

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

██████████ 2023
Signature Confirmation

Client ID # ██████████
Case ID # ██████████
Request # 203441

NOTICE OF DECISION
PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2022, Connecticut Dental Health Partnership (“CTDHP”), sent ██████████ ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying a request for prior authorization of orthodontia for the Appellant’s child ██████████ (“the child”). The NOA informed the Appellant that orthodontia for the child was not medically necessary because the severity of the child’s malocclusion did not meet requirements set in state statutes and regulations for medical necessity.

On ██████████ 2022, the Appellant requested an Administrative Hearing to contest the Department’s denial of prior authorization of orthodontia.

On ██████████ 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the Administrative Hearing for ██████████, 2022, in person at the ██████████ regional office.

On ██████████ 2022, the Appellant contacted the OLCRAH and requested for the Administrative Hearing to be held by phone.

On ██████████ 2022, the OLCRAH issued a notice updating the location of the Administrative Hearing from in person to telephone.

On [REDACTED] 2022, 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 telephonically.

The following individuals participated in the hearing by phone:

[REDACTED], Appellant
[REDACTED] Spanish Interpreter, Interpreters and Translators Inc. ("ITI")
Rosario Monteza, CTDHP Representative
Dr. [REDACTED], CTDHP Dental Consultant
Jessica Gulianello, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether CTDHP's denial of prior authorization through the Medicaid program for the child's orthodontic services was in accordance with state law.

FINDINGS OF FACT

1. The child is [REDACTED] years old (DOB: [REDACTED]). (*Hearing Record*)
2. The child was approved for orthodontic treatment by the Department of Social Services in the state of [REDACTED] (*Appellant's Testimony*)
3. The child had braces placed in the state of [REDACTED] in [REDACTED] 2022. (*Hearing Record*)
4. The Appellant and the child subsequently moved from [REDACTED] to [REDACTED] and the braces remain on the child's teeth. (*Appellant's Testimony*)
5. The child is currently a participant in the CT Medicaid program, as administered by the Department of Social Services through CTDHP. (*Hearing Record, Ex. 1: Dental Claim Form, Appellant's testimony*)
6. The statutes and regulations for medical treatment and services covered under Medicaid vary according to the respective state. (*CTDHP Testimony*)
7. CTDHP is the Department's contractor for reviewing dental providers' requests for prior authorization of orthodontic treatment. (*Hearing Record*)

8. [REDACTED] is the child's treating orthodontist (the "treating orthodontist"). (*Exhibit 1: Orthodontia Services Claim Form, Hearing Record*)
9. On [REDACTED] 2022, the treating orthodontist requested prior authorization to complete orthodontic services for the child. The treating orthodontist remarked, "Client has no missing teeth. Continuation of Care – 12 months of treatment left. Patient had braces placed in [REDACTED] (*Exhibit 1: Orthodontia Services Claim Form, Hearing record*)
10. On [REDACTED] [REDACTED] 2022, the treating orthodontist submitted a Preliminary Handicapping Malocclusion Assessment Record with a score of 18 points, based on the review of the dental records including the panorex, photographs, and clads of the child's mouth. The treating orthodontist remarked, "scored from initial photos". The treating orthodontist indicated that the initial records are dated [REDACTED] 2022 and the current records are dated [REDACTED] 2022. The treating orthodontist also commented, "continuation of care – 12 months of treatment left. Patient had braces placed [REDACTED] 2022 in [REDACTED]" (*Exhibit 2: Malocclusion Assessment Record, (signed) [REDACTED] 2022*)
11. On [REDACTED] 2022, Dr. [REDACTED], DMD, CTDHP's orthodontic dental consultant, independently reviewed the child's panorex, photographs, and other: ceph and he arrived at a score of 10 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. [REDACTED] commented, "scored from photos". Dr. [REDACTED] found no presence of severe deviations affecting the mouth and underlying structures. There was no evidence presented of any treatment by a licensed psychiatrist or psychologist related to the condition of the child's teeth. (*Ex. 3: Preliminary Handicapping Malocclusion Assessment Record, (signed) [REDACTED] 2022*)
12. It is not clear if Dr. [REDACTED] reviewed the initial records dated [REDACTED] 2022 or the current records dated [REDACTED] 2022 of the child's mouth. (*Dr. [REDACTED] Testimony*)
13. On [REDACTED] 2022, CTDHP denied the treating orthodontist's request for prior authorization for orthodontic services for the reason that the scoring of the child's mouth was less than the 26 points needed for coverage and that there is no substantial information about the presence of severe deviations affecting the mouth and underlying structures. (*Ex. 4: Notice of Action for Denied Services or Goods, [REDACTED] 2022*)
14. On [REDACTED] 2022, the Appellant requested an Administrative Hearing on the denial of the braces. (*Ex. 5: Hearing Request, signed [REDACTED] /2022*)
15. On [REDACTED] 2022, Dr. [REDACTED], DDS, a CTDHP dental consultant, reviewed the child's panorex and photographs he arrived at a score of 12 points on a completed Preliminary Handicapping Malocclusion Assessment

Record. Dr. ██████ remarked, “*original records not available (models)*”. Dr. ██████ commented, “█████/22 assessment scored on intra-oral photos”. Dr. ██████ found no presence of severe deviations affecting the mouth and underlying structures. There was no evidence presented of any treatment by a licensed psychiatrist or psychologist related to the condition of the child’s teeth. (*Ex. 6: Preliminary Handicapping Malocclusion Assessment Record, (signed) ██████ 2022*)

12. On ██████ 2022, CTDHP issued a notice to the Appellant which denied the treating provider’s request for prior authorization for orthodontic services because the scoring of the child’s mouth was less than the twenty-six (26) points needed for coverage and there is no substantial information about the presence of severe deviations affecting the mouth and underlying structures. Also, there was no evidence that a licensed child psychologist or a licensed child psychiatrist conducted a diagnostic evaluation indicating that the child’s dental condition is related to the presence of severe mental emotional and/or behavioral problems, disturbances, or dysfunctions, as defined in the current edition of the Diagnostic Statistical Manual and orthodontic treatment will significantly improve such problems, disturbances, or dysfunctions. (*Exhibit 7: Determination Letter, ██████/2022*)

16. The child is not being treated by a qualified psychiatrist or psychologist for related mental emotional or behavioral problems, disturbances, or dysfunctions specifically related to his teeth. (*Appellant’s testimony*)

17. The issuance of this decision is timely under section 17b-61(a) of Connecticut General Statutes, which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an Administrative Hearing on ██████, 2022. This decision is due no later than ██████, 2023, and is therefore timely. (*Hearing Record*)

CONCLUSIONS OF LAW

1. Connecticut General Statutes §17b-2 provides that the Department of Social Services is designated as the state agency for the administration of (6) the Medicaid program pursuant to Title XIX of the Social Security Act.

The Department has the authority to administer Medicaid.

2. Connecticut Agencies Regulations § 17-134d-35(e) provides that 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.

(1) The need for orthodontic services shall be determined on the basis of the magnitude of the malocclusion. Accordingly, the "Preliminary Handicapping Malocclusion Assessment Record," available from the Department, must be fully completed in accordance with the instructions sections of the form. The Department deems orthodontic services to be medically necessary when a correctly scored total of [twenty-six points (26)] points or greater is calculated from the preliminary assessment. However, 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 other severe deviations affecting the mouth and underlying structures. Other deviations shall be considered to be severe if, left untreated, they would cause irreversible damage to the teeth and underlying structures.

(2) 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.

(3) A recipient who becomes Medicaid eligible and is already receiving orthodontic treatment must demonstrate that the need for service requirements specified in subsections (e) (1) and (2) of these regulations were met before orthodontic treatment commenced, meaning that prior to the onset of treatment the recipient would have met the need for services requirements.

The child began receiving orthodontic treatment in █████ 2022 from █████ before she become eligible for CT Medicaid. Thus, the child's need for orthodontic treatment should be based on the initial records of the child's mouth prior to the placement of the braces.

It is not clear what records Dr. █████ reviewed. The evidence reflects that Dr. █████ incorrectly reviewed the current records of the child's mouth based on his remark that the original records were not available on the Preliminary Handicapping Malocclusion Assessment Record.

3. Connecticut General Statutes §17b-259b(a) provides that 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 General Statutes § 17b-282e provides 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
5. Connecticut Agencies Regulations §17-134d-35(f) provides that the study models submitted for prior authorization must clearly show the occlusal deviations and support the total point score of the preliminary assessment.
6. 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.

The Appellant did not provide evidence from a licensed child psychologist or licensed child psychiatrist indicating that the child suffers from the presence of severe mental, emotional, and/or behavioral problems, disturbances, or dysfunctions caused by a dental deformity.

7. Connecticut General Statutes § 17b-259b(c) provides that 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.

CTDHP issued the Appellant a Notice of Action for Denied Services or Goods on [REDACTED] 2022, and a Determination Letter upholding the denial on [REDACTED] 2022.

Based on the testimony and evidence it is not clear if the denial is valid.

DISCUSSION

Based on the evidence it is not clear if Dr. [REDACTED] reviewed the pre-treatment records or the current records of the child's mouth. Based on the evidence Dr. [REDACTED] incorrectly reviewed the current records of the child's mouth as he documented that the original records were not available on the Preliminary Handicapping Malocclusion Assessment Record.

Dr. [REDACTED] testified that the Preliminary Handicapping Malocclusion Assessment Record is to be completed based on the child's teeth on or after CT Medicaid eligibility has been established. I find his testimony to be not credible as it is not supported by the CT Agency Regulations.

The need for orthodontic treatment should be based on the records of the child's mouth before orthodontic treatment commenced.

DECISION

The Appellant's appeal is REMANDED.

ORDER

- 1). **CTDHP must contact the treating orthodontist to obtain the initial records of the child's mouth prior to the placement of the current braces.**

2). CTDHP must conduct a third independent Preliminary Handicapping Malocclusion Assessment based on the initial records of the child's mouth to determine the child's need for orthodontic treatment and issue an amended NOA to advise the Appellant of the findings.

3). Compliance with this order is due no later than 14 days from the date of this decision.

Jessica Gulianello

Jessica Gulianello
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 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.