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

[redacted] 2026
Signature Confirmation

[redacted]
Request # 275275

NOTICE OF DECISION
PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2025, Connecticut Dental Health Partnership/BeneCare ("CTDHP"), sent [redacted] (the "Appellant") a Notice of Action ("NOA") denying a request for prior authorization of orthodontia for the Appellant's child, [redacted], ("the child"). The NOA informed the Appellant that the child's orthodontic treatment (braces) was denied due to a lack of evidence to support medical necessity as defined under state statute.

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], 2026.

On [redacted] 2026, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an Administrative Hearing telephonically.

The following individuals participated in the hearing by teleconference:

[redacted], Appellant
[redacted], CTDHP Representative
[redacted], CTDHP Dental Consultant
Jessica Gulianello, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether CTDHP's denial of prior authorization through the Medicaid program for the child's orthodontic services (braces) was in accordance with state law.

FINDINGS OF FACT

1. The child (D.O.B. [redacted]) is a participant in the Medicaid program, as administered by the Department of Social Services through CTDHP. *(Exhibit 1: Dental Claim Form, Exhibit A: Hearing Request, Appellant's Testimony)*

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

3. On [redacted] 2025, Dr. [redacted] (the "treating orthodontist"), completed a prior authorization request for Orthodontic Treatment (braces) for the child. *(Exhibit 1: Orthodontic Services Claim Form, Hearing Summary, CTDHP Testimony)*

4. On [redacted] 2025, CTDHP received from the treating orthodontist a Preliminary Handicapping Malocclusion Assessment Record with a score of 28 points, dental models, and x-rays of the child's mouth. The treating orthodontist commented, "Client has no missing teeth". *(Exhibit 2: Malocclusion Assessment Record dated [redacted] 2025, Hearing Summary, CTDHP Testimony)*

5. On [redacted] 2025, Dr. [redacted], CTDHP's orthodontic dental consultant, independently reviewed the child's models and x-rays and arrived at a score of 22 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. [redacted], found no presence of severe deviations affecting the mouth and underlying structures. *(Exhibit 3: Preliminary Handicapping Malocclusion Assessment Record dated [redacted]/2025, Hearing Summary, CTDHP Testimony)*

6. On [redacted] 2025, CTDHP denied the treating orthodontist's request for prior authorization for orthodontic services as not medically necessary. *(Exhibit 4: NOA dated [redacted]/2025, Hearing Summary, CTDHP Testimony)*

7. On [redacted] 2025, the Appellant requested an Administrative Hearing to contest the denial of orthodontic treatment for the child. *(Exhibit 5: Hearing Request – signed on [redacted]/2025 & received on [redacted]/2025, Exhibit A: Hearing Request - signed on [redacted]/2025 & received on [redacted]/2025, Hearing Summary, CTDHP Testimony)*

8. On [redacted] 2025, CTDHP received the child's IEP from [redacted] dated [redacted]/2025. *(Exhibit 6: IEP dated [redacted]/2025, Hearing Summary, CTDHP Testimony)*

9. On [redacted], 2025, Dr. [redacted], a CTDHP dental consultant, independently reviewed the child's models and x-rays and arrived at a score of 22 points on a completed Preliminary Handicapping Malocclusion Assessment Record. Dr. [redacted] found no presence of severe deviations affecting the mouth and underlying structures. There was no evidence presented of any treatment by a licensed psychiatrist or psychologist related to the condition of the child's teeth. *(Exhibit 7: Preliminary Handicapping Malocclusion Assessment Record dated [redacted]2025, Hearing Summary, CTDHP Testimony)*

10. On [redacted] 2025, CTDHP issued a determination letter upholding the denial. *(Exhibit 8: Determination Letter dated [redacted]/2025, Hearing Summary, CTDHP Testimony)*

11. On [redacted] 2025, Dr. [redacted] reviewed the IEP plan and provided the following response, "After reviewing letters for [the child] neither letter from [the child's] mother or [redacted] School District, provide any information which can relate [to the child's] maloclussion and any mental health issues. Therefore case remains denied". *(Exhibit 9: Dr. [redacted] comment dated [redacted]/2025, Hearing Summary, CTDHP Testimony)*

12. On [redacted] 2025, CTDHP telephoned the child's speech therapist who advised that the child is currently in [redacted] grade, and he was dismissed from speech therapy in [redacted] grade. *(Hearing Summary, CTDHP Testimony)*

13. The child is not currently being treated by a qualified psychiatrist or psychologist for related mental emotional or behavioral problems, disturbances, or dysfunctions specifically related to her teeth. *(Hearing Record)*

14. The issuance of this decision is timely under section § 17b-61(a) of Connecticut General Statutes, 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. This decision, therefore, was due no later than [redacted] 2026, and it is, therefore, timely. *(Hearing Record)*

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.

2. Section 17b-262 of the Connecticut General Statutes provides that the Department may make such regulations as are necessary to administer the medical assistance program.

3. Section 17b-262-1011(f)(1) of the Connecticut State Agencies Regulations provides that the department shall cover comprehensive orthodontic therapy with prior authorization for members under the age of twenty-one years.

4. Section 17b-259b of the Connecticut General Statutes 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.

5. 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.

   CTDHP correctly determined that the child's dental models and x-rays do not meet the requirement of a twenty-six (26) point score on the Salzmann Preliminary Handicapping Malocclusion Assessment Record. CTDHP correctly determined that orthodontic treatment is not medically necessary because there is no presence of severe deviations affecting the child's mouth and underlying structures, and the child's Salzmann scores are less than the required 26 points.

6. Section 17b-262-1011(f)(1)(B) of the Regulations of Connecticut State Agencies provides that the department shall cover comprehensive orthodontic therapy if the member does not achieve twenty-six points on the Salzman Assessment Record but is undergoing continuous therapy for six months or greater by a physician, a licensed psychologist, licensed clinical social worker, independent licensed practitioner, family counselor or other recognized and licensed specialist who attests the treatment of the malocclusion will significantly ameliorate the psychological condition or conditions caused by the malocclusion.

7. Section 17b-262-1014(c)(2) of the Regulations of Connecticut State Agencies provides that providers shall submit requests for prior authorization to the department or its designee electronically through a secure portal or by submitting a completed request on an American Dental Association claim form; (3) Supporting documentation shall include the following: (A) Charted records of the dentition and soft tissue; (B) Documentation of a condition or disease state from another healthcare provider or agency; (C) Models of the dental arch with bite registration when appropriate; (D) Photographs electronically or printed on photographic paper; (E) Diagnostic imaging; (F) Treatment notes; (G) Post-procedure review requests containing the date of service; and (H) Any teeth expected to be extracted that are documented on the prior authorization or post procedure review claim form.

   The Appellant did not provide evidence from a licensed child psychologist or licensed child psychiatrist indicating the child suffers from the presence of severe mental, emotional, and/or behavioral problems, disturbances, or dysfunctions caused by his dental deformity. CTDHP, therefore, concluded that orthodontic services are not medically necessary.

8. 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 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.

Jessica Gulianello

Jessica Gulianello
Administrative Hearing Officer

Cc: [redacted], Connecticut Dental Health Partnership
[redacted] 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.

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.