

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

[REDACTED], 2022
SIGNATURE CONFIRMATION

Case Id # [REDACTED]
Client Id [REDACTED]
Hearing Id #183217

NOTICE OF DECISION

PARTY

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

PROCEDURAL BACKGROUND

On [REDACTED], 2021, the Department of Social Services (the "Department") through its managed care administrator Community Health Network of Connecticut, Inc. ("CHNCT"), sent [REDACTED] (the "Appellant") a Notice of Action ("NOA") denying her prior authorization request for Panniculectomy and Abdominoplasty.

On [REDACTED], 2021, the Appellant requested an administrative hearing to contest the denial of her request.

On [REDACTED], 2021, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a Notice scheduling the administrative hearing for [REDACTED] 2021. The hearing was scheduled to be held telephonically due to the COVID-19 pandemic.

On [REDACTED] 2021, 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:

[REDACTED], Appellant
[REDACTED], Appellant's Boyfriend
Robin Goss, RN, CHNCT Representative
Swati Sehgal, Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether CHNCT's decision to deny the Appellant's prior authorization request for Panniculectomy and Abdominoplasty was in accordance with state law.

FINDINGS OF FACT

1. The Appellant is ■ years old. (Exhibit 1: Prior authorization request)
2. The Appellant is a Medicaid recipient with coverage through CHNCT. (Hearing Summary)
3. In ■ 2020, the Appellant had bariatric surgery, she weighed 301 pounds prior to the bariatric surgery. Her bariatric surgery was complicated by severe surgical complication requiring re-exploration. The Appellant finally healed but was left with incisional hernia. (Exhibit 1, Hearing Summary, Appellant's Testimony)
4. The Appellant's current and stable weight is 159 pounds, which resulted in significant and overhanging abdominal pannus (flap of excess skin, fat, and tissue at the bottom of the abdomen) and excess skin of the epigastric region. She has complaints of rashes under pannus. (Exhibit 1, Hearing Summary)
5. On ■, 2021, CHNCT received a prior authorization request from Dr. Alex Cech, plastic surgeon, for a panniculectomy and abdominoplasty for the Appellant with a diagnosis of excessive and redundant skin, post bariatric surgery and an incisional hernia with obstruction without gangrene. The request for panniculectomy and abdominoplasty is concurrently with hernia repair. (Exhibit 1: Prior Authorization)
6. Dr ■ progress notes from ■ 2021, specified that insurance process was discussed with the Appellant and she was informed that most insurance carriers require documentation of symptoms particularly rashes and infections by a third-party over a period of at least three, and preferably six months. For that he suggested that the Appellant should return to her primary care provider, possibly a dermatologist, bariatric surgeons or walk in clinics to document those issues. (Exhibit 1)
7. On ■ 2021, CHNCT requested additional information including documentation showing the Appellant's weight has been stable for 6 months, and she has been treated with either local or systemic antibiotic treatment, or topical or systemic corticosteroid treatment, or topical

- antifungal medication treatment for greater than or equal to 12 weeks. Along with her response to the treatment. (Exhibit 2: Additional information request, [REDACTED]/21)
8. CHNCT did not receive any additional information. (Hearing Summary)
 9. On [REDACTED] 2021, CHNCT reviewed and denied the prior authorization request. (Exhibit 3: Medical Review, Exhibit 4: Notice of Action, [REDACTED]21)
 10. On [REDACTED] [REDACTED], 2021, CHNCT received an Administrative Hearing Request. (Exhibit 5: Hearing Request)
 11. On [REDACTED], 2021, CHNCT notified Dr. [REDACTED] (plastic surgeon) and Dr. [REDACTED] (general surgeon) of the Appellant's request for appeal and requested additional information. (Exhibit 7 and 8: Medical Record Request)
 12. On [REDACTED] 2021, CHNCT received Letter of Medical Necessity and medical records from Dr. [REDACTED]. His notes states that the Appellant is notably symptomatic of the excess skin. It causes significant traction on her abdominal wall. She also needs her hernia repaired. It also stated that she has huge amount of excess skin directly overlaying the hernia. She requires an abdominal wall reconstruction. If the excess skin is not addressed, it will be exacerbated by the repair of underlying hernia and furthermore, repair of hernia will compromise some of the overlaying skin with a significant risk of wound healing. (Exhibit 9: Medical Records from Dr. [REDACTED])
 13. CHNCT did not receive any additional information from Dr. [REDACTED] office. (Hearing Summary)
 14. On [REDACTED] 2021, CHNCT sent the appeal for Medical Review. (Exhibit 11: Medical Review Request)
 15. On [REDACTED] 2021, CHNCT completed the Medical review and upheld the denial. Medical Reviewer reviewed the medical records provided by Dr. [REDACTED] and the Appellant's Appeal for the denial of an abdominoplasty and a panniculectomy with incisional hernia repair. In the appeal the Appellant stated that requested abdominoplasty and a panniculectomy are needed because she is having surgery to repair an incisional hernia and has been told the excess skin increases her risk of post-operative complications, including skin pulling on the repair, infection and fluid building up. The Medical Reviewer stated that there is limited data to show that a panniculectomy has net health benefits in combination with hernia surgery. The evidence shows higher postoperative

complication risks without decreased long term hernia recurrence. Therefore, since the long-term benefits of combination surgery are unproven based on the total body of evidence, concurrent panniculectomy is only considered medically necessary if the panniculectomy is deemed medically necessary independent of hernia repair.

The Medical notes state persistent skin infection under the panniculus, and the intertriginous dermatitis or cellulitis or panniculitis. The photographs do not show any active skin condition. No documentation has been provided of at least 12 weeks of specific systemic antibiotics or antifungal medication or local treatment with clinical notes and/or prescription record, other than the Appellant's self-treatment with creams. There is no documentation of 12 weeks of corticosteroid treatment with detail clinical notes. Based on the clinical documentation and photographs, skin condition seems to adequately respond to medical treatment such a diaper cream and showering. Therefore the request for panniculectomy is not medically necessary. The request for abdominoplasty is considered cosmetic per the policy since physical functional impairment is not demonstrated. Therefore, the procedures requested are not medically necessary and are denied. (Exhibit 12: Medical Review)

16. On [REDACTED] 2021, CHNCT sent the determination letter to the Appellant. (Exhibit 13: Determination Letter)
17. 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], 2021. Therefore, this decision was due no later than [REDACTED] 2022, and is therefore timely.

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. 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)]

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)]

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. [Conn. Gen. Stat. 17b-259b (d)]

3. CHNCT has determined that a panniculectomy is not medically necessary because there is limited data to show that a panniculectomy has net

health benefits in combination with hernia surgery. The Appellant failed to provide any documentation showing she has been treated for at least 12 weeks with specific systemic antibiotics or antifungal medication or local treatment. There is no documentation of 12 weeks of corticosteroid treatment with detail clinical notes. CNCT also determined that an abdominoplasty is considered cosmetic per the policy since physical functional impairment is not demonstrated. Therefore, the procedures requested are not medically necessary and are denied

4. CHNCT correctly denied the Appellant's prior authorization request for panniculectomy and abdominoplasty because they are not medically necessary.

DECISION

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

Swati Sehgal
Swati Sehgal
Hearing Officer

Pc: 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 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, 165 Capitol Ave, 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.