

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 Farmington Avenue  
HARTFORD, CT06105-3725

██████████ 2019  
Signature Confirmation

Client ID # ██████████  
Request # ██████████

**NOTICE OF DECISION**  
**PARTY**

██████████  
██████████  
██████████

**PROCEDURAL BACKGROUND**

On ██████████ 2018, Connecticut Dental Health Partnership (“CTDHP”) sent ██████████ ██████████ (the “Appellant”) a notice of action denying a request for prior authorization of a partial lower denture, indicating that the request did not meet the criteria set in state regulations to approve the proposed treatment.

On ██████████, 2018, the Appellant requested an administrative hearing to contest CTDHP’s denial of prior authorization of a partial lower denture.

On ██████████ 2019, 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, 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  
Rosario Monteza, Grievance and Appeals Representative, CTDHP  
Dr. Joseph D’Ambrosio, Dental Consultant, CTDHP  
Roberta Gould, Hearing Officer

## STATEMENT OF THE ISSUE

The issue is whether CTDHP's denial of prior authorization through the Medicaid program for a partial lower denture was in accordance with state statutes and regulations.

## FINDINGS OF FACT

1. The Appellant is receiving Medicaid assistance for herself. (Hearing Record)
2. The Appellant's date of birth is [REDACTED]. (Exhibit 1: Prior Authorization request)
3. [REDACTED] is the Appellant's treating dentist ("the treating dentist"). (Exhibit 1)
4. The Appellant has four remaining back teeth and all of her front teeth in her lower jaw. ([REDACTED] testimony and Appellant's testimony)
5. On [REDACTED], 2018, the treating dentist requested prior authorization for a complete upper denture and a lower partial denture for the Appellant. (Exhibit 1 and Hearing summary)
6. CTDHP approved the request for a complete upper denture for the Appellant. (Hearing record)
7. On [REDACTED] 2018, CTDHP denied the treating dentist's request for prior authorization for a lower partial denture because the Appellant has at least eight teeth in contact with an opposite tooth without any missing front teeth. (Exhibit 2: Notice of Action and Hearing summary)
8. On [REDACTED], 2018, the Appellant requested an appeal and administrative hearing of CTDHP's denial of her lower partial denture because she has difficulty chewing food without all of her back teeth. (Exhibit 3: Administrative hearing request and Appellant's testimony)
9. On [REDACTED] 2019, CTDHP received a letter from Dr. [REDACTED] of [REDACTED] [REDACTED] indicating that the Appellant has difficulty eating without posterior teeth. (Exhibit 4: Fax dated [REDACTED]/2019 and Hearing summary)
10. On [REDACTED] 2019, CTDHP conducted a clinical review of the Appellant's request for a replacement of her lower partial denture and determined that with the approved full upper denture the Appellant will have 8 posterior teeth in occlusion. CTDHP determined that nothing needs to be added to the lower denture and, therefore, she does not qualify per state guidelines. (Exhibit 5: CTDHP's dental consultant grievance review and Hearing summary)

11. On ██████████ 2019, CTDHP sent the Appellant a Determination letter informing her that after a second review of her dental records prior authorization for a lower partial denture was denied because it is medically necessary in cases where the client is missing anterior teeth or for clients with less than 8 back teeth in occlusion (a tooth in contact with a tooth in the opposite arch). (Exhibit 6: Determination letter and Hearing summary)

### **CONCLUSIONS OF LAW**

1. Section 17b-2(8) of the Connecticut General Statutes 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. Connecticut Agency Regulations §17-262-337 provides that sections 17b-262-337 through 17b-262-349, inclusive, set forth the Department of Social Services requirements for payment of accepted methods of treatment performed by or under the supervision of licensed physicians for clients who are determined eligible to receive services under Connecticut's Medicaid Program pursuant to section 17b-261 of the Connecticut General Statutes.
3. Connecticut General Statute §17b-259b provides that (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 healthcare 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 (b) provides that clinical policies, medical policies, clinical criteria or any other generally accepted clinical practice guidelines used to assist in evaluating the medical necessity of a requested

health service shall be used solely as guidelines and shall not be the basis for a final determination of medical necessity.

Connecticut General Statutes § 17b-259b (c) provides that 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.

Connecticut General Statutes § 17b-259b (d) provides that the Department of Social Services shall amend or repeal any definitions in the regulations of Connecticut state agencies that are inconsistent with the definition of medical necessity provided in subsection (a) of this section, including the definitions of medical appropriateness and medically appropriate, that are used in administering the department's medical assistance program. The commissioner shall implement policies and procedures to carry out the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal not later than twenty days after implementation. Such policies and procedures shall be valid until the time the final regulations are adopted.

4. Section 184 of the Medical Services Policy provides that for the purposes of this section, dental services are diagnostic, preventive, or restorative procedures, performed by a licensed dentist in a private or group practice or in a clinic; a dental hygienist, trained dental assistant or, or other dental professionals employed by the dentist, group practice or clinic, providing such services are performed within the scope of their profession in accordance with State law. These services relate to:
  - I. The teeth and other structures of the oral cavity; and
  - II. Disease, injury, or impairment of general health only as it relates to
    1. the oral health of the recipient.
5. Section 184E of the Medical Services Policy provides that payment for Dental Services is available for all persons eligible for Medicaid, subject to the conditions and limitations, which apply to these services.
6. Section 184E of the Medical Services Policy provides that except for the limitations and exclusions listed below, the Department will pay for the professional services of a licensed dentist or dental hygienist which conform to accepted methods of diagnosis and treatment, but will not pay for anything of an unproven, experimental or research nature or for services in excess of those

deemed medically necessary by the Department to treat the recipient's diagnosis, symptoms or medical history.

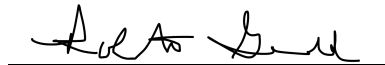
7. Section 184E(II)(h) of the Medical Services Policy provides that partial dentures where there are at least eight (8) posterior teeth in occlusion, and no missing anterior teeth are not covered.
8. Connecticut Agency Regulations §17b-262-864(a)(2)(B) provides that coverage of removable partial dentures when there are more than 8 posterior teeth in occlusion and no missing anterior teeth is allowed on a case-by-case basis conditioned upon a demonstration of medical necessity and subject to prior authorization requirements in section 17b-262-866 of the Regulations of Connecticut State Agencies.

**CTDHP correctly determined that the Appellant has at least 8 posterior teeth in occlusion without any missing front teeth and that a partial lower denture was not medically necessary.**

**CTDHP was correct to deny prior authorization for a partial lower denture because the plan does not pay for dentures where there are at least 8 posterior teeth in occlusion and no missing anterior teeth and there was no evidence that replacement of the denture was medically necessary.**

### **DECISION**

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



Roberta Gould  
Hearing Officer

Pc: 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 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.