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

Case ID : [redacted]
Client ID : [redacted]
Request : 276218

NOTICE OF DECISION
PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2025, BeneCare Dental Plans ("BeneCare"), as administered by the Connecticut Dental Health Partnership ("CTDHP"), sent [redacted], (the "Appellant") a notice of action denying a request for prior authorization of orthodontic treatment for her minor child (the "child"), indicating that the child did not meet the medically necessity requirements in state law to approve the proposed treatment and that 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 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] 2026.

On [redacted] 2026, following sections 17b-60, 17b-61, and 4-176e to 4-184, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing by telephonic conferencing.

The following individuals participated:

[redacted], Appellant
Cindy Ramos, CTDHP's Representative
Dr. Ronald Bucari, DMD, CTDHP Dental Consultant
Christopher Turner, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether CTDHP's denial of the prior authorization request for orthodontia coverage for the Appellant's child followed state statutes and regulations.

FINDINGS OF FACT

1. The Appellant is the mother of the child. (Hearing record; Appellant's testimony)

2. The child (D.O.B. [redacted]) is a participant in the Medicaid program, as administered by the Department of Social Services (the "Department"). The child is not receiving treatment from a qualified psychiatrist or psychologist for related mental, emotional, or behavioral problems, disturbances, or dysfunctions related to his dental situation. (Hearing record; Appellant's testimony)

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

4. On [redacted] 2025, CTDHP received from the treating provider, [redacted], from [redacted], a request to complete orthodontic treatment for the child with a Preliminary Handicapping Assessment score of 21 points. The doctor commented: "Ectopic eruption LR2. Spacing U/L. Small UL2. Class 3 canine right. Midline lower off." (Exhibit 1A: Prior Authorization Request; Exhibit 2A: Preliminary Handicapping Assessment date [redacted]25)

5. On [redacted] 2025, Dr. Benson Monastersky, DMD, an orthodontic dental consultant for CTDHP, independently reviewed the child's x-rays and models of his teeth. Dr. Monastersky did not find the presence of other severe functional deviations affecting the mouth and underlying structures. The doctor commented: "Patient is Class 1. All comments were read and did not alter the score or outcome." (Exhibit 3A: Dr. Monastersky Assessment)

6. On [redacted] 2025, CTDHP notified the Appellant that an appeal review determined that orthodontic treatment is not medically necessary, as there was no evidence of any deviations affecting the child's mouth or underlying structures, and there was no evidence that the child is receiving treatment by a licensed psychiatrist or psychologist related to the condition of his teeth. (Exhibit 4A: Notice)

7. On [redacted] 2025, Dr. Vincent Fazzino, DMD, a CTDHP orthodontic dental consultant, independently reviewed the child's models and x-rays and commented: "All comments were scored accordingly." Dr. Fazzino determined that orthodontic treatment is not medically necessary as there was no evidence of any deviations affecting the child's mouth or underlying structures, and there was no evidence that the child has been receiving treatment by a licensed psychiatrist or psychologist for more than six months related to the condition of his teeth. (Exhibit 6A: Dr. Fazzino's Assessment)

8. On [redacted] 2025, CTDHP sent the Appellant a notice upholding the denial. (Exhibit 7A: Notice)

9. 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, with this decision due no later than [redacted] 2026. (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.

   Regs., Conn. State Agencies ("Regs., Conn. State Agencies") § 17b-262-1011 provides for non-exhaustive coverage for dental services and limitations to such services are outlined in subsections (a) to (j), inclusive, of this section subject to the exception process through prior authorization outlined in subsections (k) and (1) and section 17b-262-1014 of the Regulations of Connecticut State Agencies.

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

2. 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.

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.

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.

The Department correctly determined that the Appellant's orthodontia request for his child must meet the medically necessary criteria to receive prior authorization approval.

3. Regs., Conn. State Agencies § 17b-262-1011 (f) provides that 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 are 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.

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

CTDHP correctly determined that the child has not received a diagnostic evaluation performed by a physician, a licensed psychologist, a licensed clinical social worker, an independent licensed practitioner, a family counselor, or other recognized and licensed specialist regarding a dentofacial deformity related to the child's mental, emotional, and/or behavioral problems.

CTDHP correctly determined that the child did not meet the medically necessary criteria for approval of orthodontic treatment as established in state statute and was correct to deny prior authorization for such.

4. 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 the Appellant a notice upholding the denial on [redacted] 2025, and [redacted] 2025.

DECISION

The Appellant's appeal is denied.

Christopher Turner
Hearing Officer

Cc: Magdalena Carter, Connecticut Dental Health Partnership,
P.O. Box 486, Farmington, CT 06032
Jessica McMullin, Connecticut Dental Health Partnership
Cindy Ramos, 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 because 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 requested 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 Administrative Hearings and Appeals, 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 the 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 the Commissioner's designee following §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.