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

[redacted] **2025**
Signature Confirmation

Case ID # [redacted]
Client ID #: [redacted]
Request #: 258498

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted], 2025, Connecticut Dental Health Partnership ("CTDHP"), sent [redacted] (the "Appellant") a notice of action denying a request for prior authorization of interceptive orthodontic treatment for her minor child, indicating that the child did not meet the medically necessary care requirements in state law to approve the proposed treatment and that interceptive orthodontia treatment for her child was not medically necessary.

On [redacted] 2025, the Appellant requested an administrative hearing to contest the Department's denial of prior authorization of interceptive orthodontic treatment for her child.

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, OLCRAH held an administrative hearing by phone.

The following individuals were present at the hearing:

[redacted], the Appellant
Cindy Ramos, CTDHP's representative
Dr. Stanley Wolfe, CTDHP's Dental Consultant

Fernando, Spanish Interpreter, Language Link
Scott Zuckerman, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether CTDHP's denial of a prior authorization request for approval of an interceptive orthodontic treatment for her child as not medically necessary was correct and per state statutes and regulations.

FINDINGS OF FACT

1. The Appellant is the mother of [redacted] (the "child"). (Hearing record)

2. The child (D.O.B. [redacted]/2015) is a participant in the Medicaid program, as administered by the Department of Social Services (the "Department"). (Hearing record)

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

4. Children and Family Dentistry and Brace is the child's treating orthodontist (the "treating orthodontist"). (Hearing Summary, Exhibit 1: Orthodontia Services Claim Form)

5. On [redacted] 2025, the treating orthodontist requested prior authorization to complete interceptive orthodontic treatment for the child. The provider remarked, "Please see Dr. Notes in HLD" (Ex. 1)

6. On [redacted], 2025, the treating orthodontist submitted to CTDHP a Preliminary Handicapping Malocclusion Assessment record with a score of 15 points, models, and x-rays. The provider commented, "Unilateral left posterior crossbite with functional shift and mid to left". The treating orthodontist did not find that there is the presence of other severe deviations affecting the mouth and underlying structures. (Exhibit 2: Preliminary Handicapping Assessment, [redacted]/2025)

7. On [redacted], 2025, Dr. Vincent Fazzino, DMD, CTDHP's orthodontic dental consultant, independently reviewed the child's x-rays, photographs, and models of his teeth. Dr. Fazzino commented, "Does not meet Phase One treatment guidelines. Case does not meet criteria for midline shift of at least a half lower incisor." Dr. Fazzino did not find that there is the presence of other severe deviations affecting the mouth and underlying structures. There was no evidence presented of emotional issues directly related to his mouth. (Exhibit 3: Dr. Fazzino's Assessment, [redacted]/25)

8. On [redacted], 2025, CTDHP denied the treating orthodontist's request for prior authorization of interceptive orthodontic treatment because the documents provided by the treating orthodontist provided no evidence that the requested service met the

medically necessary/medical necessity care conditions set by the Department. (Exhibit 4: Notice of Action for Denied Services or Goods, [redacted]/2025)

9. On [redacted], 2025, Dr. Ronald Bucari, DMD, CTDHP's orthodontic dental consultant, independently reviewed the child's models, photographs, and x-rays, and commented: "Doesn't meet criteria for interceptive orthodontic treatment unilateral crossbite does not cause a midline shift of at least half lower incisor". Dr. Bucari determined that interceptive orthodontic treatment is not medically necessary as no presence was found of any deviations affecting the child's mouth or underlying structures and there was no evidence the child is receiving treatment by a licensed psychiatrist or psychologist related to the condition of his teeth. (Exhibit 6: Dr. Bucari's Assessment, [redacted]/25)

10. On [redacted], 2025, CTDHP notified the Appellant that an appeal review determined that interceptive orthodontic treatment is not medically necessary as no presence was found of any deviations affecting the child's mouth or underlying structures and there was no evidence the child is receiving treatment by a licensed psychiatrist or psychologist related to the condition of his teeth. (Exhibit 8: Determination letter, [redacted]/25)

11. On [redacted], 2025, OLCRAH held an administrative hearing. (Record)

12. The child is not receiving treatment by a qualified psychiatrist or psychologist for related mental emotional or behavioral problems, disturbances, or dysfunctions related to his dental situation. (Appellant's testimony)

13. The child does not have problems chewing or swallowing food. (Appellant's testimony)

14. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a) ("Conn. Gen. Stat."), 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 on [redacted] 2025, and is timely. (Hearing Record)

CONCLUSIONS OF LAW

1. Conn. Gen. Stat. § 17b-2 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.

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.

3. Conn. Gen. Stat. §17b-259b provides (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.

4. 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.

5. Conn. Gen. Stat. §17b-282c (a) provides in relevant part that all nonemergency dental services provided under the Department of Social Services' dental programs, as described in section 17b-282b, shall be subject to prior authorization. Nonemergency services that are exempt from the prior authorization process shall include diagnostic, prevention, basic restoration procedures and nonsurgical extractions that are consistent with standard and reasonable dental practices.

6. 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)]

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

8. 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, 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 the child has not received a diagnostic evaluation performed by a licensed psychiatrist or a licensed psychologist who has limited his or her practice to child psychiatry or child psychology regarding a dentofacial deformity related to the child's mental, emotional, and/or behavior problems.

CTDHP correctly determined that the child's dental models, photographs, and x-rays did not show the presence of severe deviations affecting the mouth and underlying structures for the authorization of interceptive orthodontic treatment.

CTDHP correctly determined that the child's malocclusion did not meet the medically necessary criteria for approval of interceptive orthodontic treatment as established in state statute and was correct to deny prior authorization because the child does not meet the medical necessity criteria for interceptive orthodontic services, following state statutes and regulations.

9. 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 determining medical necessity.

CTDHP correctly issued a Notice of Action for Denied Services or Goods on [redacted] 2025, and a Determination Letter upholding the denial on [redacted] 2025.

DECISION

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

Scott Zuckerman
Scott Zuckerman
Hearing Officer

Cc: 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, 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 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 the Department of Social Services, Director, Office of Legal Counsel, Regulations, and Administrative Hearings, 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 his designee per §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.