

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

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████████████████████  
Request # 216180

NOTICE OF DECISION  
PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2023, Connecticut Dental Health Partnership/BeneCare (“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 (braces) for the child were 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 ██████████ 2023, the Appellant requested an Administrative Hearing to contest the Department’s denial of prior authorization of orthodontia.

On ██████████ 2023, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the Administrative Hearing for ██████████ 2023.

On ██████████ 2023, 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 teleconference.

The following individuals participated in the hearing by telephone:

- ████████████████████ Appellant
- Cindy Ramos, CTDHP Representative
- Dr. Joseph D ’Ambrosio, DDS, CTDHP Dental Consultant
- Jessica Gulianello, Hearing Officer

The hearing record remained open until [REDACTED] 2023, to allow the Appellant time to submit additional information to CTDHP. The hearing record was extended until [REDACTED] 2023, to allow CTDHP time to review the documentation and provide a response. CTDHP did not receive additional documents from the Appellant and the hearing record closed accordingly on [REDACTED] 2023.

### **STATEMENT OF THE ISSUE**

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

### **FINDINGS OF FACT**

1. The child (D.O.B. [REDACTED]2009) is a participant in the Medicaid program, as administered by the Department of Social Services through CTDHP. (*Hearing Record, Exhibit 1: Dental Claim Form*)
2. CTDHP is the Department's contractor for reviewing dental providers' requests for prior authorization of orthodontic treatment. (*Hearing Record*)
3. [REDACTED] is the child's treating orthodontist (the "treating orthodontist"). (*Exhibit 1: Dental Claim Form, Hearing Record*)
4. On [REDACTED] 2023, the treating orthodontist requested prior authorization to complete comprehensive orthodontic services (braces) for the child. (*Exhibit 1: Dental Claim Form, Hearing Record*)
5. On [REDACTED] 2023, CTDHP received from the treating orthodontist, a Preliminary Handicapping Malocclusion Assessment Record with a score of 30 points, models, and x-rays of the child's mouth. The treating orthodontist indicated the presence of other severe deviations affecting the child's mouth and underlying structures but did not provide any comment. (*Exhibit 2: Malocclusion Assessment Record, (signed) [REDACTED] 2023, Hearing Record*)
6. On [REDACTED] 2023, Dr. Vincent Fazzino, DMD, CTDHP's orthodontic dental consultant, independently reviewed the models, and x-rays of the child's mouth and arrived at a score of 18 points on the Preliminary Handicapping Malocclusion Assessment Record. Dr. Fazzino 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. (*Exhibit 3: Preliminary Handicapping Malocclusion Assessment Record, [REDACTED] 2023*)
7. It is not clear if Dr. Fazzino determined that the second premolar in the posterior segment on the right side of the child's mouth met the criteria required to be

classified as an open bite. The corresponding value for the tooth in this category is one (1) point on the Preliminary Handicapping Malocclusion Assessment Record. (*Exhibit 3: Preliminary Handicapping Malocclusion Assessment Record, ██████████ 2023*)

8. The above-noted inconsistency *may* impact the section score as well as the grand total on the Preliminary Handicapping Malocclusion Assessment Record; however, it has no practical impact on the child's eligibility for braces as the grand total score remains below the 26-point requirement. (*CTDHP Dental Consultant Testimony*)
9. On ██████████ 2023, CTDHP denied the treating orthodontist's request for prior authorization for orthodontic services (braces) 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. (*Exhibit 4: Notice of Action for Denied Services or Goods, ██████████ 2023*)
10. On ██████████ 2023, the Appellant requested an Administrative Hearing to dispute the denial of the braces. (*Ex. 5: Hearing Request, (signed) ██████████ 2023*)
11. On ██████████ 2023, A CTDHP Grievance and Appeals representative contacted the Appellant by phone. The Appellant expressed concern with the scoring discrepancies between the child's treating orthodontist and the CTDHP dental consultant. (*Hearing Summary, CTDHP Testimony*)
12. On ██████████ 2023, Dr. Geoffrey Drawbridge, DDS, a CTDHP dental consultant, independently reviewed the models, and x-rays of the child's mouth and arrived at a score of 19 points on the Preliminary Handicapping Malocclusion Assessment Record. Dr. Drawbridge 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. (*Exhibit 6: Preliminary Handicapping Malocclusion Assessment Record, ██████████ 2023*)
13. On ██████████ 2023, CTDHP issued an Appeal Review Notice upholding the denial. (*Exhibit 7: Determination Letter- ██████████ 2023, Hearing Record*)
14. At the Appellant's request, the hearing record remained open until ██████████ 2023, to allow her time to submit additional documentation to CTDHP. Furthermore, the hearing record was extended until ██████████ 2023, to allow CTDHP time to review the documentation and provide a response. (*Hearing Record*)
15. CTDHP did not receive additional documentation from the Appellant and the hearing record closed accordingly on ██████████ 2023. (*Exhibit 9: CTDHP Email Correspondence, 06/27/2023, Hearing Record*)

16. The Appellant did not provide documentation to substantiate her claim that the child is being treated by a qualified psychiatrist or psychologist for related mental emotional or behavioral problems, disturbances, or dysfunctions specifically related to her teeth. (*Hearing Record*)
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 ██████████ 2023. This decision, therefore, was due no later than ██████████ 2023. However, the hearing record, which had been anticipated to close on ██████████ 2023, did not close for the admission of evidence until ██████████ 2023, at the Appellant's request. Because this fourteen (14) day delay in the close of the hearing record arose from the Appellant's request, this final decision was not due until ██████████ 2023, and is therefore timely. (*Hearing Record*)

### **CONCLUSIONS OF LAW**

1. Section 17b-2 of the Connecticut General Statutes 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.
2. Connecticut General Statutes §17b-262 provides that the Department may make such regulations as are necessary to administer the medical assistance program.
3. 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.
4. Connecticut General Statutes §17b-259b provides (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.

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. Sec. 17b-282e of the Connecticut General Statutes 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.

**CTDHP correctly determined that the child's dental models and x-rays do not meet the requirement of a twenty-six (26) point score on the Salzmann Preliminary Handicapping Malocclusion Assessment Record. CTDHP correctly determined Orthodontic treatment is not medically necessary because there is no presence of severe deviations affecting the child's mouth and underlying structures and the child's Salzmann scores are less than the required 26 points.**

7. Section 17-134d-35(e)(2) of the Regulations of Connecticut State Agencies provides 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.

**Because the Appellant did not provide evidence from a licensed child psychologist or licensed child psychiatrist indicating the child suffered from**

**the presence of severe mental, emotional, and/or behavioral problems, disturbances, or dysfunctions caused by her dental deformity, orthodontic services are determined to not be medically necessary.**

8. Section 17b-259b(c) of the Connecticut General Statutes 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 correctly issued a Notice of Action for Denied Services or Goods on [REDACTED] 2023, and a Determination Letter upholding the denial on [REDACTED] 2023.**

### **DISCUSSION**

**The Appellant asserted during the proceedings that the child is receiving speech therapy services from a licensed professional at school for issues directly related to her malocclusion. The Appellant was not clear about the specific details including the child’s medical diagnoses. The hearing record was extended at the Appellant’s request to allow her time to submit documentation to corroborate her testimony. The hearing record is void of documentation to substantiate the Appellant’s Testimony. As such, I find the denial as determined by CTDHP to be valid.**

### **DECISION**

**The Appellant’s appeal is DENIED.**

*Jessica Gulianello*

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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.