

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

██████████
SIGNATURE CONFIRMATION

Client ID # ██████████
Hearing ID # 114835

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, the Department of Social Services (the “Department”), through its medical Administrative Services Organization, Community Health Network of Connecticut, Inc. (“CHNCT”), sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying a request for prior authorization of a full abdominoplasty.

On ██████████, the Appellant requested an administrative hearing to contest the Department’s denial of a full abdominoplasty.

On ██████████, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) scheduled an administrative hearing for ██████████.

On ██████████, 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. The following individuals participated in the hearing:

██████████, Appellant
Robin Goss, CHNCT Representative
Shelley Starr, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether CHNCT correctly denied the Appellant's medical provider's request for prior authorization of Husky Medicaid payment for a full abdominoplasty.

FINDINGS OF FACT

1. The Appellant is [REDACTED] years old ([REDACTED]). (Appellant's Testimony; Exhibit 1: Prior authorization request dated [REDACTED])
2. The Appellant is a participant in the Husky A Medicaid program, as administered by the Department of Social Services (the "Department"). (Hearing Summary; Hearing Record)
3. CHNCT is the Department's contractor for reviewing medical requests for prior authorization of medical services. (Hearing Record)
4. The Appellant's medical history includes [REDACTED] [REDACTED]. (Exhibit 1: Prior Authorization Request dated [REDACTED] Hearing Record)
5. In [REDACTED], the Appellant was last seen by her treating mental health clinician, [REDACTED]. The Appellant no longer sees her other treating clinician, [REDACTED]. (Appellant's Testimony; Exhibit 10: Email from Appellant dated [REDACTED])
6. The Appellant is fully functional with no indication of the inability to perform activities of daily living. (Appellant's Testimony; Hearing Record)

[REDACTED] The Appellant experiences symptoms of pain while eating and with heavy physical activity. (Appellant's Testimony; Exhibit 1: Prior Authorization [REDACTED])

[REDACTED], [REDACTED], is the Appellant's treating physician. (Appellant's Testimony; Exhibit 1: Prior Authorization Request received [REDACTED])

[REDACTED] On [REDACTED], CHNCT received a prior authorization request from [REDACTED], for a full abdominoplasty for a diagnosis of lipodystrophy. (Hearing Summary; CHNCT's Testimony; Exhibit 1: [REDACTED] authorization request received [REDACTED])

10. "Abdominoplasty" is the excision of excess lower abdominal skin and the tightening of abdominal muscles. "Lipodystrophy" is a term defining loss of body fat. (CHNCT's Testimony; Hearing Summary)

██████████ indicated in his authorization request of the need for two separate surgeries. One surgery is for the repair of the umbilical hernia and the other is for a full abdominoplasty. The doctor relayed that the abdominoplasty, which is the cosmetic portion of the procedure, would not be covered by insurance. (██████████: Prior Authorization Request dated ██████████)

On ██████████, CHNCT completed an internal review and denied the prior authorization request for a full abdominoplasty, noting that the requested procedure is not medical necessary as the clinical information received did not show a medical need. CHNCT sent a notification letter to the Appellant. (Exhibit 3: Notice of Action dated ██████████)

On ██████████, the Appellant filed an appeal contesting the denial of a full abdominoplasty. (Exhibit 4: Administrative Hearing Request received ██████████)

14. On ██████████, CHNCT notified ██████████ of the Appellant's appeal and requested additional information documenting a functional issue and a letter of medical necessity to support the medical need for a full abdominoplasty. The information was due ██████████. (Exhibit 6: Letter sent to ██████████, dated ██████████)

15. On ██████████, CHNCT contacted the Appellant's clinician, ██████████ and was advised that she did not have anything to provide for the members appeal. (Hearing Summary)

16. On ██████████, CHNCT was notified ██████████ office that there is no additional information to provide. (CHNCT's Testimony; Hearing Summary)

17. On ██████████, CHNCT contacted the Appellant's clinician ██████████. The Department was not provided with any information from the clinician. (Hearing Summary; Department's Testimony)

18. On ██████████, CHNCT sent the appeal for a medical review and an internal review was completed. CHNCT reaffirmed its denial of prior authorization of a full abdominoplasty due to the lack of a medical necessity. (Exhibit 12: Medical Review, dated ██████████)

On [REDACTED], CHNCT sent a determination letter to the Appellant notifying her of the denial of a full abdominoplasty because the requested information provided by your doctor did not support the medical necessity criteria for approval in accordance with the Connecticut General Statutes. (Exhibit 13: Determination letter, dated [REDACTED])

20. The Appellant was approved for the umbilical hernia surgery as it was determined to be medically necessary. (Department's Testimony; Appellant's Testimony)

21. There is a lack of evidence in the hearing record, demonstrating that the Appellant's medical provider's request for a full abdominoplasty is medically necessary and clinically appropriate. (Hearing Record)

CONCLUSIONS OF LAW

1. Section 17b-2 & § 17b-262 of the Connecticut General Statutes provides in part that the Department of Social Services 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.
2. Regulation addresses the requirements of prior authorization. Subsection (a) provides that prior authorization, to determine medical appropriateness and medical necessity, shall be required as a condition of payment for certain Medical Assistance Program goods or services as set forth in the regulations of the department governing specific provider types and specialties. The department shall not make payment for such goods and services when such authorization is not obtained by the provider of the goods or services. [Conn Agencies Regs. § 17b-262-528]
3. State statute 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. [Conn. Gen. Stat. § 17b-259b(a)]

State statute 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-259b(b)]

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

4. Regulation provides that the department shall not pay for the following: (4) cosmetic surgery. [Conn Agencies Regs. § 17b-262-342(4)]
5. Regulation provides that the department shall not pay for the following: (12) any procedures or services of an unproven, educational, social research, experimental or cosmetic nature; any diagnostic therapeutic or treatment services in excess of those deemed medically necessary by the department to treat the client's condition; or for services not directly related to the client's diagnosis, symptoms or medical history. [Conn Agencies Regs. § 17b-262-342(13)]

CHNCT correctly determined the Appellant's condition does not meet the criteria in accordance with state statute and regulations to support the medical necessity and appropriateness of the requested procedure. The evidence submitted supports that it is cosmetic is nature.

CHNCT was correct to deny the Appellant's medical provider's request for prior authorization of Husky Medicaid payment for a full abdominoplasty because it is not medically necessary.

DECISION

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


Shelley Starr
Hearing Officer

cc: appeals@chnct.org
Fatmata Williams, DSS

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 Legal Counsel, Regulations, and Administrative Hearings, 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, 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 his 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.