

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT06105-3725

██████████ 2020
Signature Confirmation

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

NOTICE OF DECISION
PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2020, Community Health Network of Connecticut (“CHNCT”) sent ██████████ ██████████ (the “Appellant”) a notice of action denying a request for prior authorization of cranial remolding orthosis for her child, ██████████.

On ██████████ 2020, the Appellant requested an administrative hearing to contest the denial of cranial remolding orthosis.

On ██████████ 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing ██████████ 2020.

On ██████████ 2020, 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
Heather Shea, RN, CHNCT’s Representative
Roberta Gould, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether CHNCT's decision to deny cranial remolding orthosis is correct.

FINDINGS OF FACT

1. The Appellant's child, ██████████, is a recipient of the Husky A Medicaid program. (Hearing record)
2. ██████████ is 9 months old and has a diagnosis of moderate left Plagiocephaly with a Cephalic Index ("CI") of 92.5 and Brachycephaly with a Transcranial Diagonal Difference ("TDD") of 6 mm. (Exhibit 1: Prior Authorization request with clinical evaluation report)
3. ██████████ suffers from a limited ability to lift his unsupported head, limited ability to roll over, limited neck rotation range of motion, facial asymmetries and flat head. (Exhibit 1 and Appellant's testimony)
4. ██████████ has normal muscle strength and tone. There is no indication that Jordan has any developmental delays. (Exhibit 1)
5. Dr. ██████████ is ██████████ pediatrician ("the treating physician"). (Exhibit 1 and Hearing summary)
6. ██████████ has received physical therapy that involves neck stretches, repositioning, and tummy positioning to alleviate his limited range of motion when rotating his neck. (Exhibit 10: Clinical evaluation report and Appellant's testimony)
7. ██████████ has no developmental or behavioral delays. (Exhibit 1 and Hearing summary)
8. On ██████████, 2020, Cranial Technologies requested prior authorization for a cranial remolding orthosis (adjustable helmet or band) for ██████████ diagnoses of Plagiocephaly. (Exhibit 1 and Hearing summary)
9. On ██████████ 2020, CHNCT's medical reviewer reviewed the medical information submitted by ██████████ physician and determined that the request for cranial remolding orthosis was denied because although he has a diagnosis of Plagiocephaly, he does not have a CI of 93% or more or a TDD of 10 mm or more. The medical reviewer stated that the child does not meet the medical criteria for a Cranial Remolding Device. (Exhibit 2 and Hearing summary)
10. On ██████████ 2020, CHNCT sent the Appellant a *Notice of Action for Denied Services or Goods* denying the request for cranial remolding orthosis because it is not medically necessary. Medical records show that the child's head deformity

does not meet the clinical policy requirement. (Exhibit 3: Notice of Action dated [REDACTED] and Hearing summary)

11. On [REDACTED], 2020, the Appellant requested an administrative hearing regarding the denial of cranial remolding orthosis for [REDACTED]. She stated that “the Cranial doctor said it’s affecting his ear, one of his eyes and one of his nostrils... that his head is also tilted to one side and with the helmet it will help get it straight.” (Exhibit 4: Administrative hearing request dated [REDACTED])
12. On [REDACTED], 2020, CHNCT sent an Acknowledgment Letter to the Appellant informing her of the reason for denial and the opportunity to provide more medical documentation regarding [REDACTED] medical condition. (Exhibit 5: Acknowledgment letter date [REDACTED] and Hearing summary)
13. On [REDACTED] 2020, CHNCT requested more clinical information for [REDACTED] from his treating physician that reflects any therapies he has undergone and a letter that indicates why a cranial remolding orthosis is medically necessary. (Exhibit 6: Medical record request dated [REDACTED] and Hearing summary)
14. On [REDACTED] 2020, CHNCT requested more clinical information from Cranial Technologies related to [REDACTED] medical necessity for a cranial remolding device. (Exhibit 9: Medical record request dated [REDACTED] and Hearing summary)
15. On [REDACTED] 2020, CHNCT received more clinical information for [REDACTED] from Cranial Technologies indicating that [REDACTED] head shape has not improved with the attempted interventions of repositioning and home exercises and that a DOC band treatment is needed to address his cranial vault asymmetries and occipital flattening. (Exhibit 10: Clinical medical information and Hearing summary)
16. On [REDACTED], 2020, CHNCT reviewed [REDACTED] medical documentation and determined that the denial for cranial remolding orthosis was upheld because the member must have a diagnosis of Plagiocephaly with a moderate to severe deformity with a CI of 93% or a TDD of greater than 10 mm. CHNCT denied the request for a cranial remolding orthosis for [REDACTED] because he does not present with moderate to severe Plagiocephaly based upon the measurements sent for review. (Exhibit 11: Medical review request dated [REDACTED] and Exhibit 12: Medical review dated [REDACTED])
17. The Connecticut Husky Health guidelines for Cranial Remodeling Devices recommends that remodeling bands or helmets may be considered medically necessary for the treatment of synostotic deformities when a pediatric neurosurgeon, craniofacial surgeon or other board-certified physician with specific expertise in the treatment of craniosynostosis has documented the need for surgical correction of craniosynostosis, and the postoperative need for a cranial orthotic; or for the treatment of nonsynostotic positional cranial deformity in infants between the ages of 4 to 12 months of age when a pediatric surgeon,

craniofacial surgeon or other board certified physician with expertise in the treatment of craniosynostosis or nonsynostotic cranial deformity has determined that the infant does not have craniosynostosis; **and** a pediatric neurosurgeon, craniofacial surgeon or other board-certified physician with specific expertise in the treatment of craniosynostosis or nonsynostotic cranial deformity has determined that the infant has a moderate to severe skull deformity (cephalic index greater than 93% or a transdiagonal difference of greater than 10mm) that, unless corrected by a cranial orthotic, is likely to result in significant, permanent deformity; **and** for children less than six months of age, asymmetry has not been substantially improved following a two month trial of conservative therapy. (Exhibit 11: DSS policy for cranial remodeling devices)

18. On [REDACTED], 2020, CHNCT sent the Appellant notification that CHNCT's denial of authorization for cranial remolding orthosis for [REDACTED] had been upheld after further review because medical information provided does not support the medical necessity for the cranial remolding orthosis. (Exhibit 13: Determination Letter dated [REDACTED] and Hearing summary)

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.

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

CHNCT was correct to find that cranial remolding orthosis is not clinically appropriate based on an assessment of the individual and his medical condition because medical documentation submitted does not support the medical necessity for the requested cranial remolding orthosis.

On [REDACTED] 2020, CHNCT was correct to deny prior authorization for cranial remolding orthosis because it is not medically necessary to address the child's moderate Plagiocephaly and Brachycephaly and, as such, would not be a covered service, in accordance with state statutes and regulations.

DISCUSSION

State regulations provide that health services covered under the Medicaid program must be considered medically necessary or required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition in order to attain or maintain the individual's achievable health and independent functioning and are 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. The request for a cranial remolding orthosis does not meet the Connecticut Husky Health guidelines for Cranial Remodeling Devices definition of medical necessity because the treating physician stated that [REDACTED] has a diagnosis of moderate left Plagiocephaly with a Cephalic Index ("CI") of 92.5 and Brachycephaly with a Transcranial Diagonal Difference ("TDD") of 6 mm.

The Appellant did not provide any other evidence of a substantial nature to indicate that [REDACTED] has a moderate to severe skull deformity (cephalic index greater than 93% or a transdiagonal difference of greater than 10mm) that, unless corrected by a cranial orthotic, is likely to result in significant, permanent deformity. It is reasonable to conclude that cranial remolding orthosis would not be medically necessary.

The undersigned hearing officer finds that the request for cranial remolding orthosis does not meet the requirement of being clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease.

DECISION

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



Roberta Gould
Hearing Officer

Pc: 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, 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.