

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

Case ID # ██████████  
Client ID # ██████████  
Request # 160109

NOTICE OF DECISION  
PARTY

██████████  
██████████  
██████████  
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██████████

PROCEDURAL BACKGROUND

On ██████████ 2020, the Connecticut Dental Health Partnership (“CTDHP”), issued a notice of action (“NOA”) to ██████████ (the “Appellant”) denying a request for prior authorization to complete interceptive orthodontic treatment for ██████████, (the “child”) her minor child, indicating that the severity of the child’s malocclusion did not meet the medical necessity requirement to approve the proposed treatment.

On ██████████ 2020, the Appellant requested an administrative hearing to contest the Department’s denial of prior authorization to complete interceptive orthodontic treatment.

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

On ██████████ 2020, at the Appellant’s request, the OLCRAH issued a notice rescheduling the 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, OLCRAH held an administrative hearing via telephone.

The following individuals were present at the hearing:

██████████, Appellant

Kate Nadeau, CTDHP's representative  
Dr. Brett Zanger, CTDHP's Dental Consultant, via telephone  
Swati Sehgal, Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue is whether CTDHP's denial of prior authorization to complete interceptive orthodontic treatment for the Appellant's minor child as not medically necessary was in accordance with state statute and regulations.

### **FINDINGS OF FACT**

1. The Appellant is the child's mother. (Hearing Record)
2. The child is (██████████) years old (D.O.B. ██████████) and is a participant in the Medicaid program, as administered by the Department of Social Services (the "Department"). (Exhibit 1: Prior Authorization and Hearing Record)
3. CTDHP also known as BeneCare Dental Plans is the Department's contractor for reviewing dental providers' requests for prior authorization of orthodontic treatment. (Hearing Record)
4. ██████████ is the child's treating orthodontist (the "treating orthodontist"). (Exhibit 1)
5. On ██████████ 2020, the treating orthodontist requested prior authorization to complete interceptive orthodontic treatment for the child. (Exhibit 1 and Hearing Record)
6. Interceptive orthodontic treatment, also known as Phase One treatment, is used for the limited treatment of the transitional dentition. Interceptive orthodontic treatments are covered only if they are medically necessary. (Hearing Record)
7. On ██████████, 2020, CTDHP received from the treating orthodontist a Preliminary Handicapping Malocclusion Assessment Record, dental models, and X-rays of the child's mouth. The treating orthodontist indicated the presence of functional deviations affecting the child's mouth and underlying structures and commented, "Class 1 malocclusion mixed dentition upper left space deficiency post crossbite. Interceptive treatment RPE + headgear, 2x4 braces. Total treatment 30 months. Total fee \$2185." (Exhibit 2: Preliminary Handicapping Malocclusion Assessment Record)
8. On ██████████ 2020, Dr. Vincent Fazzino, DDS, a CTDHP orthodontic dental consultant, independently reviewed the child's models and panoramic x-rays. Dr. Fazzino indicated in his answers on the assessment that the child did not have the presence of severe deviations affecting her mouth and underlying structures,

and also indicated that the child did not have any of the conditions meeting the criteria for approval of interceptive orthodontic treatment by checking the boxes “No” for each of the seven listed conditions which meet the criteria. Dr. Fazzino commented, “Does not meet Phase 1 Treatment Guidelines.” (Exhibit 3: Preliminary Handicapping Malocclusion Assessment Record)

9. On ██████████ 2020, CTDHP denied the treating orthodontist’s request for prior authorization to complete interceptive orthodontic treatment because no evidence was provided that the requested service was medically necessary for the child. (Exhibit 4: Notice of Action for Denied Services)
10. On ██████████ 2020, the Department received the Appellant’s request for an administrative hearing. (Exhibit 5: Appeal and Administrative Hearing request form)
11. On ██████████ 2020, DR. Robert Gange DMD, a CTDHP orthodontic dental consultant, conducted an appeal review of the child’s models and panoramic x-rays. Dr. Gange indicated in his answers on the assessment that the child did not have the presence of severe irregular placement of her teeth within the dental arches and no irregular growth or development of the jawbones. The doctor indicated that the child did not have any of the conditions meeting the criteria for approval of interceptive orthodontic treatment by checking the boxes “No” for each of the seven listed conditions, which meet the criteria. The doctor commented; “while there is a minor crossbite on teeth number 3 and 30, there is no evidence of gingival recession on the models”. Dr. Gange’s decision on the application was that the proposed orthodontic treatment was not approved. (Exhibit 6: Preliminary Handicapping Malocclusion Assessment Record)
12. On ██████████ 2020, CTDHP notified the Appellant that it had conducted an appeal review that considered all available evidence, and that the outcome of the review was that its original decision, that interceptive orthodontic treatment was not medically necessary for the child, was upheld. (Exhibit 7: Determination Letter)
13. 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 ██████████, 2020. Therefore, this decision was due no later than ██████████, 2020. However, the hearing, which was originally scheduled for ██████████, 2020, was rescheduled for ██████████ 2020, as the Appellant agreed to reschedule, which caused a 39-day delay, therefore this decision is not due until ██████████ 2021.

## **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. Connecticut Agencies Regulations §17-134d-35(a) provides that orthodontic 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.
3. Connecticut General Statutes §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 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”.
4. Connecticut Agencies Regulations §17-134d-35(f) provides in relevant part that “The study models submitted for prior authorization must clearly show the occlusal deviations and support the total point score of the preliminary assessment...”
5. Connecticut General Statutes § 17b-282e provides in relevant part 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 individual's daily functioning”.

6. Connecticut Agencies Regulations §17-134d-35(e)(2) provides in relevant part that “...the Department shall consider additional information of a substantial nature about the presence of severe mental, emotional, and/or behavioral problems, disturbances or dysfunctions, 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 licensed psychologist who has accordingly limited his 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”.

**The requirement to demonstrate occlusal deviations necessary to support a 26 point score on the Salzmann assessment did not apply to the Appellant's application. The treating orthodontist did not request approval for treatment on that basis. Rather, he requested interceptive treatment based on a claim that other condition(s) existed which made treatment medically necessary.**

**The statute provides for what information must be considered when determining the need for orthodontic services in cases where the score on the Salzmann Handicapping Malocclusion Index is less than the required twenty-six points.**

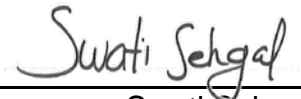
**There is no evidence that the child had the presence of severe deviations affecting her oral-facial structures, or had any severe mental, emotional or behavioral problems or disturbances directly related to the malocclusion of her teeth.**

**The child's study models and additional documentation submitted by the treating orthodontist do not support the presence of severe deviation affecting the mouth or underlying structures as requires by state regulations for the authorization of interceptive orthodontic treatment.**

**CTDHP was correct when it denied prior authorization to complete interceptive orthodontic services for the child as not medically necessary, in accordance with state statute and regulations.**

**DECISION**

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



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Swati Sehgal  
Hearing Officer

cc: Magdalena Carter, 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 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, 165 Capitol Ave, 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.