

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

Client #: ██████████
Request #: ██████████

NOTICE OF DECISION

PARTY

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

PROCEDURAL BACKGROUND

On ██████████ 2018, Community Health Network of Connecticut (“CHNCT”) issued ██████████ ██████████ (the “Appellant”) a notice stating that it had denied her medical provider’s request for prior authorization of the rental of a pneumatic compression device and segmented full leg appliances as not medically necessary because it is not the right type or considered effective for her illness, injury, or disease.

On ██████████ 2018, the Appellant requested an administrative hearing to contest the denial.

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

On ██████████, 2018, CHNCT requested to reschedule the administrative hearing to obtain additional information from the Appellant and conduct a comprehensive review.

On ██████████, 2018, OLCRAH issued a notice rescheduling the administrative hearing for ██████████ 2018.

On ██████████ 2018, the Appellant requested to reschedule the administrative hearing for the middle of October so that she could pursue therapy.

On ██████████, 2018, 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 participated in the hearing:

██████████, the Appellant
Robin Goss, RN, Appeals & Grievances Analyst, CHNCT
Marci Ostroski, Hearing Officer

STATEMENT OF ISSUE

The issue to be decided is whether CHNCT correctly denied prior authorization for rental through the Medicaid program of a pneumatic compression device and segmented full leg appliances.

FINDINGS OF FACT

1. The Appellant is 60 years old with hereditary lymphedema of bilateral lower extremities. The chronic swelling has led to pain and mobility impairment. (Ex. 1: Prior authorization request, Appellant's testimony)
2. The Appellant has attempted home therapy measures to reduce the swelling of her legs. The home therapies have included bandaging, compression stockings, elevation of the legs and exercise. (Ex. 1: Prior Authorization request, prescription for pneumatic compression device, Appellant's testimony)
3. The Appellant did not attempt participation in decongestive therapy to reduce the swelling of her legs. (Appellant's testimony, Ex. 1: Prior Authorization request)
4. The Appellant has medical coverage through the HUSKY D Medicaid program. (Hearing Summary)
5. CHNCT is the Medicaid program's medical reviewer with respect to assessing requests for prior authorization of medical equipment for program participants. (Hearing Record)
6. CHNCT uses InterQual criteria to assist in determining medical necessity for durable medical equipment. (Ex. 14: Medical Review results)
7. Under Pneumatic Compression Devices, InterQual criteria states "The gold standard treatment for lymphedema is complex decongestive therapy (CDT). This includes manual lymphatic drainage, compression bandaging, exercise, skin care, and education in self-management techniques". (Ex. 14: Medical Review results)
8. On ██████████, 2018, CHNCT received a prior authorization request from ██████████ ██████████ ██████████ for the rental of a pneumatic compression device and segmented full leg appliances. (Ex. 1: Prior authorization request, Hearing Summary)

9. On [REDACTED] 2018, CHNCT denied the request for the pneumatic compression device and leg garments because the Appellant had not completed the required four weeks of decongestive therapy. (Ex. 2: Medical Review)
10. On [REDACTED] 2018, CHNCT sent the Appellant a notice advising that the pneumatic compression device and segmented pneumatic full leg appliances had been denied because it was not medically necessary as it was not the right type or considered effective for her illness, injury, or disease. The notice stated that the device may be considered if after four weeks of alternative treatments the swelling in her legs does not decrease. (Ex. 3: Notice of Action for Denied Services or Goods, [REDACTED]/18)
11. On [REDACTED] 2018, [REDACTED] 2018, and [REDACTED] 2018, CHNCT sent letters to the Appellant's medical providers and the vendor for compression devices and advised all parties that the pneumatic compression device could not be approved without documentation of continued lymphedema following at least four weeks of decongestive therapies inclusive of manual lymphatic drainage. The letter also indicated that a letter of medical necessity supporting the need for the rental of the pneumatic device was needed in addition to clinical documentation to support the medical need for the pneumatic compression device for this member. (Ex. 6: Letter to Dr. [REDACTED], [REDACTED]/18, Ex. 7: Letter to Dr. [REDACTED], [REDACTED]/18, Ex. 8: Letter to [REDACTED]/18)
12. On [REDACTED] 2018, Dr. [REDACTED] office sent CHNCT a letter stating that he had recommended alternatives to the pneumatic compression pump including a lymphedema massage therapy, continued use of compression stockings, and bilateral pelvic venography. Dr. [REDACTED]'s letter stated that the Appellant used the compression stockings intermittently but was unwilling to participate in the other alternative options. (Exhibit 11: Additional information letter form Dr. [REDACTED], [REDACTED]/18)
13. On [REDACTED] 2018, CHNCT reviewed the request for the rental of the pneumatic compression device and segmented pneumatic full leg appliance with the information submitted for the appeal and again determined that even with the new information, it could not determine that the advanced pneumatic compression device was the most appropriate and medically necessary to meet the Appellant's needs because the Appellant had not completed four weeks of decongestive therapy. (Ex. 13: Medical Review)
14. On [REDACTED] 2018, CHNCT issued a notice to the Appellant that it was upholding the denial for the authorization of the rental of the pneumatic compression device and segmented pneumatic full leg appliance because she had not completed four weeks of decongestive therapy. (Ex. 14: Determination Letter, [REDACTED]/18)
15. The Appellant was scheduled to begin decongestive therapy on [REDACTED], 2018. (Ex. 13: Medical Review, Appellant's testimony)
16. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 90 days of the request for an

administrative hearing. The Appellant requested an administrative hearing on [REDACTED], 2018. This decision, therefore, was due no later than [REDACTED] 2018. The hearing, however, which was originally scheduled for [REDACTED], 2018 was rescheduled to [REDACTED] 2018 at the request of the Department. The hearing which was rescheduled for [REDACTED] 2018, was rescheduled until [REDACTED] 2018, at the request of the Appellant, which caused a 41 day delay. Because this 41 day delay resulted from the Appellant's request, this decision is not due until [REDACTED], and is therefore timely. (Hearing Record)

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. Section 17b-2 of the Connecticut General Statutes authorizes the Commissioner of the Department of Social Services to administer the Medicaid program.
3. Section 17b-262 of the Connecticut General Statutes, states in part, that the Commissioner may make such regulations as are necessary to administer the Medical Assistance Program.
4. Sections 17b-262-672 to 17b-262-682, inclusive, of the Regulations of Connecticut State Agencies set forth the Department of Social Services requirements for the payment of durable medical equipment ("DME") to providers, for clients who are determined eligible to receive services under Connecticut Medicaid pursuant to section 17b-262 of the Connecticut General Statutes.
5. Section 17b-262-673 of the Regulations of Connecticut State Agencies provides that "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; and (D) is non-disposable.
6. Section 17b-262-676 (a)(1) of the Regulations of Connecticut State Agencies provides that the department shall pay for the purchase or rental and the repair of DME, except as limited by sections 17b-262-672 to 17b-262-682, inclusive, of the Regulations of Connecticut State Agencies, that conforms to accepted methods of diagnosis and treatment and is medically necessary and medically appropriate.
7. CHNCT correctly determined that decongestive therapy conforms to the accepted methods of treatment for the Appellant's condition.
8. 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.

9. Section 17b-262-676(b)(1) of the Regulations of Connecticut State Agencies provides that the department shall not pay for anything of an unproven, experimental or research nature or for services in excess of those deemed medically necessary by the department to treat the recipient's condition or for services not directly related to the recipient's diagnosis, symptoms, or medical history.
10. CHNCT correctly determined that the pneumatic compression device with segmented full leg appliances is not clinically appropriate in terms of type and is not medically necessary for the Appellant because the Appellant has not participated in the standard treatment for her condition, a minimum of four weeks of decongestive physical therapy.

DISCUSSION

CHNCT based their denial on the fact that the Appellant had not participated in the standard treatment of lymphedema of four weeks of decongestive therapy prior to her request for the pneumatic pump. At the administrative hearing the Appellant reported that after the original request and medical review she completed the four weeks of therapy. As this occurred after the CHNCT decision and the Appellant's hearing request it was not reviewed by CHNCT and is not addressed in this decision. The Appellant is encouraged to resubmit a new request for the pneumatic device with the documentation of the therapy results.

DECISION

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

Marci Ostroski
Marci Ostroski,
Hearing Officer

Cc: CHNCT Appeals Team
Fatmata Williams, Department of Social Services

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.