

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

CLIENT No # ██████████
Request # 142287

NOTICE OF DECISION

PARTY

██████████
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PROCEDURAL BACKGROUND

On ██████████, 2019, Connecticut Dental Health Partnership (“CTDHP”) Benecare Dental Health Plan sent ██████████ (“the Appellant”) a Notice of Action (“NOA”) denying her request for a crown because it was not medically necessary.

On ██████████, 2019, the Appellant, requested an administrative hearing to contest CTDHP’s denial of the prior authorization.

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, 17-61 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
Kate Nadeau, CTDHP/Benecare’s Representative
Dr. Brett Zanger, CTDHP / Benecare’s Dental Consultant
Almelinda McLeod, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether CTDHPs' decision to deny the prior authorization for a porcelain crown because it was not medically necessary was in accordance with state regulations.

FINDINGS OF FACT

1. The Appellant is a participant in the Medicaid program as administered by the Department of Social Services ("the Department"). (Hearing record)
2. The Appellant is ■ years old; (DOB – ■). (Exhibit 1- prior authorization form)
3. CTDHP/ Benecare is the Department's contractor for reviewing dental providers' requests for prior authorization of crowns. (Hearing record)
4. ■ is the Appellant's treating dentist. (Exhibit 1, prior authorization)
5. On ■ 2019, CTDHP received a prior authorization request for a permanent porcelain crown for the Appellant's tooth #18 and submitted 4 single x-rays. (Hearing summary, Exhibit 1 and Exhibit 2A and 2B- x-rays)
6. On ■ 2019, CTDHP reviewed the prior authorization request and the 4 single x-rays. (Exhibit 3A- NOA)
7. On ■ 2019, CTDHP issued a NOA denying the prior authorization because the evidence submitted by the Appellants' treating dentist did not provide evidence that her tooth had enough decay for a crown but could be fixed with a silver or white filling. Crowns or caps are not covered when there is enough of the tooth left to fix the tooth using a silver or white filling. (Exhibit 3A- NOA)
8. On ■, 2019, the Appellant requested an administrative hearing and included copies of the panoramic x-ray and five single x-rays. (Exhibit 4)
9. On ■, 2019, the Appellant's treating dentist sent CTDHP a patient narrative which states "Teeth #14, #18 need crowns for cuspla protection. They have large restorations with secondary decay. Teeth may fracture without cuspla protection." (Exhibit 5- Patient narrative)
10. Dr. Zanger, CTDHP dental consultant for this hearing explained that the concept of a crown for cusp protection is needed when the filling is of significant size. (CTDHP dental consultant's testimony)

11. Dr. Zanger explains that while teeth can fracture, losing teeth as a result of a fracture is rare. If the tooth has not been root canaled; then the integrity of the tooth is intact. In this case, the dental consultants determined that the fracture was small and the filling was not of significant size. (CTDHP dental consultant's Testimony)
12. On [REDACTED] 2019, CTDHP conducted a clinical review of the records for medical necessity and determined that:
- The Appellant's tooth #18 had a favorable prognosis free of periodontal involvement.
 - It is free from root fracture and;
 - There is sufficient crown structure to restore the tooth to function.
- (Exhibit 6- Dental Consultant Grievance review Record)
13. On [REDACTED] 2019, CTDHP issued a determination letter to the Appellant, upholding the decision to deny her request for a porcelain crown for tooth #18 because it was not deemed medically necessary. Specifically the evidence show:
- she was missing some back teeth (molars and premolars) but had at least 8 back teeth in occlusion (a tooth in contact with an opposite tooth) and;
 - there was no evidence presented that the teeth to be treated was the only remaining teeth that can serve as a potential partial denture abutment (a tooth that can support a partial denture) if needed. (Exhibit 7A- Determination letter)
14. The issuance of this decision is timely under the Code of Federal Regulations § 273.15 which states that a decision must be reached and the household notified within 90 days of receipt of a request for a fair hearing. The Appellant requested an administrative hearing on [REDACTED] 2019, therefore, this decision is due not later than [REDACTED], 2019.

CONCLUSIONS OF LAW

1. Section 17b-2 (6) of the Connecticut General Statutes, ("Conn. Gen. Stats.") 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. Conn. Gen. Stats. § 17b-259b. State statute 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.
3. Conn. Gen. Stats. § 17b-259b (b) 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.
 4. Conn. Gen. Stats. § 17b-282c(a) provides that all nonemergency dental services provided under the Department of Social Services' dental programs, as described in section 17b-282b, shall be subject to prior authorization. Nonemergency services that are exempt from the prior authorization process shall include diagnostic, prevention, basic restoration procedures and nonsurgical extractions that are consistent with standard and reasonable dental practices. Dental benefit limitations shall apply to each client regardless of the number of providers serving the client. The commissioner may recoup payments for services that are

determined not to be for an emergency condition or otherwise in excess of what is medically necessary.

5. Regs., Conn. State Agency § 17b-262-866 (a) provides that prior authorization, in a form and in a manner specified by the Department, shall be required for certain dental services. In order for a prior authorization request for coverage to be considered by the Department, the dental provider requesting authorization and payment must complete and submit all necessary forms and information as specified by the Department. Depending on the service requested, this information may include, but is not limited to, a treatment plan, narrative description of the client's medical condition and radiographs. Authorization does not guarantee payment unless all other requirements for payment are met.
6. Regs., Conn. State Agency. § 17b-262-866 (b) provides for all prior authorization requirements shall be based upon provider specialty, evidence-based dentistry and according to procedures performed by each specialty. In particular, restrictions are delineated for clients under 21 years of age and clients 21 years of age and older.
7. Regs., Conn. State Agency § 17b-262-866 (c) provides that the department considers a number of factors in determining whether coverage of a particular procedure or service shall be subject to prior authorization. These factors include, but are not limited to, the relative likelihood that the procedure may be subject to unnecessary or inappropriate utilization, the availability of alternative forms of treatment and the cost of the procedure or service.
8. Section 184 of the Medical Services Policy for Dental Services 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 the oral health of the recipient.
9. Section 184 (E) (I) (c) (2) of the Medical Service Policy for Dental Services provides for restorative services, limited to the restoration of carious, permanent and primary teeth with crowns only in those cases where the breakdown of the tooth structure is excessive.

10. **CTDHP correctly determined that the Appellants request for a crown on tooth #18 did not meet the criteria for severity as established in state regulations and there was no evidence presented indicating the breakdown of tooth structure was excessive.**
11. Section 184 (E) (I) (d) (1) of the Medical Service Policy for Dental Services provides that endodontic and crown procedures are considered a covered benefit with the following limitations: (a) for upper and lower six anterior teeth and only when the retention of the tooth site is necessary to maintain the integrity of the dentition and the tooth has a favorable prognosis; (b) for posterior teeth only in cases with a full dentition or when the tooth is the only source for an abutment tooth or the integrity of the bite would be seriously affected.
12. **The Appellant does not meet the required conditions for the crown procedure.**
13. **CTDHP was correct to deny prior authorization because the Appellant does not meet the criteria for crown procedures for medically necessary, in accordance with state regulations.**
14. Conn. Gen. Stats. § 17b-259b. (c) 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 by the department or an entity acting on behalf of the department in making the determination of medical necessity.
15. **CTDHP correctly issued a NOA denying the Appellant's request for prior authorization for a crown for tooth #18.**

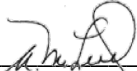
DISCUSSION

The Appellant clarified tooth #14 was approved and that the hearing is about tooth #18; specifically she was told by her treating dentist that a crown was needed because the cavity is bad and a filling will not be beneficial because the tooth could end up fracturing and the Appellant would end up losing the tooth. The treating dentist submitted a narrative however failed to provide evidence that the crown for tooth #18 was medically necessary.

However, independent reviews of 2 CTDHP dental consultants deemed that the fracture is small and that losing tooth #18 as a result of the fracture was unlikely. After reviewing the evidence and testimony presented at this hearing, CTDHP appropriately denied the prior authorization for the crown. The Department is upheld

DECISION

The Appellant's appeal is DENIED.


Almelinda McLeod
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 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.