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

[redacted], 2025
SIGNATURE CONFIRMATION

CASE ID # [redacted]
CLIENT ID # [redacted]
REQUEST # [redacted]

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted], 2024, Connecticut Dental Health Partnerships ("CTDHP") sent [redacted] (the "Appellant") a Notice of Action ("NOA") denying a request for prior authorization of orthodontia treatment for [redacted] (the "child") indicating that the proposed treatment was not medically necessary.

On [redacted] 2025, the Appellant requested an administrative hearing to contest the denial of prior authorization of orthodontia treatment.

On [redacted], 2025, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling an administrative hearing to be held on [redacted], 2025, via telephone conference.

On [redacted], 2025, an administrative hearing was held with the participation of the following individuals:

[redacted], Appellant
Cindy Ramos, Grievance & Appeals Representative, CTDHP
Dr. Stanley Wolf, Clinical Dental Consultant, CTDHP
Joseph Alexander, Administrative Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether CTDHP's decision to deny the prior authorization request for orthodontia for the child as not medically necessary was in accordance with state statutes and regulations.

FINDINGS OF FACT

1. [redacted] (the "child") is a[redacted]-year-old participant in the Medicaid program as administered by the Department of Social Services. (Hearing Record)

2. The Appellant is the child's parent/guardian. (Hearing Record)

3. "[redacted]" is the child's treating Orthodontist ("treating Orthodontist"). (Hearing Record)

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

5. Medicaid pays for orthodontic treatment when a patient scores twenty-six points or greater on the Preliminary Handicapping Malocclusion Assessment Record, the criterion for interceptive orthodontic treatment is met, or when a patient has been diagnosed with a severe mental, emotional, or behavioral problem resulting from the patient's malocclusion. (Hearing Record)

6. The Salzman Scale is the standardized point system used to complete the Preliminary Handicapping Malocclusion Assessment Record scoring sheet to determine eligibility for orthodontic treatment under Medicaid. Each tooth and box on the assessment record has assigned criteria which must be met to qualify for scoring. The CTDHP dental consultants evaluate the records submitted with the treating orthodontist's prior authorization request to complete the assessment record and determine eligibility for orthodontics. (Hearing Record)

7. On [redacted] 2024, the treating Orthodontist took Panorex x-rays, and models of the child's teeth and completed a Preliminary Handicapping Malocclusion Assessment Record, arriving at a score of twenty-seven points. The treating Orthodontist did not indicate the existence of other deviations or criteria for approval of interceptive Orthodontic treatment. (Exhibit 2A: Treating Orthodontist Malocclusion Severity Assessment)

8. On [redacted] 2024, CTDHP received the treating Orthodontist's request for prior authorization to complete orthodontic treatment for the child. (Exhibit 1A: Treating Orthodontist Prior Authorization Claim Form)

9. On [redacted] 2024, Dr. Robert Gange, CTDHP's Orthodontic Dental Consultant, independently reviewed the child's records and completed a Preliminary Handicapping Malocclusion Assessment Record arriving at a score of twenty-three points. (Exhibit 3A: Dr. Gange's Handicapping Malocclusion Severity Assessment)

10. Dr. Gange found no evidence of severe irregular placement of the child's teeth within the dental arches and no irregular growth or development of the jaw bones or evidence of emotional issues directly related to the child's mouth. (Exhibit 3A: Dr. Gange's Handicapping Malocclusion Severity Assessment, Hearing Record)

11. On [redacted] 2024, CTDHP denied the treating Orthodontists request for prior authorization for orthodontic services because the scoring of the child's teeth was less than the twenty-six points required for approval, and because the other requirements for medical necessity were not met. (Exhibit 4A & 4B: Notice of Action Letter dated [redacted], 2024)

12. On [redacted], 2025, the Appellant submitted a request for an administrative hearing to dispute CTDHP's decision to deny the prior authorization request for orthodontic treatment. On the hearing request form the Appellant wrote, " I feel services should not be denied, due to [redacted] teeth are crooked as well as in grown teeth as well as over bite can not really close her mouth completely she has a large over bite she also use to suck her thumb; so her teeth has like a crown mouth shape." (Exhibits 5A, 5B: Hearing Request)

13. On [redacted] 2025, Dr. Vincent Fazzino, CTDHP's Orthodontic Dental Consultant reviewed the child's records and completed a Preliminary Handicapping Malocclusion Assessment Record arriving at a score of twenty-four points. (Exhibit 6A: Dr. Fazzino's Handicapping Malocclusion Severity Assessment)

14. Dr. Fazzino found no evidence of irregular placement of the child's teeth within the dental arches and no irregular growth or development of the jaw bones or evidence of emotional issues directly related to the condition of the child's mouth. (Exhibit 6A: Dr. Fazzino's Handicapping Malocclusion Severity Assessment)

15. On [redacted] 2025, CTDHP notified the Appellant that orthodontic treatment was denied due to the score of twenty-four points being less than the required twenty-six points needed for approval of services. There was no presence found of any deviations affecting the mouth or underlying structures. There was no evidence presented of related mental, emotional and/or behavioral problems, disturbances, or dysfunctions. (Exhibits 7A & 7B: Determination Letter dated [redacted], 2025)

16. The child does not qualify for orthodontic treatment based on the scoring of the Preliminary Handicapping Malocclusion Assessment Records completed by both Dr. Dr. Gange and Dr. Fazzino. Additionally, no medical documentation has been submitted to CTDHP by the Appellant to substantiate medical necessity. (Hearing Record)

17. No documentation was provided to CTDHP regarding the child being treated by a qualified child Psychiatrist or child Psychologist for related mental emotional or behavioral problems, disturbances, or dysfunctions. (Hearing Record)

18. The issuance of this decision is timely under the Code of Federal Regulations which requires that a decision be reached, and the household notified within [redacted] days of receipt of a requested administrative hearing. The hearing request was received on [redacted] 2025, making this decision due no later than [redacted] 2025, as [redacted] 2025, is a Saturday. (Hearing Record)

CONCLUSIONS OF LAW

1. State statute provides that the Department may make such regulations as are necessary to administer the medical assistance program. [Conn. Gen. Stat. §17b - 262]

2. “Medically necessary" and "medical necessity" defined. Notice of denial of services. Regulations. (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. (b) Clinical policies, medical policies, clinical criteria or any other generally accepted clinical practice guidelines used to assist in evaluating the medical necessity of requested health service shall be used solely as guidelines and shall not be the basis for a final determination of medical necessity. [Conn. Gen. Stat. § 17b-259b]

3. State regulations provide 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. [Conn. Agencies Regs. §17-134d-35(a)]

4. 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. [Conn. Gen. Stats Section 17b-282e]

5. State regulations provides, in relevant part as follows; 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 licensed psychologist who has accordingly limited his 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 the orthodontic treatment is necessary, and, in this case, will significantly ameliorate the problems. [Conn. Agencies Regs. §17-134d-35(e)(2)]

6. State regulations provide that the study models submitted for prior authorization must clearly show the occlusal deviations and support the total point score of the preliminary assessment. [Conn. Agencies Regs. §17-134d-35(f)]

   In the child's case, the records and prior authorization form do not clearly support the twenty-six points or greater, subject to prior authorization requirements.

In the child's case, a licensed Psychologist or licensed Psychiatrist who has limited his or her practice to child Psychology or to child Psychiatry has not recommended that the child receives orthodontic treatment to significantly ameliorate a mental, emotional, or behavioral problem, disturbances, or dysfunctions.

CTDHP was correct to find that the child's malocclusion did not meet the medical necessity criteria for orthodontia, as established in state regulations.

DECISION

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

Joseph Alexander
Joseph Alexander
Administrative Hearing Officer

CC: Magdalena Carter, Connecticut Dental Health Partnerships
Rita LaRosa, Connecticut Dental Health Partnerships

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 §4-1181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, 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 06105-3725.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to Superior Court with 45 days of the mailing of this decision, or 45 days after the agency denies 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 fooled 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 06105-3725. 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 her 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.