

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105-3730

██████████ 2019  
Signature Confirmation

Case ID # ██████████  
Client ID # ██████████  
Request # ██████████

NOTICE OF DECISION  
PARTY

██████████

PROCEDURAL BACKGROUND

██████████ 2019, Community Health Network of Connecticut (“CHNCT”) sent (the “Appellant”) a notice of action denying a prior authorization request for rhinoplasty and fat grafting injections around the nose.

On ██████████ 2019, the Appellant requested an administrative hearing to contest the denial of such prior authorization.

On ██████████ 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████ 2019.

On ██████████ 2019, OLCRAH, at the Appellant’s request, issued a notice rescheduling the administrative hearing for ██████████ 2019.

On ██████████ 2019, in accordance with sections 17b-60, 17b-61, and 4-176e to 4-184, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing.

The following individuals were present at the hearing:

██████████ Appellant  
Barbara McCoid, RN, CHNCT’s Representative  
Christopher Turner, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue to be decided is whether CHNCT's decision to deny a rhinoplasty and fat grafting injections around the nose for the Appellant was correct.

## **FINDINGS OF FACT**

1. [REDACTED] 2019, CHNCT [REDACTED]. [REDACTED] a prior authorization request for rhinoplasty and fat grafting injections around the nose for the Appellant. (Exhibit 1: Authorization request; Hearing summary)
2. [REDACTED] CHNCT's medical director reviewed the submitted medical information and denied the request due to lack of medical necessity. The Appellant does not have documented nasal trauma causing a deformity. In addition, the grafting and injections do not have any documentation that this will improve or restore any functional deficits like breathing. Septoplasty can be approved given the symptoms and clinical findings. (Exhibit 3; Hearing summary)
3. [REDACTED] 2019, CHNCT sent a notice of action to the Appellant denying the prior authorization request for rhinoplasty and fat grafting. A request for septoplasty was approved. (Exhibit 4: Notice)
4. [REDACTED] 2019, the Appellant requested an administrative hearing. (Record)
5. [REDACTED] 2019, CHNCT requested more information from the Appellant's medical provider to substantiate the prior authorization request for rhinoplasty and fat grafting. (Exhibit 7: Letter dated [REDACTED] 19)
6. On [REDACTED] 2019, CHNCT resent the request for more information to the Appellant's medical provider to substantiate the prior authorization request for rhinoplasty and fat grafting. (Exhibit 8: Letter dated [REDACTED])
7. On [REDACTED] 2019, CHNCT sent the Appellant's appeal for a secondary medical review. (Exhibit 10: Medical review request)
8. On [REDACTED] 2019, Dr. Richard Cowett, board certified plastic surgeon, completed an appeal review of the medical information submitted by the Appellant's provider and determined that the request for rhinoplasty and fat grafting was denied because the medical information submitted indicated the Appellant does not present with an external nasal valve collapse or vestibular stenosis. As a result, the medical director indicated medical necessity for rhinoplasty and fat grafting could not be approved for the Appellant as the prior authorization request would be primarily to improve the shape and appearance of the nose and therefore did not meet coverage criteria. (Exhibit 11: Medical review request; Hearing summary)

9. ██████████ 2019, CHNCT sent the Appellant a letter upholding the prior authorization denial. (Exhibit 12: Determination letter)
10. The ██████████) and a recipient of ██████████ Medicaid. (Exhibit 1: Prior Authorization request; Appellant's testimony)
11. The Appellant has a diagnosis of ██████████. A sleep study may be required. (Exhibit 1; Testimony)
12. Rhinoplasty is a surgical procedure that is usually performed by an otolaryngologist head and neck surgeon, maxillofacial surgeon, or plastic surgeon in order to improve the function (reconstructive surgery) or the appearance (cosmetic surgery) of the nose (Ishii et al). Although it is typically performed for cosmetic purposes to correct or improve the external appearance of the nose, there may be situations when it may be considered reconstructive in nature to correct trauma, birth defects, or breathing problems (Higuera et al). Nasal obstructive symptoms can be caused by a variety of conditions. Nasal airway obstruction can be structural, physiologic, or a combination of both. Anatomic causes of airway obstruction include septal deviation, internal nasal valve narrowing, external nasal valve collapse, and inferior turbinate hypertrophy (Teichgraeber et al). The management of nasal air obstruction must be selective and the surgical plan must address each cause of airway obstruction (Ghosh et al).
13. Septoplasty is an accepted and common surgical intervention to improve the nasal airway if the septum is deviated and is the source of obstruction. During septoplasty, the nasal septum is straightened and repositioned in the middle of your nose. (Exhibit 10)
14. The Appellant has not undergone a turbinate reduction procedure or the approved septoplasty. The Appellant believes septoplasty will not address her physical appearance issue concerning the bridge of her nose that pops out on the right side. (Appellant's testimony)
15. The Appellant has not undergone a sleep study. (Appellant's testimony)
16. The issuance of this decision is timely under Connecticut General Statutes § 17b-61(a), which requires that a decision be rendered within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on ██████████ 2019. This decision was due no later than ██████████ 2019. However, the hearing, which was originally scheduled for ██████████ 2019, was rescheduled due to the request of the Appellant and caused a seven-day delay. Because of the seven-day delay, this decision was due no later than ██████████ 2019, and is therefore timely. (Record)

## **CONCLUSIONS OF LAW**

1. Connecticut General Statutes § 17b-2 provides that the Department of Social Services is designated as the state agency for the administration of (6) the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Regulations of Connecticut State Agencies § 17b-262-342 provides for goods and services not covered. 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.
3. Connecticut General Statutes § 17b-259b (a) 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.

Connecticut General Statutes § 17b-259b (b) provides 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.

**The Department correctly determined the requested rhinoplasty and fat grafting are cosmetic in nature.**

CHNCT was correct to deny prior authorization for rhinoplasty and fat grafting injections around the nose for the Appellant because it is primarily for the convenience of the individual and deemed cosmetic in nature. In addition, before the rhinoplasty and fat grafting could be considered the Appellant would have to undergo a septoplasty or turbinate reduction, which she has not done.

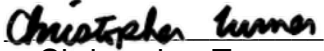
### **DISCUSSION**

The Appellant expressed difficulty sleeping and unease with her physical appearance. The Appellant feels the approval of septoplasty and fat grafting will help alleviate her concerns. However, the Appellant's plastic surgeon did not provide any evidence of a substantial nature to indicate that the rhinoplasty and fat grafting is medically needed to treat a deformity or developmental issue. Other than the history of symptoms provided by the Appellant to her doctor, the records lack sufficient documentation that supports a need for a functional rhinoplasty and fat grafting.

The Appellant's request for rhinoplasty and fat grafting injections around the nose does not meet the requirement of being clinically appropriate in terms of type, frequency, timing, site, extent and duration or considered effective for the individual's illness, injury or disease. Consequently, CHNCT's denial of prior authorization for rhinoplasty and fat grafting as not medically necessary for the Appellant is upheld.

### **DECISION**

The Appellant's appeal is denied.

  
Christopher Turner  
Hearing Officer

Cc: Fatmata Williams, DSS Central Office  
[appeals@chnct.org](mailto:appeals@chnct.org)

### **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, law, and 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 Administrative Hearings and Appeals, 55 Farmington Avenue, Hartford, CT 06105-3725.

### **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, if 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 06105-3725. 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 the Commissioner's 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.