

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
25 SIGOURNEY STREET
HARTFORD, CT 06106

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

Case ID ██████████
Client ID ██████████
Request # 118843

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2018, Community Health Network of Connecticut (“CHNCT”), the administrative services organization for HUSKY Health of Connecticut, issued ██████████ ██████████ (the “Appellant”) a notice of action stating that the CHNCT had denied his provider’s request for prior authorization through the Medicaid program for approval of a second right transradial prosthesis(artificial limb).

On ██████████ 2018, the Appellant requested an administrative hearing to contest CHNCT’s decision.

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

On ██████████ 2018, the Appellant requested to reschedule the administrative hearing.

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

On ██████████ 2018, 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. The following individuals attended the administrative hearing:

██████████, Appellant
Rachel Lavigne, certified Prosthetics -Orthotics, Hanger Clinic Facility
Robin Goss, RN, CHNCT Representative
Swati Sehgal, Hearing Officer

STATEMENT OF ISSUE

The issue to be decided is whether CHNCT correctly determined that the Appellant was not eligible for prior authorization for second right transradial prosthesis through the Medicaid program.

FINDINGS OF FACT

1. The Appellant is █████ years old. (DOB ██████) (Exhibit 1: Authorization request)
2. The Appellant is a participant of the Medicaid program. (Hearing record)
3. On █████, 2016, the Appellant had a motorcycle accident and lost his right arm below elbow. (Appellant's testimony)
4. The Appellant uses a bebionic myoelectric prosthetic hand and Electronic Terminal Device electric hook to perform his daily living activities. (Appellant's testimony, Hearing summary)
5. The Appellant is being treated for right shoulder weakness. (Hearing record)
6. CHNCT is the Department's contractor for reviewing requests for prior authorization of medical treatment and durable medical equipment (DME). (Hearing Record)
7. On █████ 2018, CHNCT received a prior authorization request from Hanger Prosthetics and Orthotics ("DME vendor") for second right transradial prosthesis for diagnosis of partial traumatic amputation of right forearm. (Exhibit 1: Prior Authorization form)
8. On █████ 2018, the Medical Reviewer reviewed the information submitted by DME vendor and denied the request. The request for right tranradial myoelectric prosthesis to perform yardwork and weight lifting at the gym cannot be justified as medically necessary since the Appellant's use of Bebonic myoelectric prosthetic hand and Electronic Terminal Device electric hook meets his bimanual activities of daily living needs. (Exhibit 2: Medical Review and Exhibit 4: Revised Medical Review)
9. On █████, 2018, CHNCT sent a Notice of Action to the Appellant denying the request for authorization of second right transradial prosthesis, per Connecticut law,

Connecticut General Statutes 17b-259b (a)(2) because it is not the right type or considered effective for your illness, injury or disease. (Exhibit 3: NOA, [REDACTED])

10. On [REDACTED] 2018, CHNCT received a verbal appeal from the Appellant. (Exhibit 5: Verbal Appeal)
11. Following the Appellant verbal request for appeal, CHNCT requested additional information from the Appellant's DME provider, orthopedic physician and physical therapist. (Exhibit 7,8,9: Medical Records Request)
12. On [REDACTED], 2018, CHNCT, after reviewing the additional information from the Appellant's provider, again notified the Appellant that his appeal of the denial for authorization for a second right transradial prosthesis was denied because it was not medically necessary. The reasons cited in this notification were basically the same as those noted in the NOA. (Exhibit 16: Determination letter, [REDACTED]/18)
13. On [REDACTED] 2018, CHNCT received a letter of Medical Necessity from the Appellant's medical provider stating the Appellant has markedly limited range of motion of his right shoulder. He has weakness of the shoulder and cannot wield the heavier prosthesis, and he needs to work-out more and cannot work out with heavy prosthesis. (Exhibit 17: Letter of Medical Necessity [REDACTED] 18)
14. On [REDACTED] 2018, the Appellant requested an administrative hearing. (Exhibit 18: Hearing Request)
15. On [REDACTED], 2018, CHNCT sent the appeal for Reconsideration Review. (Exhibit 20: Reconsideration Review Request)
16. On [REDACTED] 2018, the Reconsideration Review was completed and denial was upheld. Given the new information from the Appellant's orthopedist, it cannot be determined that a second right transradial prosthesis is medically necessary to meet his activities of daily living needs in addition to current effective use of myoelectric prosthesis that includes electric terminal hook, electric component for heavy duty tasks, and wrist disconnect component. (Exhibit 21: Reconsideration Review)
17. The right transradial prosthesis could not be used to meet the Appellant's activity of daily living needs. This device shall be used only for gym activities and heavy lifting. (Certified Prosthetics –Orthotics' s testimony)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes designates the Department of Social Services to be the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. 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. 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)]
3. Payment for DME and related equipment is available for Medicaid clients who have a medical need for equipment that meets the department’s definition of DME when the item is prescribed by a licensed practitioner, subject to the conditions and limitations set forth in sections 17b-262-672 to 17b-262-682, inclusive, of the Regulations of Connecticut State Agencies. Conn Agencies Regs. § 17b-262-675
4. Durable medical equipment” or “DME” means equipment that meets all of the following requirements:
 - (A) can withstand repeated use;
 - (B) is primarily and customarily used to serve a medical purpose;
 - (C) generally is not useful to a person in the absence of an illness or injury;
 - (D) is nondisposableConn Agencies Regs. § 17b-262-673(8)

5. Conn. Agencies Regs. § 17b-262-678 addresses prior authorization requirements.
6. The Tranradial Myoelectric Prosthesis is “durable medical equipment” or “DME,” as “durable medical equipment” or “DME” is defined in state regulations governing the administration of the Medicaid program
7. The Appellant’s Bebonic myoelectric prosthesis hand and Electronic Terminal Device electric hook meet his needs of bimanual activity of daily living.
8. The Appellant is requesting a second right transradial myoelectric prosthesis to perform gym activities, weight lifting and yard work.
9. The second right transradial myoelectric prosthesis cannot be used to perform bimanual activity of daily living.
10. CHNCT correctly determined that the Appellant was not eligible for prior authorization for a second right transradial myoelectric prosthesis through the Medicaid program because it cannot be determined that a second right transradial prosthesis is medically necessary to meet the Appellant’s activity of daily living needs.

DECISION

The Appellant’s appeal is DENIED.

Swati Sehgal
Hearing Officer

cc: Robert Zavoski, M.D., Medical Director
Robin Goss, CHNCT Representative

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, 25 Sigourney Street, Hartford, CT 06106.

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, 25 Sigourney Street, Hartford, CT 06106. 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.