the child a score of twenty-nine (29) points. Also included were models and x-rays of the child's teeth. The treating orthodontist commented, "ten millimeter over jet". (Exhibit 2: [REDACTED] Preliminary Handicapping Malocclusion Assessment Record, Hearing Summary)
7. On [REDACTED] 2018, Dr. Robert Gange, DDS, an Orthodontic Consultant for BeneCare reviewed the dental records and evidence provided by the child's treating orthodontist and assigned her a score of ten (10) points on the Malocclusion Severity Assessment. He indicated that the child did not meet the criteria for interceptive orthodontic treatment because she did not have a deep impinging overbite, functional deviation, Class III malocclusion, gingival recession, severe overjet of more than nine millimeters, open bite of more than five millimeters or an anterior impacted tooth. Dr. Gange commented, "Case scores six millimeter overjet". He determined that her condition did not meet the medically necessary requirement. (Exhibit 3: Dr. Gange's Preliminary Handicapping Malocclusion Assessment Record; Hearing Summary)
8. On [REDACTED] 2018, BeneCare sent an NOA to the child advising her that the prior authorization request received from her provider for interceptive orthodontic treatment was denied as not medically necessary because the documents provided by her orthodontist did not show evidence that the requested service was medically necessary. (Exhibit 4: NOA, [REDACTED]/18)

9. On [REDACTED], 2018, the Department received the Appellant's request for an appeal/hearing. (Hearing Record)
10. On [REDACTED] 2018, pursuant to the Appellant's appeal filed on [REDACTED] 2018, Dr. Geoffrey Drawbridge, DDS, a Dental Consultant for BeneCare conducted an appeal review of the child's dental records. He indicated that the child did not meet the criteria for interceptive orthodontic treatment because she did not have a deep impinging overbite, functional deviation, class III malocclusion, gingival recession, severe overjet of more than nine millimeters, open bite of more than five millimeters or an anterior impacted tooth. He determined that her condition did not meet the requirements for being determined medically necessary. Dr. Drawbridge commented, "Does not meet criteria for interceptive treatment. Overjet equals six millimeters". (Exhibit 6: Dr. Drawbridge's Preliminary Handicapping Malocclusion Assessment Record)
11. On [REDACTED] 2018, BeneCare sent a letter to the Appellant advising him that the request for interceptive orthodontic treatment was denied because there was no presence found of any deviations affecting the mouth or underlying structures. There was no evidence presented of any treatment by a licensed psychiatrist or psychologist related to the condition of the child's teeth. (Exhibit 7: Determination letter, [REDACTED]/18)
12. The child is not undergoing psychiatric or psychological treatment due to the condition of her teeth. (Appellant's Testimony)
13. An overjet is measured using a periodontal probe and the discrepancy between a 10 millimeter and 6 millimeter overjet is a significant. The Dental Consultant could not understand how the treating orthodontist determined a measurement of 10 millimeters. (Dr. Fazzino's Testimony)
14. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED] [REDACTED], 2018. Therefore, this decision is due not later than [REDACTED] 2019.

### **CONCLUSIONS OF LAW**

1. Section 17b-2(8) of the Connecticut General Statutes 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

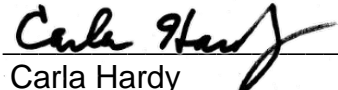
standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians 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 Statutes § 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 regulation defines the Preliminary Handicapping Malocclusion Assessment Record as the method of determining the degree of malocclusion and eligibility for orthodontic services. Such assessment is completed prior to performing the comprehensive diagnostic assessment. [Conn. Agencies Regs. § 17-134d-35(b)(3)]
6. 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)].
7. BeneCare correctly determined that the child's malocclusion did not meet the criteria for being determined medically necessary. There was no evidence presented showing the child suffered from severe deviations affecting the mouth and underlying structures or that she suffered from the presence of severe mental, emotional, and/or behavioral problems, disturbances or dysfunctions caused by her dental deformity.

8. The child's malocclusion severity does not meet the requirements for medical necessity for approval of her prior authorization request for interceptive orthodontic treatment.
9. BeneCare correctly denied the request for orthodontic treatment for the child as it is not medically necessary.

**DECISION**

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

  
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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 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 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.