

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

██████████, 2022
SIGNATURE CONFIRMATION

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

NOTICE OF DECISION

PARTY

██████████
██████████
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PROCEDURAL BACKGROUND

On ██████████ 2022, Connecticut Dental Health Partnerships (“CTDHP”) sent ██████████ ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying a request for prior authorization of interceptive orthodontic treatment for ██████████ (the “child”) as the treatment was deemed not to be medically necessary.

On ██████████, 2022, the Appellant requested an administrative hearing to contest the Department’s denial of prior authorization of interceptive orthodontic treatment.

On ██████████ 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling an administrative hearing for ██████████ ██████████ 2022, at 1:00 p.m. to be held via telephone conference.

On ██████████ 2022, the following individuals participated at the hearing.

██████████, Appellant
Cindy Ramos, CTDHP Grievance & Appeals Representative
Dr. Vincent Fazzino, Clinical Dental Consultant for CTDHP
Joseph Alexander, Administrative Hearing Officer

The hearing record closed on ██████████ 2022.

STATEMENT OF THE ISSUE

The issue to be decided is whether CTDHP's decision to deny the prior authorization request for interceptive orthodontic treatment services for the child was in accordance with state statutes and regulations.

FINDINGS OF FACT

1. [REDACTED] (the "child") is a [REDACTED]-year-old participant in the Medicaid program as administered by the Department of Social Services. (Hearing Record)
2. The Appellant is the child's mother/guardian. (Hearing Record)
3. [REDACTED] is the child's treating orthodontist ("treating orthodontist"). (Dept. Ex. 1A: Prior Authorization Claim Form)
4. CTDHP is the Department's contractor for reviewing dental providers' requests for prior authorization of orthodontic treatment. (Hearing Record)
5. Medicaid pays for orthodontia treatment when a patient scores twenty-six (26) points or more on the Preliminary Handicapping Malocclusion Assessment Record, when criteria for approval of interceptive orthodontic treatment is met, or when a patient has been diagnosed with a severe mental, emotional, or behavioral problem resulting from the patient's malocclusion. (Hearing Record)
6. The Salzman Scale is the standardized point system used to complete the Preliminary Handicapping Malocclusion Assessment Record scoring sheet to determine eligibility for orthodontic treatment under Medicaid. Each tooth and box on the Assessment Record has assigned criteria which must be met to qualify for scoring. The CTDHP dental consultants evaluate the models and x-rays submitted with the treating orthodontist's prior authorization request to complete the Assessment Record and determine prior eligibility for orthodontics. (Hearing Record)
7. On [REDACTED], 2021, the treating orthodontist took Panorex x-rays, photographs and Clads of the child's teeth and completed a Preliminary Handicapping Malocclusion Assessment Record. The treating orthodontists indicated the child had gingival recession which is identified by an "anterior crossbite which causes gingival recession of 2 to 3 millimeters as compared to adjoining teeth". Gingival recession is one of the criteria for approval of interceptive orthodontic treatment. The treating orthodontist commented, "Crossbite UR2 (upper right, second tooth) & UL2 (upper left, second tooth)". (Dept. Ex. 2A: Malocclusion Severity Assessment)
8. On [REDACTED], 2022, the treating orthodontist requested prior authorization to complete orthodontic services for the child. (Dept. Ex 1A: Prior Authorization Claim Form)

9. On [REDACTED] 2022, Dr. Benson Monastersky, CTDHP's Orthodontic Dental Consultant, independently reviewed the child's records and determined the child did not meet the Phase One treatment guidelines for approval or interceptive orthodontic treatment. (Dept. Ex. 3A: Dr. Monastersky's Handicapping Malocclusion Severity Assessment)
10. Dr. Monastersky found no evidence of severe irregular placement of the child's teeth within the dental arches and no irregular growth or development of the jaw bones. There was no evidence of criteria being met for approval of interceptive orthodontic treatment and no evidence presented of emotional issues directly related to the child's mouth. (Hearing Record, Dept. Ex. 3A: Dr. Monastersky's Handicapping Malocclusion Severity Assessment)
11. On [REDACTED] 2022, CTDHP denied the treating orthodontists request for prior authorization for orthodontic services because no evidence had been presented that the services met the "medically necessary/medical necessity" criteria. (Dept Ex. 4A & 4B: Notice of Action Letter)
12. On [REDACTED], 2022, the Appellant submitted a request for an administrative hearing. (Dept. Ex. 5A & 5B: Hearing Request)
13. On [REDACTED], 2022, Dr. Geoffrey Drawbridge, CTDHP's Orthodontic Dental Consultant reviewed the child's records and commented on a Preliminary Handicapping Malocclusion Assessment Record, "Does not meet the criteria for approval of interceptive care. (Dept. Ex. 6A: Dr. Drawbridge's Handicapping Malocclusion Severity Assessment)
14. On [REDACTED], 2022, CTDHP notified the Appellant that orthodontic treatment was denied because there was no presence found of any deviations affecting the child's mouth or underlying structures. In addition, there was no evidence presented of any treatment by a licensed psychiatrist or psychologist related to the condition of the child's teeth. (Dept. Ex. 7A & 7B: Determination Letter)
15. The child does not qualify for interceptive orthodontic treatment as no evidence has been provided that such treatment is medically necessary. (Hearing Record)
16. No current documentation has been provided showing the child is being treated by a qualified psychiatrist or psychologist for related mental emotional or behavioral problems, disturbances, or dysfunctions. (Hearing Record)
17. 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] 2022, making this decision due no later than [REDACTED], 2022.

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes (“Conn. Gen. Stat.”) states that the Department of Social Services is the designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Section 17-134d-35(a) of the Regulations of Connecticut State Agencies (“Regs., Conn. State Agencies”) provides that “Orthodontic services will be paid for when (1) provided by a qualified dentist; and (2) deemed medically necessary as described in these regulations.”
3. 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(a)
4. “Clinical policies, medical policies, clinical criteria or any other generally accepted clinical practice guidelines used to assist in evaluating the medical necessity of a request 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)
5. 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 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. 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. Stat. § 17b-282e

6. "When an eligible recipient is determined to have a malocclusion, the attending dentist should refer the recipient to a qualified dentist for preliminary examination of the degree of malocclusion." Regs., Conn. Agency Regs. § 17-134d-35(e)
7. "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)
8. 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; and (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)
9. 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)

The Panorex x-rays, photographs and Clads submitted by the treating orthodontist do not clearly support the presence of deviations affecting the mouth and the underlying structures per the state regulations for the authorization of interceptive orthodontia treatment.

CTDHP correctly determined the child's malocclusion did not meet the criteria for approval of interceptive orthodontic treatment.

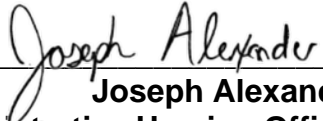
CTDHP was correct to find the child's malocclusion did not meet the criteria for "medically necessary" as established within state statute.

CTDHP was correct to deny prior authorization because the child does not meet the medical necessity criteria for interceptive orthodontic services, in accordance with state statutes and regulations

On [REDACTED] 2022, CTDHP correctly issued to the Appellant a Notice of Action denying the request for interceptive orthodontia treatment for the child.

DECISION

The Appellant's appeal is **DENIED**



Joseph Alexander
Administrative Hearing Officer

CC: Magdalena Carter, Connecticut Dental Health Partnerships
Rita LaRosa, Connecticut Dental Health Partnerships

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, 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 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.