

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

██████████ 2020
SIGNATURE CONFIRMATION

██████████
Request # 150979

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████, 2019, CT Dental Health Partnership/BeneCare Dental Plans (“CTDHP”), 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 for orthodontic treatment indicating it was not medically necessary.

On ██████████ 2020, ██████████ (the “Appellant”), requested an administrative hearing to contest the Department’s denial of the prior authorization request for orthodontia.

On ██████████ 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2020.

On ██████████ 2020, 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
██████████ Appellant’s witness
Rozario Monteza, CTDHP Representative
Dr. Vincent Fazzino, Dental Consultant for CTDHP via telephone
Carla Hardy, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether CTDHP's denial of a prior authorization request for the child's orthodontia as not medically necessary was correct and in accordance with state statutes and regulations.

FINDINGS OF FACT

1. The Appellant is the child's mother. (Hearing Record)
2. The child is [REDACTED] years old (DOB [REDACTED]/08). (Exhibit 1: Prior Authorization Claim Form)
3. CTDHP 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] 2019, CTDHP received a prior authorization request for braces 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-eight (28) points. Also included were models and x-rays of the child's teeth. (Exhibit 2: the treating orthodontist's Preliminary Handicapping Malocclusion Assessment Record; Hearing Summary)
7. On [REDACTED], 2019, Dr. Benson Monastersky, DMD, an Orthodontic Consultant for CTDHP reviewed the dental records and evidence provided by the child's treating orthodontist and assigned her a score of fifteen (15) points on the Malocclusion Severity Assessment. He noted that there is no presence of other severe deviations affecting the child's mouth and underlying structures. He did not approve the request for braces. (Exhibit 3: Dr. Monastersky's Preliminary Handicapping Malocclusion Assessment Record; Hearing Summary)
8. On [REDACTED] 2019, CTDHP sent an NOA to the child advising her that the prior authorization request received from her provider for braces (orthodontics) was denied as not medically necessary, because (1) her score of fifteen (15) points on the Preliminary Handicapping Malocclusion Assessment Record is less than the required twenty-six (26) points; 2) "There is no additional substantial information about the presence of severe deviations affecting the mouth and underlying structures which, if left untreated, would cause irreversible damage to the teeth or underlying structures and; 3) There is no evidence that a diagnostic evaluation has been completed by a licensed child psychologist or a licensed child psychiatrist indicating that her dental condition is related to the presence of severe mental, emotional, and/or behavior problems, disturbances or dysfunctions as defined in the current edition of the Diagnostic Statistical Manual and that

orthodontic treatment will significantly improve such problems, disturbances or dysfunctions.” (Exhibit 4: NOA, [REDACTED] 19)

9. On [REDACTED] 2020, the Department received the Appellant’s request for an appeal/hearing. (Exhibit 5: Request for appeal and administrative hearing; Hearing Summary)
10. On [REDACTED], 2020, pursuant to the Appellant’s appeal filed on [REDACTED] 2020, Dr. Geoffrey Drawbridge, DDS, a Dental Consultant for CTDHP conducted an appeal review of the child’s dental records. He assigned the child’s malocclusion a score of twenty (20) points. He noted that there is no presence of other severe deviations affecting the child’s mouth and underlying structures. Dr. Drawbridge did not approve the request for braces. (Exhibit 7: Dr. Drawbridge’s Preliminary Handicapping Malocclusion Assessment Record)
11. On [REDACTED], 2020, CTDHP sent a letter to the Appellant advising her that the child’s score of twenty (20) points was less than the twenty-six points (26) needed to receive coverage for braces. There was no presence of any deviations found affecting the mouth or underlying structures or presence of related mental, emotional and/or behavior problems, disturbances, or dysfunctions. CTDHP upheld the previous denial for braces. (Exhibit 8: Determination letter, [REDACTED] 20)
12. On [REDACTED], 2020, CTDHP requested a third review of the child’s dental records due to the differences in scoring. Dr. Robert Gange, DDS, a Dental Consultant for CTDHP conducted the review. Dr. Gange assigned the child’s malocclusion a score of eighteen (18) points. He did not find the presence of other severe deviations affecting the child’s mouth and underlying structures. Dr. Gange did not approve the request for braces. (Exhibit 10: Dr. Gange’s Preliminary Handicapping Malocclusion Assessment Record)
13. On the date of this hearing, the Appellant submitted photos of the child’s teeth and a letter from [REDACTED] (“the child’s pediatric practice”). (Appellant’s Exhibit A: Photos of the child; Appellant’s Exhibit B: Letter from the child’s pediatrician, [REDACTED] 20)
14. The letter is from the child’s pediatrician. (Appellant’s Testimony)
15. The letter is not signed. The pediatrician commented, “During [“the child’s”] routine dental care, she was noted to have malocclusion and dental crowding and orthodontic treatment has been recommended. [“The child”] has become quite self conscious of her smile. She actually smiles less and has changed her smile to be closed mouth. I do not believe counselling can help with this at the current time.” (Appellant’s Exhibit B)
16. The Appellant testified at the hearing that she had x-rays with her that she wanted to submit. (Appellant’s Testimony; Hearing Record)

17. On [REDACTED] 2020, the Appellant decided not to submit the x-rays because they were older than what she had thought. (Hearing Officer's Exhibit AA: Email from CTDHP, [REDACTED]/20)
18. The child is not receiving psychiatric or psychological treatment due to the condition of her mouth. (Appellant's Testimony)
19. 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] 2020. Therefore, this decision is due not later than [REDACTED] 2020, and is therefore timely. (Hearing Record)

CONCLUSIONS OF LAW

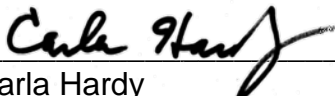
1. Connecticut General Statutes §17b-262 provides that the Department may make such regulations as are necessary to administer the medical assistance program.
2. For purposes of the administration of the medical assistance programs by the Department of Social Services, "medically necessary" and "medical 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. [Conn. Gen. Stat. § 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. [Regs., Conn. State Agencies § 17-134d-35(d)]
4. "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. . . ." [Conn. Gen. Stat § 17b-282e]

5. "The study models submitted for prior authorization must clearly show the occlusal deviations and support the total point score of the preliminary assessment. . . ." [Regs., Conn. State Agencies § 17-134d-35(f)(1)(D)].
6. Because the child's three Malocclusion Severity Assessments were less than 26 points and there was no substantial evidence presented about the presence of severe deviations affecting her mouth and underlying structures, orthodontic services are not determined medically necessary.
7. Because the Appellant did not provide evidence from a licensed child psychologist or licensed child psychiatrist indicating the child suffered from the presence of severe mental, emotional, and/or behavioral problems, disturbances or dysfunctions caused by her dental deformity, orthodontic services are not determined medically necessary.
8. The child's malocclusion severity does not meet the requirements for medical necessity for approval of the prior authorization request for orthodontic treatment.
9. CTDHP correctly denied the request for orthodontic treatment for the child as it is not medically necessary.

DECISION

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



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.