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

[redacted] 2026
USPS Electronic Return Receipt

Case: [redacted]
Client: [redacted]
Request: 278793

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2026, the Connecticut Dental Health Partnership ("CTDHP"), the Department of Social Services' dental review contractor, issued [redacted] (the "Appellant") a *Notice of Action* denying prior authorization of interceptive orthodontic services for [redacted] (the "child"), her minor child.

On [redacted] 2026, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") received the Appellant's [redacted], 2026 postmarked request for an administrative hearing.

On [redacted] 2026, the OLCRAH scheduled an 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, the OLCRAH held an administrative hearing by telephone conferencing. The following individuals participated:

[redacted], Appellant
Kate Nadeau, CTDHP Representative
Vincent Fazzino, DMD, CTDHP Witness
Anastasia 984264, Interpreter, Cloud Interpreter
Eva Tar, Hearing Officer

The hearing record closed [redacted], 2026.

STATEMENT OF ISSUE

The issue is whether State statutes and regulations support CTDHP's denial of prior authorization for the child's interceptive orthodontic services.

FINDINGS OF FACT

1. The child is [redacted] years old. (Appellant Testimony)

2. The child has coverage through HUSKY Health. (CTDHP Exhibit 4)

3. CTDHP is the Department of Social Services' contractor for reviewing dental prior authorization requests. (CTDHP Representative Testimony)

4. The child has mixed dentition, with both deciduous ("baby teeth") and permanent teeth present. (CTDHP Witness Testimony)

5. The child's jaw does not align correctly; his lower jaw moves over his upper jaw. (Appellant Testimony) (CTDHP Exhibit 5)

6. The child is unable to tolerate a mouthguard because a severely displaced upper tooth obstructs proper seating of the appliance. (Appellant Testimony)

7. The child experiences jaw pain and headaches when eating. (Appellant Testimony)

8. The child eats only baby food or soft food. (Appellant Testimony)

9. On [redacted] 2025, Dr. [redacted] (the "orthodontist") scored the child's malocclusion at 30 points on a Preliminary Handicapping and Malocclusion Assessment Record. The scoring did not identify the child's mixed dentition or the presence of deciduous teeth. (CTDHP Exhibit 2)

10. In his *Preliminary Handicapping Malocclusion Assessment Record,* the orthodontist did not complete the section titled "CRITERIA FOR APPROVAL OF INTERCEPTIVE ORTHODONTIC TREATMENT." (CTDHP Exhibit 2)

11. On [redacted], 2025, CTDHP received a request from the orthodontist for prior authorization of interceptive orthodontic services for a RPE [Rapid Palatal Expander] to treat the child's anterior crossbite; included in the request were the child's models and photographs. (CTDHP Exhibits 1 & 2)

12. Robert Gange, DDS (the "first reviewer") and Vincent Fazzino, DMD (the "second reviewer") are CTDHP consultants. (CTDHP Exhibits 3 & 7)

13. The first and second reviewers independently scored the severity of the child's malocclusion as 10 points on the Preliminary Handicapping Malocclusion Assessment Record, after

reviewing the medical records submitted by the orthodontist for review to CTDHP. (CTDHP Exhibits 3 & 7)

14. On or around [redacted] 2026, CTDHP received a [redacted] 2026 correspondence from the orthodontist asserting that the child has a "significant anterior crossbite accompanied by traumatic occlusion" resulting in "improper functional contact between the child's maxillary and mandibular anterior teeth produces excessive and uneven occlusal forces" placing the child at risk for "accelerated enamel wear, periodontal trauma, gingival recession and potential tooth mobility." (Hearing request) (CTDHP Exhibit 5)

15. On [redacted] 2026 and [redacted] 2026, CTDHP denied the orthodontist's request for prior authorization of the child's orthodontic services. (CTDHP Exs. 4 & 8)

16. Connecticut General Statutes § 17b-61 (a) provides: "The Commissioner of Social Services or the commissioner's designated hearing officer shall ordinarily render a final decision not later than ninety days after the date the commissioner receives a request for a fair hearing pursuant to section 17b-60…."

    The OLCRAH received the Appellant's hearing request on [redacted] 2026, postmarked [redacted] 2026. The hearing decision was due no later than [redacted] 2026. This final decision is timely.

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes in part designates the Department of Social Services as the state agency to administer the Medicaid program pursuant to Title XIX of the Social Security Act.

   "The Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program…." Conn. Gen. Stat. § 17b-262.

   "The Department of Social Services shall amend or repeal any definitions in the regulations of Connecticut state agencies that are inconsistent with the definition of medical necessity provided in subsection (a) of this section, including the definitions of medical appropriateness and medically appropriate, that are used in administering the department's medical assistance program…." Conn. Gen. Stat. § 17b-259b (d).

   State statute authorizes the Department to administer the HUSKY Health program in Connecticut and to make such regulations as are necessary to administer the program.

2. "'Orthodontia' means pertaining to orthodontic treatment, which is the specialty of dental medicine concerned with the growth and development or oro-facial structures, including irregularities of bone and alignment, the non-alignment of teeth within the dental arch, alignment discrepancies between the maxillary and mandibular arches and associated oro-facial anomalies." Conn. Agencies Regs. § 17b-262-1007.

3. Regulations of Connecticut State Agencies § 17b-262-1006 provides: "Sections 17b-262-1006 to 17b-262-1017, inclusive, of the Regulations of Connecticut State Agencies set forth

the Department of Social Services requirements for the payment of dental services for clients who are determined eligible to receive services under Connecticut's Medicaid program pursuant to section 17b-261 of the Connecticut General Statutes."

Regulations of Connecticut State Agencies, Section 17b-262-1014 addresses the need for service and authorization process. Subsection (a) of this section provides: "The need for a dental service includes any services that are deemed by the department to be medically necessary and that: (1) Are within the scope of the dentist's practice; and (2) Are made part of the recipient's medical record."

"In order to receive payment from the department, each dental provider shall comply with all prior authorization requirements. The department, in its sole discretion, shall determine what information is necessary to approve a prior authorization request, provided such determination includes a finding of medical necessity and is consistent with sections 17b-262-1006 to 17b-262-1017, inclusive, of the Regulations of Connecticut State Agencies. Prior authorization does not guarantee payment unless all other requirements for payment are met, including the member being eligible for services at the time of service." Conn. Agencies Regs. § 17b-262-1014 (b).

4. Regulations of Connecticut State Agencies, Section 17b-262-1011 addresses services covered and limitations. Subsections (e)(1) and (e)(2) provide:

   The department shall cover the following limited orthodontic therapy:

   (1) Orthodontic appliance therapy is covered with prior authorization for members under the age of twenty-one years.
   (2) For interceptive orthodontic purposes with documentation, including a description of the condition, the type of interceptive orthodontics proposed, length of treatment, models, radiographs, and photographs, demonstrates the need to correct dentofacial conditions using:
      (A) Fixed or removable space maintainers;
      (B) Corrective spacing deficiency devices used to influence the development phase of upper or lower jaw growth;
      (C) Habit-breaking appliances with documentation of the significant effects of the habit; and
      (D) Retainers for each arch limited to replacement one time per lifetime per member regardless of the reason.

   Conn. Agencies Regs. § 17b-262-1011 (e)(1) and (e)(2).

   Section 17b-282e of the Connecticut General Statutes addresses orthodontic services for Medicaid recipients under twenty-one years of age. This section provides:

   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….
>
> Conn. Gen. Stat. § 17b-282e.

While the child's 10-point malocclusion score does not meet the regulatory criteria for approval of orthodontic services, the child falls within the exception provided at Conn. Gen. Stat. § 17b-282e because he presents with severe deviations that would lead to irreversible damage to the dentition and underlying structures absent treatment.

5. Section 17b-259b (a) of the Connecticut General Statutes provides:

> 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 (a).

"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-259b (b). (emphasis added)

Interceptive orthodontic services to treat the child's malocclusion <u>are</u> medically necessary, as the term "medically necessary" is defined at Conn. Gen. Stat. § 17b-259b (a).

State statutes and regulations do not support CTDHP's denial of prior authorization for the child's interceptive orthodontic services.

<u>DECISION</u>

The Appellant's appeal is GRANTED.

ORDER

1. CTDHP will grant the orthodontist's prior authorization request for an RPE and issue a *Notice of Action* recognizing the same.

2. Within 14 calendar days of the date of this Decision, or [redacted] 2026, documentation of compliance with this Order is due to the undersigned.

Eva Tar-electronic signature
Eva Tar
Hearing Officer

Cc: Magdalena Carter, CTDHP
Jessica McMullin, 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 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 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 after 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.