

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 ID # ██████████
Request # ██████████

NOTICE OF DECISION

PARTY

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██████████
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PROCEDURAL BACKGROUND

On ██████████ 2018, Community Health Network of Connecticut, Inc. (“CHNCT”), sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying a request for prior authorization for a laryngoscopy with ██████████ at the Cincinnati Children’s Hospital Medical Center for her daughter, ██████████ (the “child”).

On ██████████ 2018, the Appellant requested an administrative hearing to contest the denial of a laryngoscopy at the Cincinnati Children’s Hospital Medical Center.

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

On ██████████, 2018, the Appellant contacted the OLCRAH to reschedule the administrative hearing.

On ██████████ ██████████ 2018, 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, OLCRAH held an administrative hearing. The following individuals were present at the hearing:

██████████, Appellant
██████████, CHNCT Representative
Roberta Gould, Hearing Officer

At the Appellant's request the hearing record was held open for the submission of additional evidence. The hearing record closed on [REDACTED], 2018.

STATEMENT OF THE ISSUE

The issue to be decided is whether CHNCT's decision to deny laryngoscopy at the Cincinnati Children's Hospital Medical Center for the Appellant's daughter because these services were not medically necessary is correct.

FINDINGS OF FACT

1. The Appellant's daughter is 13 years old. (Hearing summary)
2. The child is a participant in the Medicaid program, as administered by the Department. (Hearing Summary)
3. The child was diagnosed at birth with prematurity, subglottic stenosis of the larynx, moderate persistent Asthma and GERD. (Exhibit 1: Prior authorization request dated [REDACTED]/2018 and Hearing summary)
4. The child has undergone multiple airway reconstructions of the larynx and vocal cords because her airway was 98 percent occluded at birth, and has had her adenoids removed because they collapsed in her airway. (Exhibit 1 and Appellant's testimony)
5. The child has a history of tracheostomy tube dependence, exercise intolerance, and stridor breathing. (Exhibit 1, Exhibit 2: Medical documentation from Yale University School of Medicine, Exhibit 3: Medical documentation from Cincinnati Children's Hospital Medical Center and Hearing summary)
6. Dr. [REDACTED], the child's pulmonologist at Yale New Haven Health, referred her to Cincinnati Children's Hospital ENT specialist when she was an infant due to her complex medical issues. (Appellant's testimony)
7. The child continues to have mild prolapse of the left arytenoid and her endotracheal tube is currently at 6 cm. (Exhibit 3 and CHNCT's testimony)
8. A normal endotracheal tube is at 10-12 cm in diameter. (CHNCT's testimony)
9. The child has been treated for her medical conditions by Dr. [REDACTED] at Cincinnati Children's Medical Center since 2006 and has continued to receive medical treatment there due to complex airway histories that require continuity of care. (Exhibit 13: Clinical information from Dr. [REDACTED] [REDACTED] dated [REDACTED])

10. On [REDACTED] 2017, the child visited Dr. [REDACTED] at Cincinnati Children's Hospital for an evaluation of her medical condition. Dr. [REDACTED] stated that a follow-up visit for an exercise laryngoscopy should be conducted in one year to determine if her exercise intolerance is due to BPD from prematurity or from supraglottic collapse. (Exhibit 9: Medical record request dated [REDACTED] and Exhibit 13)
11. On [REDACTED] 2018, the child was evaluated at Yale School of Medicine Pediatric Otolaryngology by [REDACTED], M.D. Dr. [REDACTED] indicated that she should continue to be seen by Dr. [REDACTED] in Cincinnati due to her complicated airway history and until no further follow up is needed. (Exhibit 2: Medical documentation from Yale University School of Medicine Section of Otolaryngology)
12. On [REDACTED], 2018, CHNCT received a prior authorization request from Dr. [REDACTED], pediatrician for the child, for an outpatient laryngoscopy with Dr. [REDACTED] at Cincinnati Children's Hospital Medical Center. (Exhibit 1, and Hearing summary)
13. On [REDACTED], 2018, the medical director for CHNCT reviewed the child's medical information and denied the request for a laryngoscopy with Dr. [REDACTED] at Cincinnati Children's Hospital Medical Center because although there is a medical necessity of Pediatric Otolaryngology, these services can be provided by Dr. [REDACTED] and Dr. [REDACTED] of Boston Children's Hospital. (Exhibit 4: Medical review dated [REDACTED] and Hearing summary)
14. On [REDACTED], 2018, CHNCT denied the prior authorization request because the laryngoscopy with Dr. [REDACTED] is not medically necessary for the child to be evaluated out-of-state at a non-CMAP hospital. CHNCT stated that Dr. [REDACTED] and Dr. [REDACTED] of Boston Children's Hospital are available for the child and are participating physicians that have the capability to evaluate and treat the child's condition at a CMAP participating hospital. (Exhibit 5: Notice of action dated [REDACTED] and Hearing summary)
15. On [REDACTED], 2018, CHNCT received a letter from Dr. [REDACTED] of Cincinnati Children's Division of Pediatric Otolaryngology indicating that the child requires continuity of care regarding her airway reconstruction and maintaining a safe airway into adulthood, and that Cincinnati Children's Hospital Medical Center has developed significant expertise in the care and management of children with these types of medical problems. (Exhibit 13)
16. On [REDACTED] 2018, CHNCT received medical documentation from [REDACTED], M.D. indicating that it is medically necessary for the child to attend an upcoming clinic visit with ENT at Cincinnati children's Hospital

as it is a continuation of her care and will aid in coordination of her care with Yale New Haven Children's Hospital. (Exhibit 14: Clinical information dated [REDACTED])

17. On [REDACTED] 2018, CHNCT conducted a medical review. The denial of service was upheld and the reviewer noted that one final office visit was approved at the time of the last visit in 2017 to transition the child's plan of care to an in-state provider. (Exhibit 15: Medical review request, Exhibit 16: Medical review results dated [REDACTED] and Hearing summary)
18. On [REDACTED] 2018, CHNCT denied a request for prior authorization of a laryngoscopy with Dr. [REDACTED] at Cincinnati Children's Medical Center because at the time of the child's last visit with Dr. [REDACTED] in 2017, the approval was for one final visit to transition her plan of care to an in-state provider and there are comparable services and expertise in-network at Boston Children's Hospital. (Exhibit 17: Determination letter dated [REDACTED] and Hearing summary)
19. On [REDACTED] 2018, Dr. [REDACTED] of Boston Children's Hospital stated that due to the child's history of complicated airway problems requiring multiple surgical interventions in the past, it would make sense for her to continue to be followed by the airway team at Cincinnati Children's Medical Center who know her well and have treated her in the past. (Exhibit 18: Email from [REDACTED] at childrens.harvard.edu dated [REDACTED])
20. 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. However, the hearing, which was originally scheduled for [REDACTED], 2018, was rescheduled for October 10, 2018, at the request of the Appellant, which caused a 42 day delay. Because this 42 day delay resulted from the Appellant's request, this decision is not due until [REDACTED] 2018, and is therefore timely.

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.

4. CHNCT was correct when it denied the request for a laryngoscopy at the Cincinnati Children's Hospital Medical Center for the child on the basis that is not medically necessary for the child to be evaluated out-of-state at a non-CMAP hospital.

5. On [REDACTED] 2018, CHNCT correctly denied the Appellant's request for prior authorization of laryngoscopy for the child at the Cincinnati Children's Hospital Medical Center.

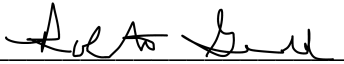
DISCUSSION

After reviewing the evidence and testimony presented at the hearing, I find that CHNCT's action to deny a laryngoscopy at the Cincinnati Children's Hospital Medical Center is upheld. The child's pulmonologist at Yale New Haven Health, Dr. [REDACTED], had referred her to Cincinnati Children's Hospital ENT specialist due to her complex medical issues when she was an infant because of her complex medical issues. Although she stated that it is medically necessary for the child to attend an upcoming clinic visit with ENT at Cincinnati Children's Hospital as it is a continuation of her care and the treating physician indicated that the child requires continuity of care regarding her airway reconstruction into adulthood, there is no evidence to suggest that transitioning her plan of care to Dr. [REDACTED] and Dr. [REDACTED] at Boston Children's Hospital will not provide the same level of services and continuation of care for the child in a CMAP participating hospital.

While Cincinnati Children's Medical Center has developed significant expertise in the care and management of children with these types of medical problems and the ENT center there has treated the child since she was an infant, there is no evidence that Boston Children's Hospital does not possess the knowledge and expertise to assess and treat her medical condition or that they cannot provide the laryngoscopy that her physicians state is necessary. I find that the laryngoscopy at Cincinnati Children's Hospital is not required to treat the child's condition in order to attain or maintain her achievable health and independent functioning and that treatment at Boston's Children's Hospital is clinically appropriate, as outlined in Connecticut General Statutes Section §17b-259b.

DECISION

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


Roberta Gould
Hearing Officer

CC: 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, 25 Sigourney Street, Hartford, CT06106.

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, CT06106. 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.