

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

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

NOTICE OF DECISION

PARTY

██████████

PROCEDURAL BACKGROUND

On ██████████ 2018, the Department of Social Services (the “Department”), through its Administrative Service Organization, Community Health Network of Connecticut (“CHNCT”) sent ██████████ the “Appellant”), a notice that his medical provider’s request for prior authorization of tissue grafting and facial dermabrasion (the removal of surface layers of the skin) was denied.

On ██████████ 2018, the Appellant requested an administrative hearing to contest the Department’s decision to deny his provider’s request for the tissue grafting and dermabrasion.

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

On ██████████, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the Department held an administrative hearing. The following individuals were present at the hearing:

██████████, the Appellant

Robin Goss, CHNCT representative
Sybil Hardy, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether CHNCT's denial of prior authorization for the Appellant's tissue grafting and facial dermabrasion as not medically necessary was correct.

FINDINGS OF FACT

1. The Appellant is a 48 years old [REDACTED] single male and is a participant in the Medicaid program, as administered by the Department. (Appellant's Testimony, Exhibit 1: Prior Authorization ["PA"] Request [REDACTED], [REDACTED] 18)
2. CHNCT is the Department's contractor for reviewing medical provider's request for prior authorization of medical services. (Hearing Record)
3. [REDACTED] MD, [REDACTED], Connecticut (the "former plastic surgeon"), was the Appellant's plastic surgeon for the procedure done in [REDACTED]. (Appellant's Testimony, Hearing Summary, Exhibit 1)
4. [REDACTED] MD of [REDACTED], Connecticut (the "treating plastic surgeon") is the Appellant's plastic surgeon. (Appellant's Testimony, Hearing Record, Exhibit 1)
5. On [REDACTED] 2017, the Appellant met with the former plastic surgeon regarding an enlargement of a pigmented mass in his left temporal area and a depressed scar on his left cheek that he wanted removed and closed. The plan to excise the left temporal scar, remove a cyst from the tip of the nose and remove a depressed scar from the left cheek was discussed. Scarring, deformity and recurrence risks were also reviewed with the Appellant. (Exhibit 1)
6. On [REDACTED], 2017, the former plastic surgeon completed an excisional biopsy of the lesions of the left temporal scalp and right nose and a depressed scar of the left cheek and sent them to Dermatopathology for analysis. The Appellant was discharged the same day as the procedure. (Appellant's Testimony, Exhibit 1)
7. The pathology reports determined it to be benign. (Appellant's Testimony)

8. On [REDACTED] 2017, the former plastic surgeon saw the Appellant for follow up and determined there were no acute events since the surgery and that the Appellant was doing well.
9. On [REDACTED] 2017, the former plastic surgeon saw the Appellant for one month postoperative appointment and determined the Appellant was doing well. The wound was healing without infection. He noted a small dimpling of the skin in the nose and the left cheek. The Appellant was to monitor the maturation of the wound and return for reevaluation in four months. (Exhibit 1)
10. On [REDACTED] 2018, the Appellant went to see the plastic surgeon regarding the revision of the left nasal and cheek scars after the mass excisions from [REDACTED] 2017. The Appellant has a small oblique left nasal tip scar with widening that shows no signs of infection and a left cheek scar with one centimeter scar with mild separation with no signs of infection. (Exhibit 1, Exhibit 6: Clinical Information from Dr. Steinbacher, [REDACTED] 18)
11. On [REDACTED] 2018, CHNCT received an Outpatient Prior Authorization Request form from the Appellant's plastic surgeon for tissue grafting and dermabrasion status post removal of cyst on nose and closure of a pitted scar on the left cheek. (Exhibit 1)
12. On [REDACTED] 2018, CHNCT made a determination that the Appellant's requested procedures are primarily cosmetic in nature and the Appellant has no significant abnormalities in contour. (Exhibit 1, Exhibit 2: Medical Review 0 [REDACTED] 18)
13. On [REDACTED] 2018, CHNCT sent the Appellant a Notice of Action denying authorization for tissue grafting and facial dermabrasion because the service requested is not medically necessary based upon the assessment of the Appellant's medical condition per section 17b-259b(a)(5) of the Connecticut General Statutes. The notice states: the documentation from your doctor does not show the medical need for the requested procedures. There is no documentation that the area on your face with depressions under the skin, following the previous removal of a mole and a cyst, is causing any significant functional issue, like pain. (Exhibit 3: Notice of Action letter, [REDACTED] 18)
14. On [REDACTED] 2018, CHNCT received an expedited verbal appeal from the Appellant. (Hearing Record, Exhibit 4: Email for Verbal Appeal, [REDACTED] /18)
15. On [REDACTED] 2018, CHNCT sent the Appellant a notice denying expedited review of his appeal because his condition does not appear to be one that will jeopardize his life or health or ability to attain, maintain or regain maximum function. (Exhibit 5: Husky D/Administrative Hearing Request, [REDACTED] 18)

16. On [REDACTED] 2018, CHNCT notified the Appellant's plastic surgeon of his appeal and requested additional information to support the medical necessity of the Appellant's request for prior authorization of the surgery. (Hearing Summary, Exhibit 6: to [REDACTED] 18)
17. On [REDACTED] 2018, the Appellant's plastic surgeon responded to CHNCT's request for additional information for the Appellant's appeal. The plastic surgeon submitted the postoperative photos of the Appellant's scars. (Exhibit 12: Medical Records from [REDACTED] [REDACTED] /18)
18. On [REDACTED], CHNCT upheld its prior denial of prior authorization for the procedure and sent the Appellant a NOA indicating that prior authorization for tissue grafting and facial dermabrasion are denied because a review of the all records and photos show no evidence of any specific problems relating to the left cheek area or nose are, such a recurrent infection, pain, and deficiency of any functional activity. There does not appear to be any component of the request that relates to a reconstructive nature and medical necessity cannot be confirmed. The denial of tissue grafting and dermabrasion is based on Connecticut General Statutes section 17b-259b(a)(5). (Exhibit 11: Determination Letter, [REDACTED] /18)

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. Medicaid pays for Medicaid-covered services that are medically necessary. Conn. Agencies Regs. 17b-262-531.
3. For purposes of administering the Department's medical programs, the terms "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)]

4. CHNCT correctly determined there is unsubstantial evidence submitted by the Appellant and his medical provider to show that these surgical procedures would improve or restore any physical function; therefore, the procedures are not medically necessary.
5. CHNCT correctly determined that the requested procedures are primarily cosmetic in nature; therefore, the procedures are not medically necessary.
6. CHNCT was correct to deny prior authorization of the surgery because there is inadequate evidence in the record to support its medical necessity at this time.

DECISION

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



Sybil Hardy
Hearing Officer

Pc: appeals@chnct.org

Fatmata Williams, Department of Social Services, Central Office, Hartford

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.

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.