

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS  
55 FARMINGTON AVENUE  
HARTFORD, CT 06105-3725

[REDACTED], 2020  
Signature Confirmation

[REDACTED]  
Request # 158623

**NOTICE OF DECISION**

**PARTY**

[REDACTED]

**PROCEDURAL BACKGROUND**

[REDACTED] 2020, the Department of Social Services (the "Department"), through its Administrative Service Organization, Community Health Network of Connecticut ("CHNCT") sent [REDACTED] (the "Appellant"), a Notice of Action ("NOA") that her medical provider's request for prior authorization for genioplasty (chin surgery) was denied.

[REDACTED], 2020, the Appellant requested an administrative hearing to contest the CHNCT's decision to deny her provider's request for the surgery.

[REDACTED], 2020, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling an administrative hearing for [REDACTED], 2020.

[REDACTED], 2020, 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. Due to COVID-19 concerns, the hearing was held telephonically. No party objected to the hearing being held in that manner. The following individuals were present at the hearing:

[REDACTED]  
Robin Goss, RN, BSN, CHNCT's Representative  
Karen Cohen, CHNCT's Representative (Observer)  
Veronica King, Hearing Officer

## STATEMENT OF THE ISSUE

The issue is whether CHNCT's denial of prior authorization for the Appellant's genioplasty (chin surgery) because it is not medically necessary was correct.

## FINDINGS OF FACT

1. The Appellant is [REDACTED] years old (D.O.B. [REDACTED]) and is a participant in the Medicaid program as administered by the Department. (Exhibit 1: Prior Authorization ["PA"] Request from Dr. [REDACTED])
2. CHNCT is the Department's contractor for reviewing medical requests for prior authorization of medical services under the Medicaid program. (Hearing Record)
3. Dr. [REDACTED], DDS, of Oral and [REDACTED] Assoc of New Haven, Connecticut is the Appellant's treating surgeon. (Exhibit 1)
4. [REDACTED], DMD, of Oral and [REDACTED] Assoc of New Haven, Connecticut is the Appellant's dentist. (Exhibit 8: Medical Record Request and Hearing Record)
5. [REDACTED] 2020, CHNCT received a PA Request from the Appellant's treating surgeon for orthognathic (jaw surgery). The request included a LeFort 1 (upper jaw surgery), bilateral sagittal split osteotomy (lower jaw surgery), mandible bone graft (bone graft to lower jaw); surgical splint and genioplasty (chin surgery). (Exhibit 1 and Exhibit 4: NOA, [REDACTED]/20)
6. [REDACTED], 2020, CHNCT sent a letter to the treating surgeon requesting him to review the medical codes that were submitted for prior authorization and additional information. [REDACTED], 2020, CHNCT received a reviewed prior authorization request. (Exhibit 2: Additional prior authorization information)
7. [REDACTED], 2020, the medical reviewer reviewed the PA request and all supporting information provided and partially denied the request. (Hearing Summary, Exhibit 3: Medical Review, [REDACTED]20)
8. [REDACTED], 2020, CHNCT sent to the Appellant a Notice of Action indicating that the Appellant's treating surgeon requested for authorization of orthognathic (jaw) surgery is partially denied. The request to perform a LeFort 1 (upper jaw surgery), bilateral sagittal split osteotomy (lower jaw surgery), mandible bone graft (bone graft to lower jaw) and surgical splint is approved. However, the request for a genioplasty (chin surgery) is not medically necessary, and it is not intended to improve or restore a functional issue, like the ability to chew or speak. Therefore, the genioplasty cannot be approved. (Exhibit 4: Notice of Action, [REDACTED]/20)

9. [REDACTED], 2020, CHNCT received a verbal appeal from the Appellant, reviewed the appeal process, confirmed providers, and sent an acknowledgement letter to the Appellant. (Exhibit 5: email correspondence, [REDACTED]/20 and Exhibit 6: Acknowledgement letter, [REDACTED]/20)
  10. [REDACTED], 2020, CHNCT sent a letters to the Appellant's medical providers, Dr. [REDACTED], DDS, and [REDACTED], DMD, requesting additional information to support the medical necessity of the genioplasty, including documentation showing the genioplasty is intended to improve or restore a functional issue and a letter of medical necessity as to why the genioplasty is medically necessary. (Exhibit 7: Medical Record request sent to [REDACTED]/20 and Exhibit 8: Medical Record request sent to [REDACTED]/20 )
  11. [REDACTED], 2020, CHNCT contacted the office of [REDACTED], DDS, and treating surgeon, who advised that that no new clinical information would be sent for the appeal. (Hearing Record)
  12. The Appellant has a history of difficulty with mastication due to a dentofacial deformity. She experiences difficulty with speech, trouble eating (cannot incise through foods, and needs to cut food into small pieces), and dissatisfaction with her appearance. (Appellant's Testimony and Exhibit 1)
  13. The Appellant's exams showed dentofacial abnormalities. There is a class II molar and canine relationship with a large anterior open bite that does not allow incising for foods. There is significant skeletal discrepancy including a retrognathic mandible and canted hypoplastic maxilla. In addition she also has difficulty with speech due to the alignment of the dentition and coordination of the arches. (Appellant's Testimony and Exhibit 1)
  14. The treating surgeon requested for genioplasty was to improve the asymmetric and anterior/posterior position of the chin. (Exhibit 1)
  15. CHNCT did not receive any additional documentation from the Appellant nor the Appellant's doctors. (CHNCT's representative's testimony and Appellant's testimony)
- [REDACTED], CHNCT sent the appeal for a Medical Review. The Medical Review was completed and the denial was upheld. The reviewer noted that the Appellant's complaints due to her dentofacial deformity and that evaluation revealed an open bite and an excessive overjet due to a vertical maxillary excess and mandibular hypoplasia. The planned correct procedures are a LeFort I osteotomy to impact the maxilla to close the open bite and bilateral sagittal split osteotomy to advance the mandible to normalize the overjet. A genioplasty is also planned. The procedures have been approved with exception of the genioplasty. The genioplasty is indicated to balance the facial proportions. This is to improve appearance and not to treat functional problems; therefore it is cosmetic in nature. (Exhibit 18: Medical Review, [REDACTED]/20)

17. [REDACTED], 2020, CHNCT sent the Appellant a Notice of Action indicating that the appeal review was conducted and based on the provided information the denial is upheld. The documentation provided does not support the medical necessity for the requested genioplasty (chin surgery) because the genioplasty will improve the appearance of your chin; however, it will not treat your functional problems. Therefore, it is considered as a cosmetic procedure and not considered medically necessary. (Exhibit 19: Determination Letter, [REDACTED]/20)

### **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; Conn. Gen. Stat. §17b-262]
2. Medicaid pays for Medicaid-covered services that are medically necessary. Conn. Agencies Regs. 17b-262-531.
3. For purposes of administering the Department's medical programs, the terms "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)]

**CHNCT correctly determined that based on the documentation submitted by the Appellant and her medical providers, it does not demonstrate that a genioplasty would improve or restore any physical function or impact on activities of daily living.**

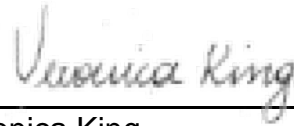
**CHNCT correctly determined there is insufficient evidence submitted for the prior authorization for a genioplasty to establish that it would prevent, identify, diagnose, treat, rehabilitate or ameliorate the Appellant's medical condition.**

**CHNCT correctly determined that the requested genioplasty procedure is primarily cosmetic in nature; therefore, the procedure is not medically necessary.**

**CHNCT correctly denied prior authorization of the genioplasty because the evidence does not support medical necessity.**

### **DECISION**

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



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Veronica King  
Hearing Officer

Pc: [appeals@chnct.org](mailto:appeals@chnct.org)  
Fatmata Williams, Department of Social Services, 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 Administrative Hearings and Appeals, 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 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.