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

[redacted]
Request # 257738

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

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

On [redacted], 2025, [redacted] (the "Appellant"), requested an administrative hearing to contest the Department's denial of the prior authorization request for orthodontia.

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, 17-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held a telephonic administrative hearing. The following individuals participated in the hearing:

[redacted], Appellant
Kate Nadeau, Grievance and Appeals Representative, CTDHP
Dr. Vincent Fazzino, Dental Consultant, CTDHP
Carla Hardy, 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 in accordance with 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]/2012). (Exhibit 1: Prior Authorization Claim Form; Appellant's Testimony)

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

4. [redacted] (the "treating orthodontist") is the child's treating orthodontist. (Exhibit 1: Prior Authorization Claim Form; Hearing Record)

5. On [redacted] 2025, CTDHP received a prior authorization request for braces for the child. (Exhibit 1: Prior Authorization Claim Form; Hearing Record)

6. The prior authorization request included a Malocclusion Severity Assessment. The treating orthodontist assigned the child a score of twenty-six (26) points. The treating orthodontist did not indicate the presence of other severe deviations affecting the child's mouth and underlying structures which, if left untreated, would cause irreversible damage to the teeth or underlying structures (Exhibit 2: The Treating Orthodontist's Preliminary Handicapping Malocclusion Assessment Record; Hearing Record)

7. On [redacted] 2025, Dr. Benson Monastersky, DMD, an Orthodontic Consultant for CTDHP reviewed the dental records and evidence provided by the child's treating orthodontist and assigned her a score of eighteen (18) points on the Malocclusion Severity Assessment. Dr. Monastersky did not find the presence of other severe deviations affecting the child's mouth and underlying structures. He determined that orthodontic treatment was not medically necessary. He did not approve the request for braces. (Exhibit 3: Dr. Monastersky's Preliminary Handicapping Malocclusion Assessment Record; Hearing Record)

8. On [redacted] 2025, CTDHP sent an NOA to the child advising her that the prior authorization request received from her provider for braces (orthodontics) was denied as not medically necessary, because (1) her score of eighteen (18) 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 her 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]/25)

9. On [redacted] 2025, the Department received the Appellant's request for an appeal/ hearing. (Exhibit 5: Request for Appeal and Administrative Hearing; Hearing Record)

10. On [redacted] 2025, pursuant to the Appellant's appeal filed on [redacted] 2025, Dr. Vincent Fazzino, DMD, a Dental Consultant for CTDHP conducted an appeal review of the child's dental records. He assigned the child's malocclusion a score of eighteen (18) points. He did not find the presence of other severe deviations affecting the child's mouth and underlying structures. Dr. Fazzino commented, "Guidelines require overjet to be greater than 3mm." He did not approve the request for braces. (Exhibit 6: Dr. Fazzino's Preliminary Handicapping Malocclusion Assessment Record; Hearing Record)

11. On [redacted], 2025, CTDHP notified the Appellant that her child's score of eighteen (18) points was less than the twenty-six (26) points required to receive coverage for braces. CTDHP did not find the presence of any deviations affecting the child's mouth or underlying structures. Nor did they find any evidence presented that the child was treated by a licensed psychiatrist or psychologist related to the condition of the child's teeth. CTDHP upheld the denial for braces. (Exhibit 7: Determination Letter, [redacted]25)

12. The child grinds her teeth and is prescribed a mouthguard for treatment. She is on her second mouthguard due to putting holes in them while grinding her teeth. She also has a cracked tooth in the front of her mouth. (Appellant's Testimony)

13. Mouthguards are used to treat bruxism also called teeth grinding. Braces are not used as a treatment for bruxism. There can be other issues that contribute to the child's bruxism. (Dr. Fazzino's Testimony)

14. The child has anxiety and sleep issues. Her pediatrician recommended therapy. The Appellant decided not to pursue therapy at this time. (Appellant's Testimony)

15. The child is not receiving treatment from a psychiatrist or psychologist due to the condition of her teeth. (Appellant's Testimony)

16. 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 the hearing on [redacted] 2025; therefore, this decision is due no later than [redacted] 2025. (Hearing Record)

CONCLUSIONS OF LAW

1. Connecticut General Statutes §17b-2 designates in part that the Department of Social Services is the state agency to administer the Medicaid program pursuant to Title XIX of the Social Security Act.

   The Department has the authority under State statute to administer the Medicaid program.

2. 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(a)]

3. Orthodontic services will be paid for when provided by a qualified dentist and deemed medically necessary as described in these regulations. [Regs., Conn. State Agencies § 17-134d-35(a)]

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

5. “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 individuals daily functioning. . . .” [Conn. Gen. Stat § 17b-282e]

“When an eligible recipient is determined to have a malocclusion, the attending dentist should refer the recipient to a qualified dentist for 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 were 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(e)]

The Appellant did not provide evidence from a licensed psychiatrist or a licensed psychologist who has limited his or her practice to child psychiatry or child psychology indicating the child suffered from the presence of mental, emotional, and/or behavior problems due to her malocclusion.

6. 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).

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

   The study models must clearly show the occlusal deviations and support the total point score of the preliminary assessment. [Regs., Conn. State Agencies § 17-134d-35(f)(1)(D)]

   Because the child’s two CTDHP Malocclusion Severity Assessments were less than 26 points and there was no substantial evidence presented about the presence of severe deviations affecting her mouth and underlying structures, orthodontic services are not determined medically necessary.

The child's malocclusion severity does not meet the criteria for medical necessity for 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.**

_____*Carla Hardy*____
Carla Hardy
Hearing Officer

Pc: 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 06105-3725.

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 06105-3725. 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 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.