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

[redacted]
[redacted]
Request #: 266820

NOTICE OF DECISION
PARTY

[redacted]
[redacted]
[redacted]
[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2025, Connecticut Dental Health Partnership ("CTDHP/BeneCare"), Dental contractor for the Department of Social Services (the "Department"), sent [redacted] (the "Appellant") a Notice of Action ("NOA") denying a request for prior authorization of braces for her minor child, [redacted] (the "child") indicating that the severity of the child's malocclusion did not meet the requirements in state law to approve the proposed treatment and that braces are not medically necessary.

On [redacted] 2025, the Appellant requested an administrative hearing to contest the Department's denial of prior authorization of 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, 17b-61 and 4-176e to 4-184 inclusive, of the Connecticut General Statutes, OLCRAH held a telephonic administrative hearing.

The following individuals participated:

[redacted]
[redacted] Spanish Interpreter[redacted]
Cindy Ramos, CTDHP Representative
Dr. Ronald Bucari, CTDHP Dental Consultant
Amy MacDonough, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether the CTDHP correctly denied the prior authorization request for the child's orthodontic services as not medically necessary.

FINDINGS OF FACT

1. The child is a [redacted]-year-old [Date of Birth: [redacted]] participant in the Husky Medicaid program, as administered by the Department. *(Hearing Record; Exhibit 1: Prior Authorization)*

2. The Appellant is the mother of the child. *(Appellant's Testimony)*

3. CTDHP is the Department's contractor for reviewing dental providers' requests for prior authorization of orthodontic treatments. *(Hearing Record; Exhibit 4: NOA)*

4. [redacted] is the child's treating orthodontist (the "treating orthodontist"). *(Exhibit 1)*

5. On [redacted] 2025, the treating orthodontist submitted a prior authorization for orthodontic services for the child. They submitted a Malocclusion Severity Assessment record with a score of 31 points. *(Exhibit 2: Malocclusion Severity Assessment)*

6. On [redacted] 2025, Dr. Robert Gange, DDS, CTDHP's orthodontic dental consultant, independently reviewed the child's x-rays and models and arrived at the score of 21 points on the Malocclusion Severity Assessment record. 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. There was no evidence presented of emotional issues directly related to his mouth. *(Exhibit 3: Malocclusion Severity Assessment)*

7. On [redacted] 2025, CTDHP issued a NOA to the Appellant and child stating the request for approval of orthodontia services was denied because the score of 21 points was less than the required 26 points and (a) 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 (b) there is no evidence that a diagnostic evaluation ahs been done by a licensed child psychologist or licensed child psychiatrist indicating that (1) the child's 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 (2) orthodontic treatment will significantly improve such problems, disturbances or dysfunctions. *(Exhibit 4: NOA)*

8. On [redacted] 2025, Dr. Ronald Bucari, DMD, CTDHP's orthodontic dental consultant, conducted an appeal review. Dr. Bucari independently reviewed the models and x-rays of the child's teeth and arrived at the score of 22 points on the Malocclusion Severity Assessment record. He did not find evidence of severe irregular placement of his teeth within the dental arches and no irregular growth or development of the jaw bones. The doctor indicated there was no evidence presented stating the presence of emotional issues directly related to his dental situation. *(Exhibit 6: Malocclusion Severity Assessment)*

9. On [redacted], 2025, CTDHP issued a NOA to the Appellant upholding the previously denied request for braces for the child after an appeal review indicated the score of 22 points was less than the 26 points needed for approval. There was no presence of any deviations affecting the mouth or underlying structures and there was no evidence of treatment by a licensed psychiatrist or psychologist related to the condition of the child's teeth. *(Exhibit 7: Determination Letter)*

10. On [redacted] 2025, CTDHP received a letter from [redacted]. The letter indicated that she provides mental health services on a weekly basis to the child. The child was diagnosed with autism spectrum disorder on [redacted] 2023, and his symptoms and behaviors include difficulties with social interactions, communication challenges and repetitive patterns. [redacted] indicates the child has "talked about wanting to get his teeth fixed so that he can feel better about smiling". *(Exhibit 8: LPC Letter)*

11. On [redacted], 2025, Dr. Ronald Bucari, DMD, reviewed the letter from the [redacted] and determined that the denial of orthodontia remained. Dr. Bucari indicated that [redacted] is not a clinical psychiatrist or psychologist, and the letter did not prove that the child's teeth are the cause of his mental health problems. *(Exhibit 9: Response Letter)*

12. The issuance of this decision is timely under section 17b-61(a) of Connecticut General Statutes, which requires that the agency issue a decision 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 of the Connecticut General Statutes 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.

   Section 17-134d-35(a) of Regulations of Connecticut State Agencies provides that orthodontic services will be paid for when (1) provided by a qualified dentist; and (2) deemed medically necessary as described in these regulations.

Section 17-134d-35(d) of Regulations of Connecticut State Agencies provides for other limitations and states orthodontic services are limited to recipients under twenty-one (21) years of age.

The Department has the authority to administer the Medicaid program in Connecticut, and through the CTDHP, evaluate eligibility for orthodontic services.

2. Section 17b-259b(a) of the Connecticut General Statutes provides that 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. Section 17b-282e of the Connecticut General Statutes provides that 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.

   Section 17-134d-35(e)(1) of Regulations of Connecticut State Agencies provides in relevant part 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 considered to be severe if, left

untreated, they would cause irreversible damage to the teeth and underlying structures.

Section 17-134d-35(e)(2) of Regulations of Connecticut State Agencies 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 behavior problems. And that orthodontic treatment is necessary and, in this case, will significantly ameliorate the problems.

4. Section 17b-282(c)(a) of the Connecticut General Statutes 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.

5. Section 17-134d-35(f)(1) of Regulations of Connecticut State Agencies 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.

   CTDHP correctly determined that the child's malocclusion did not meet the criteria for severity, or 26 points, as established in state statutes.

   When the total point score on the Preliminary Assessment is less than 26 points, the CTDHP must consider whether certain other factors make orthodontic treatment medically necessary. One such factor is the presence of severe deviations affecting the oral-facial structures. CTDHP correctly determined that there was no evidence that the child had the presence of any such deviations.

   CTDHP correctly determined that the child is not receiving therapy from a licensed child psychiatrist or child psychologist.

   CTDHP correctly denied prior authorization because the child's request for orthodontia services does not meet the medical necessity criteria in accordance with state statutes and regulations.

6. Section 17b-259b(c) of the Connecticut General Statutes 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 issued a NOA 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.**

Amy MacDonough
Fair Hearing Officer

CC: Magdalena Carter, CTDHP, Magdalena.carter@ctdhp.com
Rita LaRosa, CTDHP, rita.larosa@ctdhp.com
Jessica McMullin, CTDHP, jessica.mcmullin@ctdhp.com
Cindy Ramos, CTDHP, cindy.ramos@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 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.