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 # 255269

NOTICE OF DECISION

PARTY

[redacted]

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

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

On [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 4-184, inclusive, of the Connecticut General Statutes, the OLCRAH held an administrative hearing. The following individuals participated in the hearing:

[redacted], Appellant
Rosario Monteza, Grievance and Appeals Representative, CTDHP
Dr. Joseph D'Ambrosio, DMD, Dental Consultant, CTDHP
Joseph Davey, Administrative Hearing Officer

The hearing record remained open until [redacted], 2025, to allow for the submission of information from the Appellant. The record closed on [redacted], 2025, without any submission from the Appellant.

STATEMENT OF THE ISSUE

The issue is whether CTDHP's decision to deny orthodontic treatment for the Appellant's Child was in accordance with state statutes and regulations.

FINDINGS OF FACT

1. The Child is [redacted] ([redacted]) years old (D.O.B. [redacted]) and is active on Medicaid. (Exhibit 1: [redacted] Prior Authorization Claim form dated [redacted], Hearing Record, Appellant's testimony)

2. The Appellant is the Child's mother. (Appellant's testimony, Hearing Record)

3. [redacted], (the "Treating Orthodontist") is the Child's treating provider. (Exhibit 1)

4. On [redacted], 2024, the Treating Orthodontist submitted a Prior Authorization claim form to CTDHP. The Treating Orthodontist requested orthodontic treatment for the Child in the form of braces. (Exhibit 1, Hearing Record)

5. On [redacted], 2024, the Treating Orthodontist submitted a Preliminary Handicapping Malocclusion Assessment Record with a score of twenty-one (**21**) points to CTDHP. Included were models and x-rays of the Child's teeth. (Exhibit 2: [redacted] Malocclusion Severity Assessment dated [redacted] Hearing Record)

6. On [redacted], 2024, Dr. Vincent Fazzino, CTDHP's orthodontic consultant, reviewed the x-rays and models of the Child's teeth submitted by the Treating Orthodontist. Dr. Fazzino completed a Preliminary Handicapping Malocclusion Assessment Record and independently arrived at a score of eighteen (**18**) points. Dr. Fazzino did not find any evidence of severe irregular placement of the Child's teeth within the dental arches and found no irregular growth or development of the Child's jaw. There was no evidence submitted by the Appellant to substantiate that the Child had mental or emotional issues directly related to his mouth. (Exhibit 3: Dr. Vincent Fazzino's Malocclusion Severity Assessment dated [redacted], Hearing Record)

7. On [redacted], 2025, CTDHP issued a NOA denying the Treating Orthodontist's request for prior authorization for orthodontic services because the scoring of the Child's mouth was less than the twenty-six (**26**) points required for coverage. In addition, there was no evidence provided to indicate the presence of severe deviations affecting the mouth and underlying structures and no evidence that a

diagnostic evaluation has been done by a licensed child psychologist or child psychiatrist indicating that the Child's dental condition is related to the presence of severe mental or emotional, and/or behavioral problems, disturbances, or dysfunctions, as defined in the current edition of the Diagnostic Statistical Manual. (Exhibit 4: Notice of Action dated [redacted])

8. On [redacted], 2025, the Appellant requested an appeal review and administrative hearing to contest CTDHP's decision to deny orthodontia services for the Child. (Exhibit 5: Request for Administrative Hearing dated [redacted])

9. On [redacted], 2025, after the Appellant requested an administrative hearing, CTDHP conducted an appeal review of the Child's teeth. (Hearing Record)

10. On [redacted], 2025, Dr. Ronald Bucari, CTDHP's orthodontic consultant, reviewed the x-rays and models that were previously provided by the Treating Orthodontist. Dr. Bucari conducted the review independently and completed a Preliminary Handicapping Malocclusion Assessment Record, arriving at a score of fifteen (**15**) points. Dr. Bucari did not find any evidence of severe irregular placement of the Child's teeth within the dental arches and found no irregular growth or development of the Child's jaw. (Exhibit 6: Dr. Ronald Bucari's Malocclusion Severity Assessment dated [redacted])

11. On [redacted], 2025, CTDHP issued a Determination Letter which outlined that the appeal review upheld the [redacted], 2025, denial for prior authorization for orthodontic services. (Exhibit 7: Determination Letter dated [redacted])

12. On [redacted], 2025, the Appellant provided a letter from [redacted], LCSW, to CTDHP for review. The letter stated in relevant part *"This letter is provided at [redacted] mother's request for current information about* [redacted] (the Child's) *diagnosis and treatment.* [redacted] *has been in therapy with me since* [redacted] *2022. Recently I updated her diagnosis from a simple depressive disorder with a possibility of hypomanic episodes, to a Bipolar spectrum disorder due to the significant difference between her depressive episodes, and her elevated moods. There is also a strong cyclical pattern to her mood episodes, although the current depressive state is the longest she has ever experienced months long. Over her time in therapy we have been working on managing the multiple stressors in her life, combating the anxiety she has about various things, incorporating the care of her diabetes into her daily life and sorting through impact on her identity and social impact; as well as trying to stabilize the frequent highs and lows of her mood states. The past several months her depression has been quite severe. Currently the primary treatment concerns include: her severe depressed mood, suicidal ideation, eating disordered thinking and behavior, and extreme difficulties with sleep."* (Exhibit 9: Letter from [redacted], LCSW, dated [redacted])

13. On [redacted], 2025, Dr. Ronald Bucari, CTDHP's orthodontic consultant, reviewed the letter from Ms. [redacted] and provided the following response in a letter dated [redacted], 2025: *"After reviewing the most recent medical document with regard to [redacted][1] [redacted] request for orthodontic treatment through Husky Medicaid. No correlation was made between her teeth and how it may impact current mental state. Therefore the denial of orthodontic care still remains."* (Exhibit 10: Dr. Bucari's response letter dated [redacted])

14. As of the date of the administrative hearing, the Child is not currently undergoing treatment by a licensed child psychiatrist or psychologist relating to the condition of her teeth. (Appellant's testimony, Hearing Record)

15. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within [redacted] days of the request for an administrative hearing. The Appellant requested an administrative hearing on [redacted], 2025; making this decision is due no later than [redacted], 2025. However, the hearing record was extended ([redacted]) days to allow for the submission of information from the Appellant. Therefore, this decision is not due until [redacted], 2025. (Hearing Record)

CONCLUSIONS OF LAW

1. Connecticut General Statutes ("Conn. Gen. Stat.") § 17b-2(6) 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.

   The Department has the authority to administer the Medicaid program.

2. Regulations of Connecticut State Agencies ("Regs., Conn. State Agencies") 17-134d-35(a) provides that orthodontic services provided for individuals less than 21 years of age will be paid for when (1) provided by a qualified dentist; and (2) deemed medically necessary as described in these regulations.

   The Department has the authority to determine eligibility for payment of orthodontic services provided for individuals under 21 years of age.

3. Conn. Gen. Stat. §17b-282e provides that the Department of Social Services shall cover orthodontic services for a Medicaid recipient less than 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

[1] The Child's name was misspelled in Dr. Bucari's [redacted], 2025, response letter.

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.

Regs., Conn. State Agencies §17-134d-35(e) provides when an eligible recipient is determined to have a malocclusion, the attending dentist should refer the recipient to a qualified dentist for the preliminary examination of the degree of malocclusion. (2) 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 be clear 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. (3) A recipient who becomes Medicaid eligible and is already receiving orthodontic treatment must demonstrate that the need for service requirements specified in subsections (e) (1) and (2) of these regulations was met before orthodontic treatment commenced, meaning that before the onset of treatment the recipient would have met the need for services requirements.

Regs., Conn. State Agencies §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.

CTDHP correctly determined that the diagnostic models and x-rays submitted by the Treating Orthodontist for prior authorization do not support a score of twenty-six (26) points or greater on the Salzmann Handicapping Malocclusion Index.

4. Regs., Conn. State Agencies § 17-134d-35(e)(1) provides, in relevant part, that the Department shall consider additional information of a substantial nature about the presence of other severe deviations affecting the mouth and underlying structures. Other deviations shall be severe if left untreated, they would cause irreversible damage to the teeth and underlying structures.

   Regs., Conn. State Agencies § 17-134d-35(e)(2) provides, in relevant part, that 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.

Regs., Conn. State Agencies § 17-134d-35(f)(1) 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 may proceed with the diagnostic assessment.

CTDHP correctly determined that there was no additional substantial information submitted regarding the presence of severe deviations affecting the Child's mouth and underlying structures.

CTDHP correctly determined that there was no evidence submitted that the Child is undergoing treatment by a licensed child psychologist or psychiatrist related to any mental, emotional, and/or behavior problems and that orthodontic treatment is necessary and would significantly ameliorate the problems.

5. 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.

Conn. Gen. Stat. § 17b-259b(b) provides that 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.

CTDHP correctly determined that the Child did not meet the criteria under state statute; therefore, orthodontic treatment is not medically necessary.

6. Conn. Gen. Stat. § 17b-259b(c) 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 notified the Appellant via the [redacted], 2025, NOA that she could request a copy of the specific guidelines or criteria that were considered in making the determination of medical necessity.

   The Department, through CTDHP, was correct in its denial of prior authorization for orthodontia, as the Child's condition does not meet the statutory definition of medical necessity.

DECISION

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

Joseph Davey
Administrative Hearing Officer

Cc: Rita LaRosa, CTDHP, rita.larosa@ctdhp.com
Magdalena Carter, CTDHP, magdalena.carter@ctdhp.com

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, law, and 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 requested 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 the 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 the 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 if 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 06105-3725. A copy of the petition must also be served to 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 following §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.