

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

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

Case ID #: ██████████
Client #: ██████████
Request #: 217595

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2023, BeneCare Dental Plans (“BeneCare”) administered by the Connecticut Dental Health Partnership (“CTDHP”), sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying her prior authorization claim for the replacement of an existing lower partial denture, indicating that the replacement is not medically necessary.

On ██████████ 2023, the Appellant requested an administrative hearing to contest the denial of prior authorization of the replacement of a lower partial denture.

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, 17-61 and 4-176e to 4-189 inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing.

The following individuals participated in the hearing:

██████████, Appellant
██████████ Appellant’s fiancé
Rosario Monteza, CTDHP Representative
Dr. Brett Zanger, CTDHP Dental Consultant

Scott Zuckerman, Hearing Officer

The hearing record remained open for the Appellant to submit additional evidence, specifically information to establish medical necessity from her primary care physician. On [REDACTED] 2023, the hearing record closed.

STATEMENT OF THE ISSUE

The issue is whether CTDHP correctly denied the Appellant's prior authorization request for the replacement of an existing lower partial denture as not medically necessary.

FINDINGS OF FACT

1. The Appellant 34-years-old [DOB: [REDACTED]] and is a participant in the Medicaid program, as administered by the Department of Social Services (the "Department"). (Exhibit 1: Prior Authorization Claim Form)
2. CTDHP is the Department's subcontractor for reviewing dental providers' requests for prior authorization of replacement of full or partial denture(s). (Hearing Record)
3. [REDACTED] is the Appellant's treating provider (the "treating provider"). (Exhibit 1: Prior authorization claim form)
4. On [REDACTED], 2017, Medicaid paid for a complete lower denture for the Appellant. (Hearing Record; Exhibit 6: CT Medicaid Archived Claim History Record and Exhibit 8: Dental Consultant Grievance Review Record, [REDACTED]23)
5. On [REDACTED] 2023, CTDHP received a prior authorization request from the treating provider, requesting approval of Medicaid coverage for the Appellant for the replacement of the existing lower partial denture. The treating provider commented, "Client is edentulous. Patient is due for a new set of complete dentures, please approve to restore form and function, please approve." (Exhibit: 1)
6. On [REDACTED] 2023, CTDHP issued a NOA to the Appellant which denied the treating provider's request for prior authorization for the replacement of a partial lower denture. The reason stated is that there is evidence that your Medicaid Program paid for full or partial denture(s) within the last seven (7) years; and there was no evidence provided from your primary care or attending physician that the requested service met the medically necessary/medical necessity care conditions set by the Department. (Exhibit 3: NOA, [REDACTED]/23)

7. On [REDACTED], 2023, the Appellant submitted a request for an Expedited Administrative Hearing explaining her need for the replacement of the partial denture. (Exhibit 4: Request for Expedited Administrative Hearing, [REDACTED]/23)
8. On [REDACTED], 2023, CTDHP issued a NOA to the Appellant denying the request for an expedited administrative hearing stating the Appellant's life is not at risk in waiting for a regular decision. (Exhibit 5: Expedited Denial Letter, [REDACTED]/23)
9. On [REDACTED], 2023, CTDHP performed an administrative review of the records. CTDHP determined that there was a history of plan payments within the time limitations set by the State of CT/DSS. There was no evidence presented by a physician stating that this dental treatment is medically necessary. (Exhibit 8: Dental Consultant Grievance Review, [REDACTED]23)
10. On [REDACTED] 2023, CTDHP issued the Appellant a determination letter denying the request for the replacement of a complete lower denture. (Hearing Record; Exhibit 9: Determination Letter, [REDACTED]/23)
11. On [REDACTED] 2023, OLCRAH held an administrative hearing. The hearing record remained open for the submission of a letter of medical necessity from the Appellant's primary care physician. (Hearing Record)
12. On [REDACTED] 2023, the Appellant's physician, Dr. [REDACTED], MD, submitted a letter supporting her need for replacement of dentures. The letter stated, "It is my medical opinion that [REDACTED] requires replacement of dentures. Please feel free to contact me if you have questions or comments." (Exhibit 11: Letter from [REDACTED], MD, [REDACTED]/23)
13. On [REDACTED] 2023, CTDHP sent a letter to [REDACTED] at [REDACTED] [REDACTED]. CTDHP indicated there was no clinical documentation of the reasons for medical necessity for the complete lower denture and consideration cannot be given. The letter further explained, "There is a frequency limitation for the replacement of dentures one time every seven years unless a valid reason for medical necessity exists." CTDHP requested [REDACTED] submit a detailed explanation as to the member's clinical diagnosis, treatment, onset of illness, related history, and prescribed medications and/or special diet that warrants replacement of her denture." (Exhibit 12: Letter to [REDACTED] from CTDHP, [REDACTED]/23)
14. The Appellant's physician did not provide any further information and the hearing record closed on [REDACTED] 2023. (Hearing record)
15. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that the agency issue a decision within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED], 2024. The hearing record closed on [REDACTED]

■, 2023. With the 14-day delay, this decision is due no later than ■■■■■
■■■ 2023, and is therefore timely. (Hearing Record)

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes states that 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. Section 17b-262-863(6) of Regulations of Connecticut State Agencies provides for “Dentures” or “denture prosthesis” means artificial structures made by or under the direction of a dentist to replace a full or partial set of teeth.
3. Section 17b-262-862 of Regulations of Connecticut State Agencies provides that sections 17b-262-862 to 17b-262-866, inclusive, of the Regulations of Connecticut State Agencies set forth limitations on the extent of non-emergency dental services provided to adults twenty-one years of age and older who receive services under the Connecticut Medicaid program. Such limitations include coverage limits, prior authorization requirements and services that are not covered under Medicaid. These regulations supplement but do not supplant Department Medical Services Policies for dental services, including but not limited to, provider participation, eligibility, coverage limitations, billing procedures and payment, to the extent that such policies have the force of law pursuant to section 17b-10 of the Connecticut General Statutes.

Section 17b-262-864 of Regulations of Connecticut State Agencies provides for the limitations on coverage of certain non-emergency dental services in subsection (a) of this section apply to healthy adults. The limitations on non-emergency dental services in subsection (b) of this section apply to all adults twenty-one years of age and older and are subject to the prior authorization requirements in section 17b-262-866 of the Regulations of Connecticut State Agencies.

Section 17b-262-864(b)(2) of Regulations of Connecticut State Agencies states coverage of non-emergency dental services provided to all adults twenty-one years of age and older shall be limited as follows: Prosthodontics:

- A. Coverage of complete and removable partial dentures for functional purposes when there are fewer than 8 posterior teeth in occlusion or missing anterior teeth is subject to prior authorization requirements in section 17b-262-866 of the Regulations of Connecticut State Agencies.
- B. Coverage of removable partial dentures when there are more than 8 posterior teeth in occlusion and no missing anterior teeth is allowed on a

- case-by-case basis conditioned upon a demonstration of medical necessity and subject to prior authorization requirements in section 17b-262-866 of the Regulations of Connecticut State Agencies;
- C. One complete and partial denture prosthesis construction is covered per seven-year period. Clients shall sign an acceptance form upon receipt of a new denture prosthesis acknowledging that the prosthesis is acceptable and that he or she understands the department's replacement policy as described in subsection (d) of this section; and
 - D. Replacement of denture prosthesis more than once in a seven-year period shall be limited to replacement for reasons of medical necessity. Replacement shall not be made for cosmetic reasons. Replacement shall not be made if the prosthesis was lost, stolen or destroyed as a result of misuse, abuse or negligence.

CTDHP correctly determined that the Appellant's condition does not meet the criteria for Medicaid coverage for an existing lower denture because Medicaid paid for an existing lower denture for the Appellant within the last seven years.

- 4. Section 17b-259b of the Connecticut General Statutes provides for "medically necessary" and "medical necessity" and states (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.

Section 17b-259b(b) of the Connecticut General Statutes states 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.

Section 17b-259b(c) of the Connecticut General Statutes states 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 determined that the Appellant's condition does not meet the criteria for severity as established in State Regulations because there is no medical evidence to support medical necessity as the Appellant received a partial lower denture within the past seven years.

DECISION

The Appellant's appeal is **DENIED**.

Scott Zuckerman
Scott Zuckerman
Fair 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.