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

[redacted] **2026**
Signature Confirmation

[redacted]
[redacted]
Request #: 275587

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On [redacted] 2025, the 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 met 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], Appellant
Cindy Ramos, CTDHP Grievance and Appeals representative

Dr. Vincent Fazino, 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; Appellant's Testimony; Exhibit 1: Prior Authorization Claim; Exhibit 4: NOA)*

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. *(Department's Testimony; Exhibit 4)*

4. Dr. [redacted] from [redacted] is the child's treating orthodontist (the "treating orthodontist"). *(Exhibit 1; Exhibit 2: Malocclusion Severity Assessment)*

5. On [redacted] 2025, the treating orthodontist submitted a prior authorization claim for orthodontic services for the child. They submitted a Malocclusion Severity Assessment record with a score of 27 points. *(Exhibit 2)*

6. On [redacted] 2025, Dr. Benson Monastersky, DMD, CTDHP's orthodontic dental consultant, independently reviewed the child's records and arrived at a score of 18 points on the Malocclusion Severity Assessment record. He 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 child stating the request for approval of orthodontia services was denied because the score of 18 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 has been done by a licensed psychologist or a 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)*

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 a score of 17 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. Dr. Bucari 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 17 points was less than the 26 points needed for approval. There was no presence found of any deviations affecting the mouth or underlying structures and 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: Determination letter)*

10. The child is not undergoing therapy for six months or greater by a recognized or licensed specialist for a psychological condition directly related to his mouth, and there is no medical condition for which braces would treat. *(Appellant's Testimony)*

11. The Appellant indicated that her child began receiving orthodontic treatment approximately seven (7) weeks ago. He began using Invisalign and the Appellant has arranged a payment plan with the orthodontist. *(Appellant's Testimony)*

12. The issuance of this decision is timely under Section 17b-61(a) of the 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] 2026.

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes provides that the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.

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

2. Effective July 1, 2025, Section 17b-262-1011 of Regulations of Connecticut State Agencies repealed Section 17-134d-35 of Regulations of Connecticut State Agencies and substituted in pertinent part the following: (f) The department shall cover comprehensive orthodontic therapy: (1) with prior authorization for members under the age of twenty-one years by a licensed orthodontist, pediatric dentist or general dentist who is qualified to treat orthodontic cases. Records shall be submitted for prior authorization and includes, but is not limited to, color facial photographs on photographic paper, panoramic and cephalometric imaging, diagnostic casts and if necessary, a letter by a licensed professional attesting to an adverse psychological event or outcome due to the malocclusion. The orthodontic case fee includes the first set of maxillary and mandibular retainers. To qualify for orthodontic therapy: (A) Members shall be free from active gingivitis or untreated decay and score a twenty-six or greater on a correctly scored Salzmann Assessment Record; or (B) If the member does not achieve twenty-six points on the Salzmann 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.

   Section 17b-282(c)(a) of the Connecticut General Statutes provides for nonemergency dental services and states 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.

   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 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.

3. 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.

   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.

4. 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 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: Magdelena Carter, CTDHP
Rita LaRosa, CTDHP
Jessica McMullin, CTDHP
Cindy Ramos, CTDHP

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.