

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105

██████████ 2018
Signature confirmation

Case ██████████
Client: ██████████
Request: ██████████

NOTICE OF DECISION

PARTY

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PROCEDURAL BACKGROUND

On ██████████ 2018, Community Health Network of Connecticut (“CHNCT”) issued ██████████ (the “Appellant”) a *Notice of Action for Denied Services or Goods/Medical Necessity*, denying her medical provider’s request for prior authorization for a cranial remolding orthosis for her daughter, ██████████ (the “child”).

On ██████████, 2018, the Appellant filed a request for an administrative hearing with the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”).

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

On ██████████ 2018, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing. The following individuals participated in the administrative hearing:

██████████, Appellant
██████████, Appellant’s witness (father)
Fabiola Goin, RN, CHNCT’s representative
Eva Tar, Hearing Officer

On ██████████, the administrative hearing record closed.

STATEMENT OF ISSUE

The issue of this hearing is whether CHNCT correctly denied the Appellant's medical provider's request for prior authorization for a cranial remolding orthosis for the child, based on lack of medical necessity.

FINDINGS OF FACT

1. The child's date of birth is [REDACTED]. (Appellant's testimony)(CHNCT's Exhibit 1, p.1)
2. The child has medical coverage through the HUSKY program. (CHNCT's Exhibit 3)
3. The child has a diagnosis of plagiocephaly. (CHNCT's Exhibit 1, p. 6)
4. "Plagiocephaly" is flatness on the head. (CHNCT's representative's testimony)
5. The child's pediatrician is [REDACTED], M.D. (the "pediatrician"). (Appellant's testimony)(CHNCT's Exhibit 1, p. 6)
6. The pediatrician referred the child to [REDACTED], Inc. for further evaluation. (CHNCT's Exhibit 1, p.4)
7. On [REDACTED] 2017, on a Cephalic Index which compares width (128 mm) versus length (146 mm), the child's measured 87.7%. (CHNCT's Exhibit 1, p. 10)
8. On [REDACTED], 2017, the child's cranial vault asymmetry was 9 mm. (CHNCT's Exhibit 1, p. 10)
9. On [REDACTED] 2018, [REDACTED], Inc. submitted a prior authorization request to CHNCT for a proprietary DOC Band (the "cranial remolding orthosis") with office visits for fitting and adjustments for the child. (CHNCT's Exhibit 1)
10. On [REDACTED], 2018, CHNCT reviewed [REDACTED], Inc.'s request for prior authorization for the cranial remolding orthosis. (CHNCT's Exhibit 2)
11. "Moderate" plagiocephaly equals 10 mm to 12 mm in the Trans Diagonal Difference ("TDD") or a Cephalic Index of 90% to 100%; "severe" plagiocephaly exceeds 12 mm in the TDD or a Cephalic Index exceeding 100%. (CHNCT's Exhibit 11, p. 3)
12. Measurements that are less than "moderate" in scope could reasonably be considered to be within the "normal" range. (CHNCT's representative's testimony)
13. No one's head is perfectly round. (CHNCT's representative's testimony)
14. The child's Cephalic Index measurement of 87.7% and her TDD of 9 mm as identified in the [REDACTED] 2018 prior authorization request did not establish that the child had moderate to severe plagiocephaly. (CHNCT's Exhibit 2)

15. On [REDACTED], 2018, CHNCT denied [REDACTED], Inc.'s request for prior authorization of cranial remolding orthosis. (CHNCT's Exhibit 3)
16. In its [REDACTED], 2018 *Notice of Action for Denied Services or Goods/Medical Necessity*, CHNCT noted that the child's head measurements did not meet at least one of two measurements; the letter referenced InterQual criteria for Orthoses, Cranial Remodeling.¹ (CHNCT's Exhibit 3)
17. InterQual criteria specific to Cranial Remodeling Orthoses are derived from the systematic, continuous review and critical appraisal of the most current evidence-based literature and includes input from its panel of clinical experts; the references are specifically cited. (CHNCT's Exhibit 11)
18. InterQual criteria reflect clinical interpretations and analyses; it is intended for use as screening guidelines with respect to medical appropriateness of healthcare services. (CHNCT's Exhibit 11)
19. After CHNCT's [REDACTED], 2018 denial, the Appellant's family put a down payment on the child's cranial remolding orthosis. (Appellant's witness's testimony)
20. The Appellant's family has made two payments subsequent to the child's receipt of the cranial remolding orthosis. (Appellant's witness's testimony)
21. The child wears the cranial remolding orthosis 23 hours per day. (Appellant's testimony)(Appellant's witness's testimony)
22. On [REDACTED] 2018, CHNCT requested additional information from the pediatrician, including clinical documentation of at least two months of conservative treatment and a letter of medical necessity supporting the medical need for a cranial remolding orthosis considering that the child's TDD/cranial vault asymmetry was not 10-12 mm or greater or the cephalic index was not 90 to 100 percent or greater. (CHNCT's Exhibit 6)
23. On [REDACTED] 2018, on a Cephalic Index which compares width (130 mm) versus length (149 mm), the child's measured 87.2%. (CHNCT's Exhibit 7, p. 4)
24. On [REDACTED] 2018, the child's cranial vault asymmetry remained 9 mm. (CHNCT's Exhibit 7, p. 4)
25. On [REDACTED], 2018, the pediatrician notified CHNCT that the child continued to have plagiocephaly in spite of positioning and tummy time, he was concerned about the flattening of the child's left orbital cavity potentially affecting her vision, and the child's left ear is placed downward compared to her right ear may potentially affect her hearing. (CHNCT's Exhibit 8)
26. On [REDACTED], 2018, CHNCT reevaluated the medical provider's request for prior authorization, using the [REDACTED], 2017 and the [REDACTED] 2018 measurements

¹ The terms "*cranial remolding*" and "*cranial remodeling*" are used interchangeably in CHNCT's exhibits.

as well as the pediatrician's notes. (CHNCT's Exhibit 10)(CHNCT's representative's testimony)

27. Prior to [REDACTED], CHNCT was unaware that the child already was using a cranial remolding orthosis. (CHNCT's representative's testimony)
28. The Appellant's witness would like the Medicaid program to take over the family's loan payments for the cranial remolding orthosis. (Appellant's witness's testimony)

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes in part designates the Department of Social Services as the state agency to administer the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Section 17b-262 of the Connecticut General Statutes provides in part that the Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program.
3. 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).
4. 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).
5. The InterQual guidelines regarding cranial remodeling orthosis are consistent with generally accepted standards of medical practice that are based on credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community.

6. 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).
7. The department shall not pay for the following goods or services or goods or services related to the following: (12) Any procedures or services of an unproven, educational, social, research, experimental or cosmetic nature; any diagnostic, therapeutic or treatment services in excess of those deemed medically necessary by the department to treat the client's condition or services not directly related to the client's diagnosis, symptoms or medical history. Conn. Agencies Regs. § 17b-262-342 (12).
8. The child's cranial measurements do not support a finding that a cranial remolding orthosis is medically necessary, as the child's cranial measurements do not objectively fall within the clinical determination of "moderate" to "severe" plagiocephaly, as outlined in the InterQual guidelines.
9. The shape of the child's left orbital cavity is not affecting her vision.
10. The alignment of the child's ears is not affecting her hearing.
11. The cranial remolding orthosis is not medically necessary for the child.
12. CHNCT correctly denied the Appellant's medical provider's request for prior authorization for a cranial remolding orthosis for the child, based on lack of medical necessity.

DECISION

The Appellant's appeal is DENIED.

Eva Tar-electronic signature
Eva Tar
Hearing Officer

cc: Fabiola Goin, CHNCT
Fatmata Williams, DSS-Central Office

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.