

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT06105-3725

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

Client ID # ██████████  
Request # ██████████

**NOTICE OF DECISION**  
**PARTY**

██████████  
██████████  
████████████████████

**PROCEDURAL BACKGROUND**

On ██████████, 2018, Community Health Network of Connecticut (“CHNCT”) sent ██████████ (the “Appellant”) a notice of action denying a request for prior authorization of cranial remolding orthosis for her child, ██████████.

On ██████████, 2018, the Appellant requested an administrative hearing to contest the denial of cranial remolding orthosis.

On ██████████, 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for May 2, 2018.

On ██████████ 2018, 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 were present at the hearing:

██████████, Appellant  
██████████, Appellant’s mother  
Fabiola Goin, RN, CHNCT’s Representative  
Roberta Gould, Hearing Officer

The hearing record remained open for the submission of additional evidence. The hearing record closed on ██████████ 2018.

## STATEMENT OF THE ISSUE

The issue to be decided is whether CHNCT's decision to deny cranial remolding orthosis is correct.

## FINDINGS OF FACT

1. The Appellant's child, ██████████, is a recipient of the Husky A Medicaid program. (Hearing record)
2. ██████████ is 8 months old and has a diagnosis of moderate plagiocephaly and brachycephaly. (Exhibit 1: Prior Authorization request with clinical evaluation)
3. ██████████ suffers from limited left neck rotation range of motion, facial asymmetries and flat head. (Exhibit 1 and Appellant's testimony)
4. ██████████ is appropriately meeting developmental milestones such as rolling over, sitting with support, weight bearing on legs, passing objects from hand to hand, raking small objects, turning to sounds, reaching, vocalizing to others, laughing and smiling. (Exhibit 1 and Exhibit 2: Medical review dated ██████████/2018)
5. Dr. ██████████ is ██████████'s pediatrician ("the treating physician"). (Exhibit 1 and Hearing summary)
6. ██████████ has received occupational therapy that involves neck stretches, repositioning, and tummy positioning to alleviate her limited range of motion when rotating her neck. (Exhibit 8: Letter of medical necessity from treating physician dated ██████████/2018 and Appellant's testimony)
7. ██████████ has no developmental or behavioral delays. (Exhibit 1 and Hearing summary)
8. On ██████████, 2018, Cranial Technologies requested prior authorization for a cranial remolding orthosis (adjustable helmet or band) for ██████████'s diagnoses of plagiocephaly. (Exhibit 1 and Hearing summary)
9. On ██████████ ██████████ 2018, CHNCT's medical director reviewed the medical information submitted by ██████████'s physician and determined that the request for cranial remolding orthosis was denied because although she has a diagnosis of plagiocephaly with a moderate to severe deformity, she does not have a Cephalic Index ("CI") of 90% or more or a Trans diagonal difference ("TDD") of 10 mm or more, along with a developmental delay. The medical director stated that medical necessity for cranial remolding orthosis could not be determined for Sophie as she does not present with developmental delay as a result of plagiocephaly and did not meet coverage criteria. (Exhibit 2 and Hearing summary)

10. On [REDACTED], 2018, CHNCT sent the Appellant a *Notice of Action for Denied Services or Goods* denying the request for cranial remolding orthosis because it does not meet generally accepted standards of care. Medical records show that the child's head deformity has not affected her development. (Exhibit 3: Notice of Action dated 2/16/2018 and Hearing summary)
11. On [REDACTED] 2018, [REDACTED] received a cranial remolding orthosis, paid for by the Appellant, to treat her medical condition of plagiocephaly and brachycephaly. (Exhibit 13: Medical review dated [REDACTED]/2018 and Appellant's testimony)
12. On [REDACTED], 2018, the Appellant's mother, [REDACTED], filed a verbal appeal regarding the denial of cranial remolding orthosis for Sophie. (Exhibit 4: Email dated [REDACTED]/2018)
13. On [REDACTED], 2018, CHNCT sent a medical record request to Dr. Lalaine Mortera and Cranial Technologies requesting additional information regarding Sophie's medical condition. (Exhibit 6: Medical documentation request, Exhibit 7: Medical documentation request and Hearing summary)
14. On [REDACTED] 2018, the Appellant requested an administrative hearing regarding the denial of the cranial remolding orthosis for [REDACTED] because the DOC band cranial orthosis will help her skull develop into a normal shape and will impact her ability to wear any safety helmets in the future including sports and bicycle helmets. (Exhibit 10 and Hearing summary)
15. On [REDACTED], 2018, CHNCT received more clinical information for [REDACTED] from her treating physician indicating that she has not only a grossly misshapen head, but also some asymmetry on her motor functioning and is in need of helmet therapy. (Exhibit 8: Clinical medical information dated [REDACTED]/2018 and Hearing summary)
16. On [REDACTED], 2018, CHNCT requested medical information from Main Street Physical Rehabilitation Center regarding the consideration of cranial remolding orthosis for [REDACTED]. (Exhibit 9: Medical records request dated [REDACTED]/2018 and Hearing summary)
17. On [REDACTED], 2018, CHNCT received clinical information regarding [REDACTED] from her Occupational Therapist, Christy Machan, recommending a cranial shaping device to help with ongoing deformities. (Exhibit 12: Clinical medical information dated [REDACTED]/2018 and Hearing summary)
18. The Connecticut Husky Health guidelines for Cranial Remodeling Devices recommends that remodeling bands or helmets may be considered medically necessary for the treatment of either synostosis, plagiocephaly or brachycephaly in children between 4 and 12 months of age when the child has a cephalic index greater than or equal to 90% or a transdiagonal difference greater than 10 mm,

**and** the child is not meeting developmental milestones secondary to plagiocephaly or brachycephaly (i.e. rolling, sitting, creeping), **and** marked asymmetry has not been substantially improved following a two-month trial of conservative treatment e.g. physical therapy, alternative positioning, “tummy time”, **and** there is clear and detailed documentation in the medical record submitted by the treating physician, which indicates the severity of the brachycephaly of plagiocephaly including the child’s inability to meet specific developmental milestones along with the failure of conservative management. (Exhibit 15: Husky Health provider policies and procedures for cranial remodeling devices)

19. On [REDACTED] 2018, CHNCT reviewed the Appellant’s medical documents and determined that the denial for cranial remodeling orthosis was upheld because the member must have a diagnosis of plagiocephaly with a moderate to severe deformity along with a developmental delay related to the diagnosis of plagiocephaly and a failed 4 month trial of conservative treatment. The medical necessity for cranial remodeling orthosis could not be determined for a child who does not present with developmental milestone delay as a result of plagiocephaly. (Exhibit 14: Medical review dated [REDACTED]/2018 and Hearing summary)

20. On [REDACTED] 2018, CHNCT sent the Appellant notification that CHNCT’s denial of authorization for cranial remodeling orthosis for [REDACTED] had been upheld after further review because medical information provided does not support the medical necessity for the cranial remodeling orthosis. (Exhibit 16: Determination Letter dated [REDACTED]/2018 and Hearing summary)

### **CONCLUSIONS OF LAW**

1. Section §17b-2(8) of the Connecticut General Statutes provides 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.
2. Section §17b-262 of the Connecticut General Statutes provides that the Department may make such regulations as are necessary to administer the medical assistance program.
3. Section §17b-259b(a) of the Connecticut General Statutes 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.

Section §17b-259b(b) of the Connecticut General Statutes 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.

Section §17b-259b(c) of the Connecticut General Statutes 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.

Section §17b-259b(d) of the Connecticut General Statutes provides that 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.

4. CHNCT was correct to find that cranial remolding orthosis is not medically necessary based on an assessment of the individual and her medical condition because cranial remolding orthosis is not consistent with generally-accepted standards of medical practice.
5. CHNCT was correct to deny prior authorization for cranial remolding orthosis because it is not medically necessary to address the child's moderate plagiocephaly and brachycephaly and, as such, would not be a covered service, in accordance with state statutes and regulations.

### **DISCUSSION**

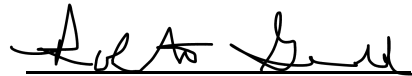
State regulations provide that health services covered under the Medicaid program must be considered medically necessary or required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition in order to attain or maintain the individual's achievable health and independent functioning and are 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. The request for a cranial remolding orthosis does not meet the Connecticut Husky Health guidelines for Cranial Remodeling Devices definition of medical necessity because the treating physician stated that [REDACTED] has demonstrated appropriately meeting developmental milestones for her age.

The Appellant did not provide any other evidence of a substantial nature to indicate that the child's head deformity has affected her development. Although [REDACTED] has a CI of 90% or more, she does not present with developmental delay as a result of plagiocephaly. It is reasonable to conclude that cranial remolding orthosis would not be medically necessary.

The undersigned hearing officer finds that the request for cranial remolding orthosis does not meet the requirement of being clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease.

**DECISION**

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

A handwritten signature in black ink, appearing to read 'Roberta Gould', written over a horizontal line.

Roberta Gould  
Hearing Officer

Pc: Fatmata Williams, DSS Central Office  
CHNCT

### **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.