

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

██████████, 2018
Signature Confirmation

Request #: ██████████
Case ID: ██████████
Client ID: ██████████

NOTICE OF DECISION
PARTY

██████████

PROCEDURAL BACKGROUND

On ██████████ 2017, Community Health Network of Connecticut, Inc. (“CHNCT”), sent ██████████ (the “Appellant”) a notice of action denying her provider’s prior authorization request for approval of Genioplasty (chin surgery).

On ██████████ 2017, the Appellant requested an administrative hearing to contest CHNCT’s denial of the prior authorization request for approval of Genioplasty.

On ██████████ 2017, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2017.

On ██████████ 2017, OLCRAH, at the Appellant’s request, issued a notice rescheduling the administrative hearing for ██████████ 2017.

On ██████████ 2017, OLCRAH, at the Appellant’s request, issued a notice rescheduling the administrative hearing for ██████████, 2018.

On ██████████ 2018, OLCRAH, at the Department’s request, issued a notice rescheduling the administrative hearing for ██████████, 2018.

On ██████████ 2018, in accordance with sections 17b-60, 17-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing.

The following individuals were present at the hearing:

██████████ Appellant

Rosa Maurizio, Appeals and Grievances Analyst, CHNCT Representative

Christopher Turner, Hearing Officer

The hearing record was left open for the submission of additional medical information. On ██████████ 2018, the record closed after receipt of the results of a third appeal review.

STATEMENT OF THE ISSUE

The issue is whether CHNCT's correctly denied the Appellant's medical provider's request for prior authorization for Genioplasty (chin surgery) for the Appellant based on lack of medical necessity was correct, and in accordance with state statutes and regulations.

FINDINGS OF FACT

1. The Appellant is a participant in the state Medicaid program as administered by the Department. (Hearing summary)
2. On ██████████ 2017, CHNCT received a prior authorization request for the Appellant from DR. David ██████████ for bilateral mandibular ramus osteotomies, rigid fixation (procedure 21196) and genioplasty (procedure 21121) for diagnoses of mandibular hyperplasia and maxillary hypoplasia. (Exhibit 1: Authorization request; Hearing summary)
3. Genioplasty is also known as chin surgery. The procedure involves advancing, or moving the chin forward or back. (Record; CHNCT's Testimony)
4. The Appellant has been diagnosed with mandibular hyperplasia and maxillary hypoplasia. The Appellant also suffers from a Class III malocclusion. (Additional medical information Exhibit 2: Jaw measurements and x-ray pages 3-5 of 16; Imaging request pages 6-7; Electronic health record pages 8-14; Preauthorization request from UConn Health pages 15 and 16; Hearing summary)
5. The Appellant has difficulty chewing and swallowing food. The Appellant avoids crunchy and sticky foods as well as steak and similar meats. (Appellant's testimony)
6. On ██████████, CHNCT received additional information from the Appellant's oral surgeon ██████████ ██████████ indicated the Appellant's treatment plan would include surgery to allow for maximal occlusal contact thereby improving her ability to have a normal diet. Due to the Appellant's abnormal overjet and overbite, the Appellant has great difficulty incising food. ██████████ ██████████ recommends surgical repositioning of the Appellant's mandible and maxilla. ██████████ indicates that without correction of her jaw position, maintenance of a functional masticatory is

unlikely. This could lead to tooth loss as well as functional temporomandibular joint problems. Lastly, this surgery is for correction of a functional skeletal deformity and is not a dental problem. (Exhibit 2; Hearing summary)

7. On [REDACTED], 2017, CHNCT sent a notice of action to the Appellant advising her that the prior authorization request received from her provider for approval of a bilateral mandibular ramus osteotomies, rigid fixation was approved (21196). The Appellant's Genioplasty request (21121) was denied because the requested procedure is deemed cosmetic in nature and therefore not medically necessary. (Exhibit 3: Medical review; Hearing summary)
8. On [REDACTED], 2017, CHNCT received an appeal from the Appellant. (Exhibit 6: Acknowledgement letter; Hearing summary)
9. On [REDACTED] 2017, CHNCT contacted [REDACTED] office for more information. [REDACTED] stated Genioplasty may not take place but he would only know if the procedure was necessary during the actual surgery. (Exhibit 8: Medical review request; Hearing summary)
10. On [REDACTED] 2017, CHNCT notified [REDACTED] of the Appellant's appeal and requested additional information. CHNCT requested clarification of why CPT code 21121 is requested versus the previously requested CPT code 21145; clarification on whether or not procedure 21121 is definitely being performed or possibly being performed depending on the actual surgery findings; a letter of medical necessity that indicates why the Genioplasty is medically necessary for the Appellant. (Exhibit 7: CHNCT letter to provider dated [REDACTED]/17; Hearing summary)
11. On [REDACTED] 2017, CHNCT obtained more information from [REDACTED] by telephone. (Hearing summary)
12. On [REDACTED] 2017, CHNCT obtained more information from [REDACTED] by telephone. (Hearing summary)
13. On [REDACTED] 2017, CHNCT sent the Appellant's appeal for a medical review. (Exhibit 8: Medical review; Hearing summary)
14. On [REDACTED] 2017, CHNCT sent the Appellant a denial letter. The letter indicated the Appellant's appeal was denied since the Genioplasty is considered cosmetic in nature and does not address a functional or physical abnormality. (Exhibit 9: Denial letter dated [REDACTED]/17; Exhibit 10: Determination letter dated [REDACTED]/17)
15. On [REDACTED] 2018, an administrative hearing was held. The Appellant submitted a medical necessity letter from Dr. [REDACTED] for review. (Exhibit 11: Letter from Dr. Shafer)

16. In order to fully correct the Appellant's asymmetry, it is necessary to move her anterior portion of her mandible separately from the ramus of her mandible. This action may actually leave the Appellant with a worse anterior jaw asymmetry than now. ██████████ indicated his surgical treatment plan is Bilateral Mandibular Ramus Osteotomies, rigid fixation (21196 previously approved) and Mandibular Anterior Horizontal Sliding Osteotomy, rigid internal fixation (21122). (Exhibit 11)
17. The procedure code 21121 indicates a single jawbone is cut while procedure code 21122 indicates two jawbones are cut. (Record; CHNCT's testimony)
18. On ██████████ 2018, the reconsideration review was completed by CHNCT. The previous denial of Genioplasty was upheld. (Exhibit 12: Care manager review dated 2/8/18)

CONCLUSIONS OF LAW

1. Connecticut General Statutes §17b-2 provides the Department is the designated state agency for the administration of: (6) the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Connecticut General Statutes §17b-259b provides (a) For the 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.

Connecticut General Statutes 17b-259b (b) 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.

Connecticut General Statutes 17b-259b (c) 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.

CHNCT incorrectly determined that the information provided by the Appellant's provider does not show the medical necessity for the requested Genioplasty in treating the Appellant's condition.

The Appellant's provider has established the requested Genioplasty is medically necessary for her condition and is not primarily for the convenience of the individual, the individual's health care provider, or other health care providers because the Genioplasty is in keeping with generally accepted standards of medical practice.

3. Connecticut Agency Regulations §17b-262-342 provides the Department shall not pay for the following goods or services or goods or services related to the following:
(4) cosmetic surgery.

CHNCT incorrectly determined that the requested Genioplasty is cosmetic in nature because the Appellant's provider has established the requested Genioplasty is not cosmetic in nature but medically necessary for her condition. Without the Genioplasty, the Appellant may suffer tooth loss as well as functional temporomandibular joint problems.

CHNCT incorrectly denied the prior authorization request for approval of Genioplasty as not medically necessary pursuant to Section 17b-259b of the Connecticut General Statutes.

DISCUSSION

The medical documents and testimony provided for the hearing as well as case notes from CHNCT were reviewed by the undersigned. Considerable weight was given to [REDACTED] assessment that the Appellant's Genioplasty is medically necessary based on the fact he would only know if the Genioplasty were required during the initial surgery. If [REDACTED] determined the Genioplasty was essential while performing surgery, which is likely, but was not given approval for such, the Appellant may be subjected to a second or third surgery to reposition her jawbones. Subjecting the Appellant to more surgery is not in keeping with generally accepted standards of medical practice and may be more costly than if [REDACTED] was given approval beforehand. The requested Genioplasty is considered medically necessary for the Appellant and not cosmetic in nature.

DECISION

The Appellant's appeal is granted.

ORDER

CHNCT is ordered to approve the Appellant's prior authorization request for Genioplasty. Compliance with this order is due no later than two weeks from the date of this decision.

Christopher Turner
Hearing Officer

Cc: Rosa Maurizio, RN, Quality Analyst, CHNCT,
11 Fairfield Boulevard, Wallingford, CT 06492

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, 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 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, 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 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 06105-3725. 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.