

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

██████████, 2021
Signature Confirmation

Client ID ██████████
Case ID ██████████
Request # 167248

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ ██████████ 2020, Connecticut Dental Health Partnership/Benecare Dental Plans (“Benecare”) sent ██████████ ██████████ (“child”) a notice of action denying a request for prior authorization of orthodontia indicating that the proposed orthodontia treatment is not medically necessary.

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

On ██████████ ██████████ 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ ██████████ 2021.

On ██████████ ██████████ 2021, 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 called in for the hearing:

██████████ ██████████ Appellant
██████████ ██████████ Appellant’s Representative and Witness for the Child
Dr. Benson Monastersky, Benecare Orthodontic Dental Consultant
Rosario Monteza, Benecare Representative

Ouahiba Ramdani, ITI Translates Interpreter
 Lisa Nyren, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether Benecare's denial of prior authorization through the Medicaid program for the child's orthodontic services as not medically necessary was in accordance with state statutes and state regulations.

FINDINGS OF FACT

1. [REDACTED] [REDACTED] ("Appellant") is the father of the child. (Hearing Record)
2. The child is [REDACTED] ([REDACTED] years old born on [REDACTED] [REDACTED] [REDACTED]) (Exhibit 1: Prior Authorization Claim Form, Exhibit 2: Preliminary Malocclusion Assessment Record, and Exhibit 5: Hearing Request)
3. The child is a participant in the Medicaid program, as administered by the Department of Social Services (the "Department"). (Hearing Record)
4. Benecare is the Department's contractor for reviewing dental providers' requests for prior authorization of orthodontic treatment. (Hearing Record)
5. [REDACTED], (the "treating orthodontist") is the child's treating orthodontist. (Hearing Summary, Exhibit 1: Prior Authorization Claim Form and Exhibit 2: Preliminary Malocclusion Assessment Record)
6. On [REDACTED] [REDACTED] 2020, Benecare received a prior authorization request from the treating orthodontist to complete orthodontic services for the child. (Hearing Summary and Exhibit 1: Prior Authorization Claim Form)
7. On [REDACTED] [REDACTED] 2020, Benecare received from the treating orthodontist, a Preliminary Handicapping Malocclusion Assessment Record with a score listed as 26 points, models and x-rays of the child. The treating orthodontist attached a copy of a diagnosis and treatment plan letter submitted to the child's dentist. The treating orthodontist writes: "I recently completed an orthodontic consultation for her and she presented with the chief complaint of 'impacted tooth', and the following findings: Class II Division 2 dental malocclusion, permanent dentition state, severe overbite, moderate spacing in the maxillary arch, mild crowding of the maxillary arch, moderate crowding of the mandibular arch, no TMJ dysfunction noted. After completing and evaluating the diagnosis, I developed [the child's] treatment plan outlined below: Comprehensive ortho tx, braces, 22-24 months. Additionally #7 and

#10 had atypical morphology and #31 was impacted.” (Hearing Summary and Exhibit 2: Preliminary Malocclusion Assessment Record)

8. On [REDACTED] [REDACTED] 2020, Dr. Geoffrey Drawbridge, DDS, Benecare’s orthodontic dental consultant, independently reviewed the child’s models, x-rays, and models and arrived at a score of 15 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. Drawbridge commented: “Additional provider narrative does not change assessment. (see attached)” Dr. Drawbridge did not find evidence of severe irregular placement of the teeth within the dental arches and no irregular growth or development of the jawbones. Dr. Drawbridge found no evidence presented stating the presence of emotional issues directly related to the child’s dental situation and determined that orthodontia services were not medically necessary. (Hearing Summary, Exhibit 3: Preliminary Handicapping Malocclusion Assessment Record)
9. On [REDACTED] [REDACTED] 2020, Benecare notified the child that the request for orthodontic services was denied. Benecare denied the treating orthodontist’s request for prior authorization for orthodontic services for the reason that orthodontia treatment is not medically necessary under the factors set forth in state statutes and state regulations. Specifically, the scoring of the child’s mouth of 15 points was less than the 26 points needed for coverage, there was no additional substantial evidence of the presence of severe deviations affecting the mouth or underlying structures, which, if left untreated, would cause irreversible damage to the teeth or underlying structures. In addition, there was no evidence that a diagnostic evaluation has been done by a licensed child psychologist or a licensed child psychiatrist indicating the child has the presence of a severe mental, emotional, or behavior problem as defined in the current edition of the Diagnostic Statistical Manual which orthodontic treatment will significantly improve such problems, disturbances or dysfunctions. (Exhibit 4: Notice of Action for Denied Services or Goods)
10. On [REDACTED] [REDACTED] 2020, the Department received a request for an administrative hearing from the Appellant. The Appellant submitted a letter of medical necessity from [REDACTED] (“treating dentist”), the child’s treating dentist, and a copy of the child’s dental x-ray. The treating dentist writes in part, “Patient is unable to chew better owing to her malocclusion. Patient also has an impacted second molar (#31) which should be forced erupted if possible to aid in better masticatory function. Also the patient seems more depressed because of her teeth condition. Pt is unable to gain weight because of her poor occlusion.” (Exhibit 5: Hearing Request)
11. On [REDACTED] [REDACTED] 2020, Benecare received a letter from [REDACTED], [REDACTED] (“PCP”), the child’s Primary Care Provider and [REDACTED] [REDACTED] (“Clinician”), the child’s behavioral health clinician. The

PCP writes, “[the child] is experiencing pain, difficulty with eating, and psychosocial concerns due to the current state of her dentition. My largest concern is the pain and eating difficulty she reports due to use of only one side of her mouth. This pain and difficulty has contributed to significantly poor weight gain and concern for anorexia secondary to mandibular dysfunction. ... Without intervention, her condition could have significant detriment to her health.” The Clinician writes, “As requested, this letter is to certify that [the child] has been diagnosed with Adjustment Disorder with Anxious Mood due to struggles with academic stress and social pressure, resulting in anxious symptoms. As common with teenagers, physical differences, such as dental problems, can contribute to such symptoms. I understand that [the child] is seeking to correct a dental health concern; it would be beneficial to her mental health if this health issue can be corrected.” (Exhibit 7: PCP and Clinician Letters)

12. On [REDACTED] [REDACTED] 2020, Dr. Robert Gange, DDS, a Benecare dental consultant, independently conducted an appeal review. Dr. Gange reviewed the child’s models, and x-rays and arrived at a score of 22 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. Gange commented, “Left side not Class II.” Dr. Gange did not find evidence of severe irregular placement of the child’s teeth within the dental arches and no irregular growth or development of the jawbones. Dr. Gange determined that orthodontia services were not medically necessary. (Hearing Summary and Exhibit 8: Preliminary Handicapping Malocclusion Assessment Record)
13. On [REDACTED] [REDACTED] 2020, Benecare notified the Appellant that the request for orthodontic services was denied for the following reasons: the child’s score of 22 points was less than the 26 points needed for coverage, a lack of evidence of the presence of severe deviations affecting the mouth or underlying structures, and there was no evidence presented of any treatment by a licensed psychiatrist or psychologist related to the condition of the child’s teeth. (Exhibit 9: Determination Letter)
14. On [REDACTED] [REDACTED] 2020, Dr. Vincent Fazzino, DMD, a Benecare dental consultant, independently reviewed the PCP letter, the Clinician letter and the child’s models, and x-rays arriving at a score of 17 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. Fazzino commented, “Letters submitted from [the PCP, the Clinician, and treating orthodontist] were received and reviewed. This does not alter the scoring.” Dr. Fazzino did not find evidence of severe irregular placement of the child’s teeth within the dental arches and no irregular growth or development of the jawbones. Dr. Fazzino determined the prior authorization request for orthodontia services for the child remains denied. Refer to Finding of Facts (“FOF”) # 7 and # 11. (Hearing Summary and Exhibit 10: Preliminary Handicapping Malocclusion Assessment Record)

15. The child lacks self-confidence and suffers from anxiety. (Appellant Representative's Testimony)
16. The child has a cyst surrounding her second molar. In 2019, the child's dentist referred the child to an oral surgeon for treatment of the cyst. The oral surgeon referred the child to an orthodontist. The Appellant made no further contact with the oral surgeon. (Appellant Representative's Testimony)
17. Orthodontia is not the appropriate treatment for a cyst. Oral surgery is the appropriate treatment for a cyst. The oral surgeon may remove the cyst allowing time for the bone to grow and fill in where the cyst grew. (Benecare Orthodontic Consultant's Testimony)
18. The child has not been evaluated by a child psychiatrist or child psychologist for his depression and anxiety. (Appellant's Representative'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] [REDACTED] 2020. Therefore, this decision is due not later than [REDACTED] [REDACTED] 2021.

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes ("Conn. Gen. Stat.") provides as follows: "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. "The Department of Social Services shall be the sole agency to determine eligibility for assistance and services under programs operated and administered by said department." Conn. Gen. Stat. § 17b-261b(a)
3. State statute provides in pertinent part as follows: "The Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program." Conn. Gen. Stat. §17b-262
4. Regulations of the Connecticut State Agencies ("Regs., Conn. State Agencies") § 17-134d-35(a) provide as follows:

Orthodontic services will be paid for when (1) provided by a qualified dentist and (2) deemed medically necessary as described in these regulations.
5. State statute provides as follows:

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

6. "Preliminary Handicapping Malocclusion Assessment Record" means the method of determining the degree of malocclusion and eligibility for orthodontic services. Such assessment is completed prior to performing the comprehensive diagnostic assessment." Regs., Conn. State Agencies § 17-134d-35(b)(3)
7. "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)
8. State statute provides as follows:

The Department of Social Services shall cover orthodontic services for a Medicaid recipient under twenty-one years of age when the Salzman 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 Salzman 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. The commissioner may implement policies and procedures necessary to administer the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided the commissioner publishes notice of intent to adopt regulations on the eRegulations System not later than twenty days after the date of implementation.

Conn. Gen. Stats. § 17b-282e

9. State regulation provides as follows:

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)

10. State regulation provides as follows:

Prior authorization is required for the comprehensive diagnostic assessment.

The qualified dentist shall submit:

- A. the authorization request form;
- B. the completed Preliminary Handicapping Malocclusion Assessment Record;
- C. Preliminary assessment study models of the patient's dentition;
- D. Additional supportive information about the presence of other severe deviations described in Section (e) (if necessary).

The study models must clearly show the occlusal deviations and support the total point score of the preliminary assessment. If the qualified dentist receives authorization from the Department, he may proceed with the diagnostic assessment.

Regs., Conn. State Agencies §17-134d-35(f)(1)

11. State statute provides as follows:

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.

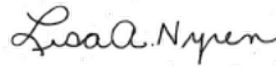
Conn. Gen. Stats. § 17b-259b(c)

12. The study models and x-rays submitted by the treating orthodontist do not clearly support the total point score of 26 as required by state statute for the authorization of orthodontia treatment.
13. Benecare correctly determined that the child's malocclusion did not meet the criteria for severity, or 26 points as established in state statute and that there was no presence of severe deviations affecting the mouth and underlying structures.
14. Benecare was correct to find that the child's malocclusion did not meet the criteria as established in state statute and state regulations to support the medical necessity for orthodontic treatment. The PCP's letter does not support the approval of the prior authorization for orthodontia treatment. There is no evidence suggesting orthodontic treatment would alleviate the child's ability to gain weight or address concerns for anorexia. Although the letter of diagnosis from the Clinician documents the child's mental and emotional problems as defined by the Diagnostic Statistical Manual of the American Psychiatric Association as they relate to the child's academic stress and social pressure, Connecticut regulation specifically states 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 directly related to the child's mental, emotional, and/or behavior problems and that orthodontic treatment is necessary and will significantly ameliorate the problems. The Clinician's letter does not meet this criteria.

15. Benecare was correct to deny prior authorization because the child does not meet the medical necessity criteria for orthodontic services, in accordance with state statutes and regulations.
16. On [REDACTED] [REDACTED] 2020, Benecare correctly issued the child a notice of action denying the Appellant's request for orthodontia treatment for the child.
17. On [REDACTED] [REDACTED] 2020, Benecare correctly issued the Appellant a notice of action informing the Appellant that after a second review of the child's dental records, the request for orthodontia treatment remains denied.

DECISION

The Appellant's appeal is denied.



Lisa A. Nyren
Fair Hearing Officer

PC: Magdelina Carter, CTDHP, P.O. Box 486 Farmington, CT 06032
Rita LaRosa, CTDHP, P.O. Box 486 Farmington, CT 06032

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.

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 Avenue, 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 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.