

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

REQUEST #824928

██████████ 2017  
SIGNATURE CONFIRMATION

CLIENT ID # ██████████

NOTICE OF DECISION

PARTY

██  
██  
██  
██

PROCEDURAL BACKGROUND

On ██████████ 2017, the Department of Social Services (the "Department") through its Administrative Service Organization ("ASO"), Community Health Network of Connecticut, Inc. ("CHNCT"), sent ██████████ (the "Appellant") a Notice of Action ("NOA") stating that it had denied her provider's prior authorization request for approval of Extended Gene Panel Testing for the Appellant as not medically necessary, pursuant to Section 17b-259b of the Connecticut General Statutes, as the request was not based on her specific medical condition, and based on the documents submitted, the medical necessity for this test could not be substantiated.

On ██████████ 2017, the Appellant requested an administrative hearing to contest CHNCT's denial of her provider's prior authorization request for approval of Extended Gene Panel Testing.

On ██████████ 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice of Administrative scheduling a hearing for ██████████ 2017 @ 10:00 AM.

On ██████████ 2017, 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 to address CHNCT's denial of the prior authorization request for approval of Extended Gene Panel Testing.

The hearing record was closed on ██████████ 2017.

The following individuals were present at the hearing:

████████████████████, Appellant  
████████████████████ Spouse/Witness for the Appellant  
Rosa Maurizio, RN, Representative for CHNCT  
Hernold C. Linton, Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether CHNCT's decision to deny the Appellant's prior authorization request for approval of Extended Gene Panel Testing, as not medically necessary pursuant to Section 17b-259b of the Connecticut General Statutes, is correct.

### **FINDINGS OF FACT**

1. The Appellant is a recipient of Medicaid benefits. (Appellant's testimony; Hearing Summary)
2. The Appellant is 46 years of age (DOB ██████/71), and has a master's degree in Education. (Appellant's testimony; Hearing Summary)
3. The Appellant is diagnosed with hypermobile joints and other features possibly suggestive of Ehlers-Danlos Syndrome ("EDS"), which affects her ability to perform functional and vocational tasks due to pain of her muscles and joints. (Hearing Summary; Dept.'s Exhibit #1: Prior Authorization Request)
4. On ██████ 2017, CHNCT, the Department's medical subcontractor, received a prior authorization request from the Appellant's geneticist for approval of Extended Gene Panel Testing for the Appellant to treat her diagnosis of hypermobile joints and other features possibly suggestive of EDS. (Hearing Summary; Dept.'s Exhibit #1)
5. The provider stated that understanding of the specific genetic cause of the Appellant's joint laxity would help to plan her future treatment and follow up and likely to improve her clinical outcome. However, no specific information or documentation was provided to substantiate why and how Extended Gene Panel Testing would help to improve the Appellant's condition. (Hearing Summary; Dept.'s Exhibit #1)
6. The prior authorization request includes progress notes detailing the Appellant's medical history and treatments received. (Hearing Summary; Dept.'s Exhibit #1)
7. On ██████ 2017, a care manager for CHNCT reviewed the prior authorization request and progress notes submitted and determined that the request for genetic testing did not meet coverage criteria, as no specific documentation was provided to substantiate why the testing for this gene would likely improve the Appellant's clinical outcome. (Hearing Summary; Dept.'s Exhibit #2: ██████/17 Medical Review)

8. CHNCT determined that the information provided gave no details as to how the test would help the Appellant, provided no peer-reviews, or published medical literature to support why the testing for this gene would likely improve the Appellant's condition. (Hearing Summary; Dept.'s Exhibit #2)
9. On ██████ 2017, CHNCT sent a NOA to the Appellant advising her that the prior authorization request for approval of Extended Gene Panel Testing was denied, because the request was not based upon her specific medical condition. The medical information submitted does not substantiate the medical necessity for this test. The NOA stated that the service requested was not medically necessary, per section 17b-259b(a)(5) of the Connecticut General Statutes. (Hearing Summary; Dept.'s Exhibit #3: ██████/17 Notice of Action)
10. The Appellant experiences pain in her joints, such as her knees, elbows, and neck. (Appellant's testimony; Hearing Summary)
11. The Appellant was diagnosed with mild scoliosis, not requiring a brace, hyperflexibility of both her small and large joints, and her hips would often crack and pop. She also carries the diagnosis of fibromyalgia and scleroderma. (Appellant's testimony; Dept.'s Exhibit #1)
12. The Appellant has not worked since 2013 due to pain. (Appellant's testimony; Dept.'s Exhibit #1)
13. The Appellant had been evaluated by a rheumatologist, and was treated with steroids, but the Appellant felt that the steroids have not been very helpful. (Appellant's testimony; Dept.'s Exhibit #1)
14. The Appellant felt that her knees were loose and has taken to wearing a leg brace for support. (Appellant's testimony; Dept.'s Exhibit #1)
15. The bones in the Appellant's neck and back would constantly pop and crack. (Appellant's testimony)
16. CHNCT determined that the Appellant does exhibit some signs of EDS but the genetics of EDS hypermobile type are vague and the genetic testing yield is quite low to benefit the Appellant. (Dept.'s Exhibit #1)
17. On ██████ 2017, CHNCT requested additional information from the Appellant's geneticist documenting how performing this test would help in the clinical management of the Appellant's symptoms or improve her clinical outcome. (Hearing Summary; Dept.'s Exhibit #6: ██████/17 Request for Medical Record)
18. On ██████ 2017, CHNCT requested additional information from the Appellant's primary care physician and rheumatologist. (Hearing Summary; Dept.'s Exhibit #9: 05/30/17 Request for Medical Record; Dept.'s Exhibit #10: ██████/17 Request for

Medical Record)

19. On [REDACTED] 2017, CHNCT received the same progress notes from the Appellant's geneticist that were submitted with the prior authorization request. (Hearing Summary; Dept.'s Exhibit #11: Progress Notes)
20. On [REDACTED] 2017, the Appellant's geneticist informed CHNCT that no additional medical information would be provided regarding the Appellant's prior authorization request. (Hearing Summary)
21. On [REDACTED] 2017, CHNCT conducted an appeal review of the Appellant's medical records and determined that there was no planned course of treatment documented by the provider. The plan is to do the testing and once the results are obtained, the provider would decide on a course of treatment. (Dept.'s Exhibit #12: [REDACTED]/17 Request for Medical Review)
22. On [REDACTED] 2017, CHNCT sent the Appellant a determination letter stating her provider's request for approval of Extended Gene Panel Testing was once again denied because the information does not support the medical necessity for this testing; there is insufficient evidence to support the use of this testing to identify a genetic abnormality responsible for hypermobile joints, and based on the information provided for review, there was no indication that the outcome of this genetic testing would have any material impact on the Appellant's treatment plan. (Dept.'s Exhibit #14: [REDACTED]/17 Determination Letter)
23. On [REDACTED] 2017, the Appellant submitted additional information regarding her suspected diagnosis for review. (Appellant's Exhibit A: Additional Medical Information)
24. On [REDACTED] 2017, CHNCT conducted an appeal review of the additional information submitted by the Appellant and determined that there was no indication that the outcome of the requested Extended Gene Panel Testing would provide any information that would materially impact the Appellant's treatment plan. The information provided gives no details as to how the test will help the Appellant, and CHNCT is unable to approve the provider's request for genetic testing as the request does not meet coverage criteria as no specific information was provided of how understanding the genetic cause of the Appellant's joint laxity would help to plan her current and future treatment. (Dept.'s Exhibit #15: Care Manager Review, dated [REDACTED] 2017)

### **CONCLUSIONS OF LAW**

1. The Department is the designated state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act and may make such regulations as are necessary to administer the medical assistance program. [Conn. Gen. Stat. §17b-2; Conn. Gen. Stat. §17b-262]

2. 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)]

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. [Conn. Gen. Stat. 17b-259b (c)]

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. The commissioner shall implement policies and procedures to carry out the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal not later than twenty days after implementation. Such policies and procedures shall be valid until the time the final regulations are adopted. [Conn. Gen. Stat. 17b-259b (d)]

3. CHNCT correctly determined in order to determine medical necessity for the Extended Gene Panel Testing it is important to understand how current and future diagnosis and treatment, as well as clinical outcome, is likely to differ for each of the possible results of the requested genetic testing, and to know of the peer reviews and published medical literature that support the conclusions.
4. CHNCT correctly determined that the information provided gives no specific details on how the requested extended panel sequencing analysis for joint hypermobility genes/connective tissue disorder genes would help the Appellant.
5. CHNCT correctly determined that there is a lack of evidence submitted to indicate that understanding of the specific genetic cause of the Appellant's joint laxity would help with her future management and follow up treatment plan.
6. CHNCT correctly determined that there is no documentation provided of the therapeutic or diagnostic results of Extended Gene Panel Testing on the Appellant's illness and symptoms.
7. CHNCT correctly denied the Appellant's request for Extended Gene Panel Testing as not medically necessary based on the documentation submitted, because no specific information has been provided as to how the requested genetic testing would likely improve the Appellant's clinical outcome.

### **DECISION**

The Appellant's appeal is **DENIED**.



Hernold C. Linton  
Hearing Officer

CC: Appeals@chnct.org

### **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 06105-3725.

### **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, 55 Elm Street, 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.