

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

██████████ 2020  
Signature confirmation

Case: ██████████  
Client: ██████████  
Request: 153164

**NOTICE OF DECISION**

**PARTY**

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**PROCEDURAL BACKGROUND**

On ██████████ 2020, Connecticut Dental Health Partnership (“CTDHP”), a dental reviewer for the Department of Social Services’ HUSKY Health program, issued ██████████ (the “Appellant”) a *Notice of Action* denying prior authorization of orthodontic treatment for ██████████ (the “child”), her minor child.

On ██████████ 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) received the Appellant’s administrative hearing request.

On ██████████ 2020, the OLCRAH issued a notice to the Appellant scheduling an administrative hearing for ██████████ 2020.

On ██████████ 2020, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the OLCRAH held an administrative hearing. The following individuals attended the proceeding by telephone-conferencing:

██████████, Appellant  
Rosario Monteza, CTDHP’s representative  
Joseph D’Ambrosio, D.D.S., M.S., CTDHP’s witness  
Eva Tar, Hearing Officer

The hearing record closed ██████████ 2020.

### **STATEMENT OF ISSUE**

The issue is whether CTDHP correctly determined that orthodontic treatment for the Appellant's child was not medically necessary.

### **FINDINGS OF FACT**

1. The Appellant's child was born [REDACTED]. (Appellant testimony)
2. The child has dental coverage through HUSKY Health. (CTDHP Exhibit 4)
3. [REDACTED] is a sole proprietorship owned by [REDACTED], M.A., L.P.C., L.A.D.C. (CTDHP Exhibit 5)
4. Since [REDACTED] 2018, the child has received counseling sessions at [REDACTED]. (Hearing request)
5. The child receives counseling to address self-esteem and physical appearance issues related to his teeth, height, and social skills. (Hearing request)
6. The child has not been diagnosed or treated by a psychiatrist or psychologist. (Appellant testimony)
7. On or after [REDACTED] 2020, CTDHP received a request from [REDACTED] [REDACTED] (the "dental practice") for prior authorization for the child's comprehensive orthodontic treatment. (CTDHP Exhibits 1 and 2)
8. The child has a "pseudo Class III" malocclusion. (CTDHP Exhibit 2)
9. A "pseudo Class III" is where the individual's jaw and mandible are in normal alignment (or in Class I alignment), but the teeth are in crossbite, giving the appearance that the jaw is extended forward of the mandible. A pseudo Class III does not have a skeletal misalignment component; it is only the teeth that are in misalignment. (CTDHP witness testimony)
10. Benson Monastersky, D.M.D. (the "first dental reviewer") and Geoffrey Drawbridge, D.D.S. (the "second dental reviewer") are CTDHP dental consultants. (CTDHP Exhibits 3 and 7)
11. The dental practice and the two dental reviewers scored the severity of the child's malocclusion to equal less than 26 points on a *Preliminary Handicapping Malocclusion Assessment Record*. (CTDHP Exhibits 2, 3, and 7)
12. The dental practice and the two dental reviewers all identified the child's teeth as being in crossbite. (CTDHP Exhibits 2, 3, and 7)

13. The child does not have severe deviations of his mouth and underlying structures that if untreated would cause permanent damage to his teeth and jaw. (CTDHP Exhibits 2, 3, and 7)
14. On [REDACTED] 2020 and [REDACTED] 2020, CTDHP denied the dental practice's request for prior authorization of the child's orthodontic treatment. (CTDHP Exhibits 4 and 8)
15. Connecticut General Statutes § 17b-61 (a) provides in part that a final decision be issued within 90 days of a request for an administrative hearing. On [REDACTED] 2020, the OLCRAH received the Appellant's hearing request. This final decision would have become due by [REDACTED] 2020. This final decision is timely.

### CONCLUSIONS OF LAW

1. Section 17b-2 (a)(6) of the Connecticut General Statutes designates the Department of Social Services as the state agency to administer the Medicaid program pursuant to Title XIX of the Social Security Act.

The Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program. Conn. Gen. Stat. § 17b-262.

2. "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...." Conn. Gen. Stat. § 17b-282e.

**The Appellant did not establish that the severity of her child's malocclusion met an objective score of 26 points or more on a correctly scored *Preliminary Handicapping Malocclusion Assessment Record*.**

3. Section 17b-282e of the Connecticut General Statutes also provides in part:  
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....  
Conn. Gen. Stat. §17b-282e.

Section 17-134d-35 (e)(2) of the Regulations of Connecticut Agencies provides:

If the total score is less than [twenty-six (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 clearly 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.

Regs., Conn. State Agencies § 17-134d-35 (e)(2).

**The child does not meet the criteria at Section 17-134d-35 (e)(2) of the Regulations of Connecticut State Agencies to permit authorization of orthodontic treatment, as: 1. the child's pseudo Class III malocclusion is not so severe that if untreated would cause irreversible damage to the child's teeth and underlying structures, and 2. the child has not had a diagnostic evaluation performed by a licensed child psychiatrist or licensed child psychologist that documents how the child's dentofacial deformity is related to the child's mental, emotional, and/or behavior problems and opines that orthodontic treatment is necessary and will ameliorate those problems.**

4. Section 17b-259b (a) of the Connecticut General Statutes provides:

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).

“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.” Conn. Gen. Stat. § 17b-259b (b).

**The child’s malocclusion does not require orthodontic intervention in order to attain or maintain the child’s achievable health and independent functioning, as contemplated at Section 17b-259b (a) of the Connecticut General Statutes.**

**CTDHP correctly determined that orthodontic treatment for the Appellant’s child was not medically necessary.**

**DECISION**

The Appellant’s appeal is DENIED.

*Eva Tar-electronic signature*  
Eva Tar  
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.