

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 # ██████████  
Hearing ID # ██████████

**NOTICE OF DECISION**

**PARTY**

██████████

**PROCEDURAL BACKGROUND**

On ██████████, 2018, Community Health Network of CT (“CHNCT”), sent ██████████ (the “Appellant”), a Notice of Action (“NOA”) denying a request for prior authorization for Bilateral Brachioplasty.

On ██████████ 2018, the Appellant requested an administrative hearing to contest the Department’s denial of the medical service.

On ██████████ 2018, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) scheduled an 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 participated in the hearing:

██████████, Appellant  
Heather Shea, Registered Nurse, CHNCT  
Heather LaPointe, Registered Nurse, CHNCT  
Damary Rivera, Interpreter, Interpreters and Translators, Inc.  
Carla Hardy, Hearing Officer

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether CHNCT's decision to deny prior authorization for Bilateral Brachioplasty because it is not medically necessary is correct.

### **FINDINGS OF FACT**

1. The Appellant is [REDACTED] years old (DOB [REDACTED]). (Exhibit 1: Prior Authorization Request, [REDACTED])
2. The Appellant is a participant in the Medicaid program, as administered by the Department of Social Services (the "Department"). (Hearing Record)
3. CHNCT is the Department's administrator for administering medical services. (Hearing Record)
4. Dr. Oscar Delucia (the "Plastic Surgeon") is the Appellant's Plastic Surgeon. (Exhibit 1)
5. On [REDACTED], 2018, the medical provider submitted a request for prior authorization for Bilateral Brachioplasty for a diagnosis of Lipodystrophy. (Exhibit 1; Hearing Summary)
6. Bilateral Brachioplasty is the removal of excess skin on both arms. (CHNCT Representative's Testimony, Hearing Summary)
7. Lipodystrophy is an abnormal distribution of fat. (CHNCT Representative's Testimony)
8. On [REDACTED] 2018, the Medical Reviewer ("MR") reviewed the Appellant's medical information and denied the request. The MR was unable to confirm medical necessity for the Brachioplasty. The photos submitted show that the Appellant suffers from excess skin but the medical record does not demonstrate that the Appellant has been significantly bothered by intertrigo or any other skin issues that have been difficult to control. The proposed surgery was determined not to be reconstructive and appeared not to improve function. (Exhibit 2: Medical Review, [REDACTED]/18)
9. Intertrigo is a rash or an irritation of the skin. (CHNCT Representative's Testimony)
10. On [REDACTED], 2018, CHNCT denied the prior authorization request for Bilateral Brachioplasty because the Appellant's condition did not meet



the criteria for being determined medically necessary. The Appellant did not supply information showing she possessed a physical or functional problem caused by the excess skin. There was no evidence presented showing that the Appellant had a chronic skin rash that could not be relieved with prescription treatments. (Exhibit 3: NOA, [REDACTED]/18)

11. On [REDACTED] 2018, the Department received the Appellant's request for an appeal/hearing. (Exhibit 4: Request for an Appeal and Administrative Hearing, [REDACTED]/18)
12. On [REDACTED] 2018, CHNCT notified the Appellant that they received her request for an Appeal/Administrative hearing. The notification letter was written in [REDACTED]. (Exhibit 5: Acknowledgement Letter, [REDACTED]/18; Hearing Summary)
13. On [REDACTED] 2018, CHNCT notified Tylor Vaillancourt, APRN, the Appellant's primary care provider ("primary care provider"); the Plastic Surgeon and Dr. Julie Volpe (the "Psychiatrist") of the Appellant's appeal and requested additional information from the plastic surgeon and the primary care provider. (Exhibit 6: Request for additional information from the primary care provider; Exhibit 7: Request for additional information from the plastic surgeon; Hearing Summary)
14. On [REDACTED] 2018, CHNCT requested additional information from the Appellant's Psychiatrist. (Exhibit 8: Request for additional information from the Psychiatrist; Hearing Summary)
15. On [REDACTED] 2018, CHNCT notified the Appellant that they received her request for an Appeal/Administrative hearing. The notification letter was written in [REDACTED]. (Exhibit 9: Acknowledgement Letter, [REDACTED]/18; Hearing Summary)
16. On [REDACTED] 2018, CHNCT received medical records from the Appellant's primary care provider. (Exhibit 10: Medical Records)
17. CHNCT did not receive additional medical information from the Appellant's Plastic Surgeon or Psychiatrist. (CHNCT's Representative's Testimony)
18. On [REDACTED], 2018, CHNCT sent the Appellant's appeal for a Medical Review. (Exhibit 11: Medical Review Request, Hearing Summary)
19. On [REDACTED], 2018, the Medical Review was completed and the denial for Bilateral Brachioplasty was upheld. Based on the information submitted, the requested service was determined not medically necessary. There was no evidence of any alternate treatment options that would include documentation of an attempt and failure of conservative



therapy as well as any evidence of functional impairment. (Exhibit 12: Medical Review, [REDACTED]/18; Hearing Summary)

20. The Appellant has not tried any treatment options. She believes that surgery is her only remedy. (Appellant's Testimony)
21. On [REDACTED] 2018, CHNCT sent a letter to the Appellant denying the requested prior authorization for Bilateral Brachioplasty. The documentation provided did not show a trial and failure of medical treatment or that the Appellant had a functional problem caused by the excess skin. The requested surgery was not considered medically necessary without documentation showing the medical need for the procedure to improve or restore a physical or functional problem. (Exhibit 13: 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(8); Conn. Gen. Stat. §17b-262]
2. 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. [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)]

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. [Conn. Gen. Stat. 17b-259b(d)]

3. CHNCT correctly determined that the Appellant did not provide medical documentation establishing the medical necessity of Bilateral Brachioplasty.
4. CHNCT was correct to deny the request for Bilateral Brachioplasty as it is not medically necessary.

### **DECISION**

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

  
Carla Hardy  
Hearing Officer

Pc: appeals@chnct.org  
Fatmata Williams, DSS

### **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.