

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

██████████ 2024
Signature Confirmation

Case ID # ██████████
Client ID # ██████████
Request # 238864

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2024, Connecticut Dental Health Partnership (“CTDHP”), the Dental Administrator for the Department of Social Services (the “Department”), sent ██████████ ██████████ (the “child”) a Notice of Action (“NOA”) denying a request for prior authorization of orthodontic services as not medically necessary.

On ██████████ ██████████ 2024, ██████████ ██████████ (the “Appellant”) requested an administrative hearing to contest the Department’s denial of prior authorization of orthodontic services for the child.

On ██████████ 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2024.

On ██████████, 2024, 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 by phone. The following individuals participated in the hearing:

██████████, Appellant
Kate Nadeau, CTDHP’s Representative
Dr. Vincent Fazzino, DMD, CTDHP’s Dental Consultant
Kristin Haggan, Fair Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether CTDHP correctly denied the Appellant's request for orthodontic services for the child.

FINDINGS OF FACT

1. The Appellant is the child's mother. (*Hearing Record*)
2. The child is ■■■ years old (D.O.B. ■■■■■) and is a participant in the Medicaid program, which the Department administers. (*Appellant's Testimony, Hearing Record*)
3. CTDHP is the Department's contractor for reviewing dental providers' requests for prior authorization of orthodontic treatment. (*Hearing Record*)
4. ■■■■■, is the child's treating orthodontist (the "treating orthodontist"). (*Hearing Summary, Exhibit 1: Dental Claim Form ■■■■/24*)
5. On ■■■■ ■■, 2024, the treating orthodontist completed a Preliminary Handicapping Malocclusion Assessment Record. In the section of the form titled "G. Other Deviations", the treating orthodontist answered "yes" on the indicating that the child presented with a severe deviation affecting her mouth and underlying structures, however, did not provide any information regarding any deviation. In the section of the form titled, "Criteria For Approval of Interceptive Orthodontic Treatment", the treating orthodontist did not answer any of the questions. (*Exhibit 2: Preliminary Handicapping Malocclusion Assessment ■■■■/24*)
6. On ■■■■ 2024, the treating orthodontist submitted a prior authorization claim to CTDHP requesting orthodontic services for the child, as well as the Preliminary Handicapping Malocclusion Assessment Record with a score of 26 points, models, and x-rays of the child's mouth (*Exhibit 1, Exhibit 2*).
7. On ■■■■, 2024, CTDHP received the prior authorization claim form, the Preliminary Handicapping Malocclusion Assessment Record, x-rays, and models from the treating orthodontist. Dr. Geoffrey Drawbridge, DDS, CTDHP's orthodontic dental consultant, independently reviewed the child's models and x-rays and arrived at a score of 20 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. Drawbridge found no presence of severe deviations affecting the child's mouth and underlying structures. (*Exhibit 3: Preliminary Handicapping Malocclusion Assessment Record ■■■■/24*)

8. On █████ 2024, CTDHP denied the treating orthodontist's request for prior authorization for orthodontic services because the child's score was less than 26 points on the Malocclusion Assessment Record. CTDHP issued an NOA stating that the child's teeth were not crooked enough to qualify for braces, and there is no additional substantial information about the presence of severe deviations affecting the mouth and underlying structures which, if left untreated, would cause irreversible damage to the teeth or underlying structures. The NOA also stated that there is no evidence that the child has had a diagnostic evaluation completed by a licensed child psychologist or a licensed child psychiatrist. (*Exhibit 4: Notice of Action for Denied Services or Goods* █████/24)
9. On █████ 2024, Dr. Robert Gange, DDS, CTDHP's orthodontic dental consultant, conducted an appeal review. Dr. Gange reviewed the child's models and x-rays and arrived at a score of 25 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. Gange found no presence of severe deviations affecting the child's mouth and underlying structures, and commented, "no overbite measured". There was no evidence presented stating the presence of emotional issues was directly related to the child's dental situation. (*Hearing Summary, Exhibit 7: Preliminary Handicapping Malocclusion Assessment Record* █████/24)
10. On █████ 2024, CTDHP issued a letter notifying the Appellant that it conducted an appeal review and denied the request for approval of braces because the child's score of 25 points was less than the required 26 points on the Malocclusion Assessment Record, there was no presence found of any deviations affecting the 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 teeth. (*Exhibit 8: Appeal Review Letter* █████ 24)
11. The Malocclusion Assessment Record is used to record severity of crowding, rotation, and overbite of the mouth using state guidelines. Certain amounts of severity must be met in order for the child's teeth to receive a score on the Malocclusion Assessment Record. Overjet of the upper teeth must be greater than 3 millimeters to be considered severe enough to receive a score, and rotations of the teeth must be a minimum of 45 degrees to be considered severe enough to receive a score on the Malocclusion Assessment Record. (*Dental Consultant's Testimony*)
12. Dr. Gange's comment of "no overbite measured" on the Malocclusion Assessment Record refers to the lack of impingement on the child's upper palatal tissue. (*Dental Consultant's Testimony*)
13. The child is not being treated by a licensed child psychologist or child psychiatrist. (*Appellant's Testimony*)

14. The issuance of this decision is timely under Connecticut General Statutes section 17b-61(a), which requires the agency issue a decision within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on ██████████ 2024, therefore, this decision is due by ██████████ 2024. (*Hearing Record*)

CONCLUSIONS OF LAW

1. Section 17b-262 of the Connecticut General Statutes provides the Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program.
2. Section 17-134d-35(a) of the Regulations of Connecticut State Agencies provides that orthodontic 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.
3. Section 17b-259b(a) of the Connecticut General Statutes provides 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-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 Salzmänn 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 Salzmänn 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.

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

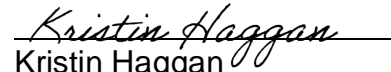
Section 17-134d-35 (f) (1) of the Regulations of Connecticut State Agencies provides that prior authorization is required for the comprehensive diagnostic assessment. The qualified dentist shall submit: (A) the authorization request form; (B) the completed Preliminary Handicapping Malocclusion Assessment 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/ she may proceed with the diagnostic assessment.

In the Appellant's case, the child's study models submitted for prior authorization do not show occlusal deviations and do not meet the requirement of a 26-point score on the Preliminary Handicapping Malocclusion Assessment.

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

DECISION

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


Kristin Haggan
Hearing Officer

Pc: Magdalena Carter, CTDHP
Rita LaRosa, CTDHP

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.