

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

[REDACTED], 2019
SIGNATURE CONFIRMATION

Client ID # [REDACTED]
Hearing ID # 135516

NOTICE OF DECISION

PARTY

[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED] 2019, the Department of Social Services (the "Department"), through its medical Administrative Services Organization, Community Health Network of Connecticut, Inc. ("CHNCT"), sent [REDACTED] (the "Appellant") a Notice of Action ("NOA") denying a request for prior authorization of Husky Medicaid payment for CT scan of the head or brain with or without contrast.

On [REDACTED] 2019, the Appellant requested an administrative hearing to contest the Department's denial of the CT scan.

On [REDACTED] 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") scheduled an administrative hearing for [REDACTED] 2019.

On [REDACTED] 2019, 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 via video and telephone conferencing:

[REDACTED], Appellant
Barbara McCoid, RN, CHNCT Representative
Alexandra Washington, EviCore Representative, via telephone
Shelley Starr, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether CHNCT's decision to deny authorization of Husky Medicaid payment for CT scan of the head or brain with or without contrast because it is not medically necessary is correct.

FINDINGS OF FACT

1. The Appellant is [REDACTED] years old ([REDACTED]). (Hearing Record; Exhibit 3: Notice of Action dated [REDACTED]; Appellant's Testimony)
2. The Appellant is employed full time and she is a student of higher education. (Appellant's Testimony)
3. The Appellant is a participant in the Husky D Medicaid program, as administered by the Department of Social Services (the "Department"). (Hearing Record; Appellant's Testimony)
4. CHNCT is the Department's contractor for reviewing medical requests for prior authorization of medical services. (Hearing Record)
5. EviCore is CHNCT's radiology subcontractor for evaluating prior authorization requests. (Hearing record; EviCore Representative's Testimony)
6. In [REDACTED] 2018, the Appellant began suffering from severe migraine headaches with ringing in her ears. The headaches occur approximately every other day. (Appellant's Testimony)
7. The Appellant has been taking over the counter medications including Bayer Aspirin, Tylenol, Advil and Motrin to help alleviate her pain associated with her migraine headaches. (Appellant's Testimony)
8. The Appellant received treatment for her migraines twice at the emergency room, where she received pain relief in the form of a shot and prescription medication. (Appellant's Testimony)
9. The Appellant has been seeing [REDACTED], Physician's Assistant ("PA") for approximately two years and has seen the PA regarding her headaches. (Appellant's Testimony)
10. On [REDACTED] 2019, [REDACTED], PA, submitted a request for a prior authorization for a CT scan of the head or brain with or without

- contrast to CHNCT. (Hearing Summary; Exhibit 1: PA Request received [REDACTED], 2019)
11. On [REDACTED], 2019, CHNCT reviewed the prior authorization request for CT scan of the head or brain with or without contrast and determined that there was not sufficient clinical information to approve the request. The provided request did not include a clinical evaluation relevant to the requested study with a detailed neurological exam indicative of the nervous system. (Hearing Summary; Exhibit 2: Medical Review; Department's Testimony)
 12. On [REDACTED] 2019, CHNCT sent a notice to the Appellant denying the PA's request for a CT scan because it is not medically necessary. (Exhibit 3: Notice of Action dated [REDACTED] 2019; Hearing Summary)
 13. On [REDACTED] 2019, the Appellant requested an appeal of CHNCT's decision to deny a CT scan. (Exhibit 4: Hearing Request received [REDACTED] 2019)
 14. On [REDACTED], 2019, CHNCT notified the Appellant's treating PA of the Appellant's appeal and requested additional documentation showing the need for the CT scan. Specifically CHNCT requested office notes from a detailed evaluation relevant to the requested study with a detailed neurological exam indicative of a central nervous system disease and a letter of medical necessity as to why the CT of the head or brain is medically necessary. The information was due by [REDACTED] 2019. (Exhibit 6: Letter to treating PA [REDACTED], 2019)
 15. CHNCT did not receive any additional medical information from the treating PA and was advised by the PA that she had no additional information to provide. (Hearing Summary; CHNCT Testimony;)
 16. On [REDACTED] 2019, CHNCT completed a second review and upheld the previous denial for a CT scan. CHNCT's rational of the denial states that the member's clinical condition does not meet criteria as no clinical information was provided, no documentation was provided regarding "red flags" for headache (focal signs or symptoms, neurological deficits, papilledema, age over 50 etc.) No new clinical information was provided for the appeal review. (Exhibit 13: Medical review results; Hearing Summary)
 17. On [REDACTED], 2019, CHNCT sent a notice of action to the Appellant denying her appeal for a CT scan. (Exhibit 10: Notice of Denial dated [REDACTED] 2019; Hearing Record)

18. "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], 2019. This decision is due not later than [REDACTED], 2019, and is therefore timely."

CONCLUSIONS OF LAW

1. Section 17b-2 (6) & § 17b-262 of the Connecticut General Statutes provides in part 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 and may make such regulations as are necessary to administer the medical assistance program.
2. Section 17b-239(d) of the Connecticut General Statutes addresses medical payments for outpatient hospital services.
3. Section 17b-259b(a) of the Connecticut General Statutes provides 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.

Section 17b-259b(d) of the Connecticut General Statutes provides 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.

4. CHNCT correctly determined that the Appellant and her PA did not provide medical documentation to establish that a CT scan of the head or brain with or without contrast is clinically appropriate and medically necessary.
5. CHNCT was correct to deny the request for CT scan of the head or brain with or without contrast as it is not medically necessary.

DISCUSSION

The Appellant testified that she recently completed a college course and will have more time to follow up with her PA and possibly a neurologist to have a neurological exam and to obtain more clinical information.

DECISION

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


Shelley Starr
Hearing Officer

C: 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.