

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

██████████, 2021
SIGNATURE CONFIRMATION

CASE # ██████████
CLIENT ID # ██████████
REQUEST# ██████████

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████, 2021, BeneCare Dental Plans (“BeneCare”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) stating that it had denied a request for approval of interceptive orthodontic treatment for ██████████ ██████████ (the “child”), because interceptive orthodontic treatment was not medically necessary.

On ██████████, 2021, the Appellant requested an administrative hearing to contest the Department’s denial of interceptive orthodontic treatment.

On ██████████ 2021, 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, 17-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an Administrative Hearing. The hearing was held telephonically. The following individuals participated in the hearing:

██████████, Appellant
Rosario Monteza, CTDHP Grievance & Appeals Representative
Dr. Vincent Fazzino, Clinical Consultant for BeneCare
Joseph Alexander, Administrative Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether BeneCare's denial of interceptive orthodontic treatment through the Medicaid program for the Appellant's child is correct because such services are not medically necessary.

FINDINGS OF FACT

1. ██████████ is a ██████-year-old participant in the Medicaid program as administered by the Department of Social Services through BeneCare, its contractor. (Hearing Record)
2. ██████████ is the child's treating orthodontist ("treating orthodontist"). (Dept. Ex. 1A: Dental Claim Form)
3. On ██████████, 2021, the treating orthodontists took Panorex X-ray models and photographs and completed a "Preliminary Handicapping Malocclusion Assessment Record arriving at a total score of 6 points. The treating Orthodontist indicated the presence of a functional deviation stating, "Unilateral posterior crossbite on right side- Doesn't have midline shift of ½ lower incisor due to space lost for #7." (Dept. Ex. 2A: Preliminary Handicapping Malocclusion Assessment Record)
3. On ██████████, 2021, the treating orthodontist submitted a Dental Claim Form requesting interceptive orthodontic treatment for the child to BeneCare. (Dept. Ex. 1A: Dental Claim Form)
4. On ██████████, 2021, Dr. Geoffrey Drawbridge, BeneCare's orthodontic dental consultant, independently reviewed the Panorex X-ray models and photographs of the child's teeth and completed a Preliminary Handicapping Malocclusion Assessment Record arriving at a score of 0 points. Dr. Drawbridge found no "other deviations" and determined the child did not meet "criteria for approval of interceptive orthodontic treatment" as the child "does not meet Phase One treatment guidelines." (Dept. Ex 3A: Dr. Geoffrey Drawbridge's Preliminary Handicapping Malocclusion Severity Assessment)
5. On ██████████ 2021, BeneCare denied the treating orthodontists request for interceptive orthodontic treatment as It was determined the treatment was not medical necessary. (Dept. Ex 4A & 4B: Notice of Action for Denied Services or Goods)

6. On [REDACTED], 2021, the Appellant submitted a request for an administrative hearing. (Dept. Ex 5A & 5B: Appeal and Administrative Hearing Request Form)
7. On [REDACTED], 2021, Dr. Vincent Fazzino, the dental consultant for Connecticut Dental Health Partnership (“CTDHP”) conducted an appeal review. Dr. Fazzino reviewed the child’s Panorex X-ray models and photographs and completed a Preliminary Handicapping Malocclusion Assessment Record. Dr. Fazzino found no “other deviations” and commented, “Does not meet Phase 1 TX Guidelines”. (Dept. Ex 6A: Dr. Vincent Fazzino’s Preliminary Handicapping Malocclusion Assessment Record)
8. On [REDACTED], 2021, a notice was sent to the Appellant informing her the appeal review conducted on [REDACTED], 2021 determined there was no presence found of any deviations affecting the child’s 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 therefore the treating orthodontist’s request for interceptive orthodontic treatment was denied. (Dep. Ex. 7A & 7B: Denial Letter)
9. On [REDACTED], 2021, BeneCare received the following documents from the Appellant:
 - a. Photographs of the child’s head, face and teeth (Dep. Ex. 9A)
 - b. Letter from the treating orthodontist (Dep. Ex. 10A)
10. On [REDACTED] 2021, Dr. Vincent Fazzino reviewed the documents submitted to BeneCare on [REDACTED], 2021. Dr. Fazzino found no evidence of severe irregular growth or development of the child’s jaw bones nor had any evidence of the child having emotional issues related to his mouth been presented. (Dep. Ex. 11A: Letter dated [REDACTED], 2021)
11. On [REDACTED], 2021, a letter signed by Dr. Fazzino was sent to the Appellant with the comment, “The attached narrative from [REDACTED] has been received and reviewed. Conclusions of the assessment record are not changed.” (Dep. Ex. 11A: Letter dated [REDACTED] 2021)
12. The child does not qualify for interceptive orthodontic treatment because there is no evidence of severe problems affecting the mouth which, if left untreated, would cause irreversible damage. (Hearing Record)
13. No current documentation was provided that the child is being treated by a qualified psychiatrist or psychologist for related mental emotional or behavior problems, disturbances or dysfunctions. (Hearing Record)
14. The issuance of this decision is timely under the Code of Federal Regulations which requires that a decision be reached, and the household notified within [REDACTED] days of receipt of a requested fair hearing. The hearing request was received [REDACTED] [REDACTED] 2021, therefore this decision is due no later than [REDACTED], 2021.

CONCLUSIONS OF LAW

1. State statute provides that the Department may make such regulations as are necessary to administer the medical assistance program. [Conn. Gen. Stat. §17b-262]

2. Medically necessary" and "medical necessity" defined. Notice of denial of services. Regulations. (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. (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. [Conn. Gen. Stat. § 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 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.

3. State regulations provide that orthodontic services for services provided for individuals under 21 years of age will be paid for when provided by a qualified dentist and deemed medically necessary as described in these regulations. [Conn. Agencies Regs. §17-134d-35(a)]

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 individual's daily functioning. [Conn. Gen. Stats Section 17b-282e]

5. State regulations provides, in relevant part as follows; 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 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 the orthodontic treatment is necessary, and, in this case, will significantly ameliorate the problems. [Conn. Agencies Regs. §17-134d-35(e)(2)]
6. State regulations provide that the study models submitted for prior authorization must clearly show the occlusal deviations and support the total point score of the preliminary assessment. [Conn. Agencies Regs. §17-134d-35(f)]

In the child's case, the study models submitted by the treating orthodontist do not clearly show that the condition of the child's teeth/mouth meet any of the necessary criteria for approval of interceptive orthodontic treatment which include:

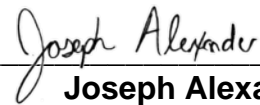
- a. Deep impinging bite
- b. Functional Deviation
- c. Class III Malocclusion
- d. Gingival Recession
- e. Severe overjet
- f. Open bite
- g. Anterior impacted tooth present

In the child's case, a licensed psychologist or licensed psychiatrist who has limited his or her practice to child psychology or to child psychiatry has not recommended that the child receives orthodontic treatment to significantly ameliorate the child's mental, emotional, and or behavioral problems, disturbances, or dysfunctions.

The Department was correct to find that the child's malocclusion did not meet the medical necessity criteria for interceptive orthodontic treatment, as established in state regulations.

DECISION

The Appellant's appeal is **DENIED**



Joseph Alexander
Administrative Hearing Officer

CC: Rita LaRosa, Connecticut Dental Health Partnership, P.O. Box 486, Farmington, CT 06034
Magdalena Carter, Connecticut Dental Health Partnership, P.O. Box 486, Farmington, CT 06034

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 §4-1181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, 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 with 45 days of the mailing of this decision, or 45 days after the agency denies 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 06105-3725. 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 her 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.