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

[redacted] 2025
Signature Confirmation

Case # [redacted]
Client ID # [redacted]
Request # [redacted]

NOTICE OF DECISION

PARTY

[redacted]
[redacted]
[redacted], CT [redacted]

PROCEDURAL BACKGROUND

On [redacted] 2025, the Connecticut Dental Health Partnership ("CTDHP") the Dental Administrator for the Department of Social Services (the "Department") sent [redacted] (the "Appellant") a Notice of Action ("NOA") denying a request for prior authorization for orthodontic treatment for [redacted](the "Child") indicating it was not medically necessary.

On [redacted] 2025, the Appellant requested an administrative hearing to contest the Department's decision to deny prior authorization for orthodontic treatment.

On [redacted] [redacted] 2025, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [redacted] 2025.

On [redacted] 2025, the Appellant requested to reschedule the administrative hearing.

On [redacted] [redacted] 2025, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [redacted] 2025

On [redacted] 2025, 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.

The following individuals were present at the hearing:

[redacted] Appellant
[redacted] Connecticut Dental Health Partnership
[redacted] Dental Consultant, CTDHP
Alisha Laird, Fair Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether CTDHP's denial of a prior authorization request for the Child's orthodontia as not medically necessary was correct and per state statutes and regulations.

FINDINGS OF FACT

1. The Appellant is the Child's mother. (Hearing Record)

2. The Child is [redacted] years old [DOB: [redacted]/2011]. (Exhibit 1: Prior Authorization Claim Form and Appellant's Testimony)

3. CTDHP is the Department's contractor for reviewing dental providers' requests for prior authorization of orthodontic treatment. (Hearing Record)

4. The Child receives orthodontic treatment from [redacted] ("treating orthodontist"). (Hearing Summary and Ex 1)

5. On [redacted] 2024, CTDHP received a prior authorization request for braces for the Child. (Hearing Summary and Ex 1)

6. The prior authorization request included a Malocclusion Severity Assessment. The treating orthodontist assigned the Child a score of [redacted] points. Also included were panorex and clads. (Exhibit 2: the Treating Orthodontist's Preliminary Handicapping Malocclusion Assessment Record and Exhibit 3: [redacted] Handicapping Malocclusion Assessment Record)

7. On [redacted] 2024, [redacted] DDS, an Orthodontic Consultant for CTDHP reviewed the dental records and evidence provided by the Child's treating orthodontist and assigned the Child a score of [redacted] points on the Malocclusion Severity Assessment. [redacted] indicated that the Child did not have a deep impinging overbite, functional deviation, class III malocclusion, gingival recession, severe overjet, open bite, or an anterior impacted tooth present. [redacted] determined that no other severe deviations were affecting the Child's mouth and underlying structures and that orthodontic treatment was not medically necessary. (Ex 3)

8. On [redacted] 2024, CTDHP sent a NOA to the Child advising him that the prior authorization request received from his provider for braces (orthodontics) was denied as not medically necessary, because (1) her score of [redacted] points on the Preliminary Handicapping Malocclusion Assessment Record is less than the required twenty-six (26) points; (2) 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 and; (3) There is no evidence that a diagnostic evaluation has been completed by a licensed child psychologist or a licensed child psychiatrist indicating that his dental condition is related to the presence of severe mental, emotional, and/or behavior problems, disturbances or dysfunctions as defined in the current edition of the Diagnostic Statistical Manual and that orthodontic treatment will significantly improve such problems, disturbances or dysfunctions." (Exhibit 4: NOA, [redacted]/2024)

9. On [redacted] 2025, the Appellant submitted an appeal/hearing request. (Exhibit 10: Appeal and Administrative Hearing Request Form and Hearing Summary)

10. On [redacted] 2025, [redacted] Fazzino, DMD, an Orthodontic Consultant for CTDHP, conducted the appeal review on the Child's dental records. [redacted] assigned a malocclusion score of [redacted] points. [redacted] did not find 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 presented stating the presence of emotional issues directly related to the Child's dental situation. [redacted] did not approve the request for braces. (Exhibit 5: [redacted] Preliminary Handicapping Malocclusion Assessment Record and Hearing Summary)

11. On [redacted] 2025, CTDHP issued a Determination Letter to the Appellant which upheld the denial of prior authorization for orthodontic services because the Child's score of [redacted] points was less than the twenty-six (26) points needed to receive coverage for braces. The Dental Consultants did not find any deviations affecting the Child's mouth or underlying structures. There was no evidence of the presence of mental, emotional, and/or behavioral problems related to the condition of the Child's teeth. (Exhibit 6: Determination Letter, [redacted]/2025)

12. On [redacted] 2025, the Appellant submitted a request to the Department to reschedule the administrative hearing. (Hearing Record)

13. On [redacted] 2025, [redacted] DMD, MD, sent CTDHP the Child's surgical pathology reports and chart notes ("procedure documents") from a procedure that occurred on [redacted] 2021. (Exhibit 7: [redacted] notes and Hearing Record)

14. On [redacted] 2025, [redacted] conducted an evaluation and reviewed the procedure documents. [redacted] indicated that the information "does not alter the scoring record" for the Child. [redacted] did not approve the request for braces. (Exhibit 8: [redacted] Comments and Hearing Record)

15. The Child had a [redacted] on one of her adult teeth following the surgical procedure and [redacted] (Appellant's Testimony)

16. The Child is not receiving psychiatric or psychological treatment related to the condition of her mouth. (Appellant's Testimony)

17. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [redacted] 2025. Therefore, this decision is due no later than [redacted] 2025.

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes ("Conn. Gen. Stat.") provides the Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program.

2. Conn. Gen. Stat. § 17b-259b(a) 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.

3. Regulations of Connecticut State Agencies ("Regs., Conn. State Agencies") § 17-134d-35(a) provides Orthodontic services will be paid for when (1) provided by a qualified dentist; and (2) deemed medically necessary as described in these regulations.

4. Regs., Conn. State Agencies § 17-134d-35(d) provides orthodontic services are limited to recipients under twenty-one (21) years of age.

5. Conn. Gen. Stat § 17b-282e provides 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….

6. Regs., Conn. State Agencies § 17-134d-35(f)(1) provides 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.

   CTDHP correctly determined that orthodontic services are not medically necessary due to CTDHP Malocclusion Severity Assessments being scored less than 26 points. No substantial evidence was presented about severe deviations affecting the child's mouth and underlying structures.

7. Regs., Conn. State Agencies § 17-134d-35(e)(2) provides if the total score is less than twenty-four (24) 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 behavioral problems. And that orthodontic treatment is necessary and, in this case, will significantly ameliorate the problems.

CTDHP correctly determined that 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.

The Child's malocclusion severity does not meet the criteria for medical necessity for the approval of the prior authorization request for orthodontic treatment.

CTDHP correctly denied the request for orthodontic treatment for the child as it was not medically necessary.

DECISION

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

Alisha Laird
_____
Alisha Laird
Fair Hearing Officer

CC: Magdelana 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.