

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-9902

██████████ 2022
Signature Confirmation

Case # ██████████
Client # ██████████
Request # 187941

NOTICE OF DECISION

PARTY

██████████
██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████ 2021, Community Health Network of CT (“CHNCT”) sent ██████████ ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying a prior authorization request for Whole Genome Sequencing Analysis (genetic testing).

On ██████████ 2022, the Appellant requested an administrative hearing to contest the Department’s decision to deny the prior authorization.

On ██████████ 2022, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a Notice scheduling the administrative hearing for ██████████ ██████████ 2022.

On ██████████ 2022, Community Health Network of Connecticut (“CHNCT”) requested a continuance of the hearing, which was granted.

On ██████████ 2022, OLCRAH rescheduled the administrative hearing for ██████████ ██████████, 2022.

On ██████████ 2022, in accordance with sections 17b-60, 17-61 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 and parent
██████████, Appellant, and parent

Barbara McCoid, RN. Appeals & Grievance Analyst, CHNCT
Almelinda McLeod, Hearing Officer

On [REDACTED] 2022, the hearing record was closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether CHNCT's denial of prior authorization through the Medicaid program for a genetic sequence analysis test was not medically necessary in accordance with state law.

FINDINGS OF FACT

1. The Appellants are parents to [REDACTED] ("minor child"). (Hearing record)
2. The child is a [REDACTED]-year-old (DOB, [REDACTED]) participant in the Medicaid program as administered by the Department of Social Services (the Department). (Hearing record)
3. The child was diagnosed at two years of age with non-verbal autism spectrum disorder, behavior, and sleep issues. (Hearing record and Exhibit 1, prior authorization)
4. The child is considered severe on the autism spectrum. He does not initiate conversation with others, does not interact with other children, does not indicate his wants, or needs, he vocalizes vowel sounds and displays echolalia, which is when one repeats words spoken by someone else. He does, however, know his name, his parents' names, and his address. He is a restless sleeper and has attention deficit disorder (ADHD"). He also has issues with eating primarily due to the texture of the food, he tends to keep food in his mouth without chewing for an extended time. (Exhibit 1, prior authorization, Appellant testimony)
5. The child's current therapies involve behavioral [related to his ADHD], occupational, and speech therapies. The behavioral therapy is for socialization and occupational therapy is for hand and eye coordination. These two therapies, once or twice a week, are the most successful of the three therapies. The child needs more speech therapy to help him with the echolalia. The child has a tutor who goes over certain practices with him. The child was briefly prescribed ADHD medication, Vivance, which was taken as needed to turn down his energy level and help him focus. That prescription expired in the [REDACTED] 2021 and was not renewed. The child is currently not on medication. (Appellant testimony)

6. The child's primary care doctor referred the child to a pediatric neurologist, Dr. [REDACTED]. (Appellant testimony, Hearing record)
7. On [REDACTED], 2021, the child was evaluated by the pediatric neurologist for his autistic disorder, behavioral insomnia of childhood, sleep onset association type and ADHD, unspecified. (Exhibit 1, prior authorization, Initial Consult Report)
8. On [REDACTED] 2021, Community Health Network of CT ("CHNCT") received a prior authorization request from [REDACTED] [REDACTED] for full gene sequencing, CPT code 81425 and 81426 ordered by [REDACTED], a pediatric Neurologist. (Exhibit 1, Prior Authorization Request)
9. CHNCT is the Department's Medical Administrative Services Organization. CHNCT's responsibilities include review of medical requests for prior authorization of laboratory testing. (Hearing record)
10. On [REDACTED] 2021, CHNCT denied the Appellant's prior authorization for the WGS analysis based on the HUSKY Health DSS Medical policy for Whole Exome and Whole Genome Sequencing because WGS is considered investigational. There is insufficient scientific evidence in the medical literature to support that this test improves overall health outcomes. (Exhibit 2, Medical Director note)
11. The DSS Medical Policy defines WGS as consisting of analysis of most of the DNA content in an individual's genome. It has been a tool to establish an individual's diagnosis with exceptional complex and severe phenotypes. It's been used in oncology setting to characterize tumor genomes. High quality clinical trial data are lacking in the peer reviewed medical literature on the use and effectiveness of WGS in routine clinical practice. The clinical utility of this test impacting management and improved health has not been established. (Exhibit 8, Medical Review request and DSS Medical Policy)
12. The DSS Medical policy indicates CPT codes 81425 to 81427 WGS for any indication is considered investigational and therefore not medically necessary. (Exhibit 8, Medical Review request and DSS Medical Policy)
13. On [REDACTED] 2021, CHNCT issued a NOA informing the Appellant the requested service was denied because it was not medically necessary per Connecticut General Statutes 17b-259 (a) (5) as it was based on the child's specific medical condition. WGS Analysis is considered investigational and there isn't enough evidence to show the results of the test would help with his treatment or improve his health. (Exhibit 3, NOA)

14. On [REDACTED] 2022, the Appellants requested an administrative hearing. (Exhibit 4, Hearing request)
15. On [REDACTED] 2022, CHNCT issued an acknowledgement letter of the Appellant's request for an administrative hearing. CHNCT reiterated the service requested (genetic testing) was not medically necessary because it was not based on the child's specific medical condition. WGS is considered investigational and there was not enough evidence to show the results of the test will help doctors with the child's treatment or improve his health. (Exhibit 5, Acknowledgement letter)
16. On [REDACTED] 2022, CHNCT requested additional documentation which includes clinical notes from [REDACTED] 2021 and a letter of medical necessity from [REDACTED] by [REDACTED] 2022. Address and fax number provided. (Exhibit 6, Medical Record request)
17. On [REDACTED], 2022, CHNCT received [REDACTED] 2021, medical notes from the child's well visit appointment and an [REDACTED] 2021, addendum note regarding the referral to [REDACTED]. (Exhibit 7, Medical records)
18. On [REDACTED] 2022, CHNCT completed the medical review based on the [REDACTED], 2021, clinical notes provided by [REDACTED], the Appeal summary, administrative hearing request and DSS Medical Policy on Whole Exome and Whole Genome Sequencing. The available medical records did not indicate the rationale to test each of the genes in the WGS analysis. No additional clinical information was provided therefore CHNCT upheld the denial of the prior authorization. CHNCT issued a determination letter denying the request because it was not medically necessary. (Exhibit 9, Medical director note, Exhibit 10 Determination letter)
19. The Appellants seek prior authorization in the interest of finding the cause or origin of autism, specifically if there is a genetic connection through DNA or if the child's condition is random. The main purpose of this hearing was to gain more information about their child's condition. The Appellants are learning information about their child day by day. The child's prognosis is unclear. (Appellant's testimony)
20. The issuance of this decision is timely under section 17b-61(a) of Connecticut General Statutes, 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] 2022. This decision was due no later than [REDACTED] 2022. However, the hearing, which was originally scheduled for [REDACTED], 2022, was rescheduled for [REDACTED] 2022. Due to a [REDACTED]-day delay in the closing of the hearing record, the decision is due no later than [REDACTED] 2022.

CONCLUSIONS OF LAW

1. Section 17b-2 (8) and 17b-262 of the Connecticut General Statutes provides the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act and the Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program.
2. Section 17b-259b of the Connecticut General Statutes provides: (a) 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.
3. Section 17b-259b (b) of the Connecticut General Statutes 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.
4. Section 17b-259b (c) of the Connecticut General statutes provides 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.
5. Section 17b-262-642 (13) defines prior authorization as approval for the provision of a service or the delivery of goods from the department before the provider provides the service or delivers the goods.

6. Section 17b-262-647 (b) provides in part, in order to receive payment from the department a provider shall comply with all prior authorization requirements.
7. Section 17b-646 provides the department shall pay for medically necessary and medically appropriate testing and analysis only when ordered by a licensed physician or other licenses practitioner of the healing arts.
8. Section 17b-262-641 of the Regulations of Connecticut State Agencies provides that sections 17b-262-641 through 17b-262-650, inclusive, of the Regulations of Connecticut State Agencies set forth the Department of Social Services requirements for payment of laboratory services provided by licensed clinical laboratories, in settings other than hospital inpatient or outpatient departments or a physician's, nurse-midwife's, or nurse practitioner's office, for clients who are determined eligible to receive services under Connecticut's Medicaid Program pursuant to section 17b-262 of the Connecticut General Statutes (CGS).
9. Section 17b-262-642 (12) of the Regulations of Connecticut State Agencies defines panel or profile tests as certain multiple tests performed on a single specimen or material derived from the human body which are related to a condition, disorder, or family of disorders, which when combined mathematically or otherwise, comprise a finished identifiable laboratory study or studies.
10. Section 17b-262-645 (a) (1) provides the department shall pay for medically appropriate and medically necessary clinical laboratory services, for which the laboratory holds certification according to the provisions of CLIA, which are listed in the department's fee schedule.
11. Section 17b-262-644 provides payment for independent clinical laboratory services shall be available on behalf of all persons eligible for the Medicaid program subject to the conditions and limitations which apply to these services.
12. Section 17b-262-645 (b) (4) pertains to limitations on covered services and provides payment shall not be made for any procedures or services of an unproven educational, social research, experimental, or cosmetic nature; for services in excess of those deemed medically necessary and medically appropriate to treat the client's condition; or for services not directly related to the client's diagnosis, symptoms, or medical history.
13. **The Department correctly notified the Appellant about the denial for the prior authorization and provided the specific criteria considered in the determination.**
14. **Policy dictates that the state will pay for clinical laboratory test provided that the requested service is not subject to certain limitations. The limitations set forth in policy specifically states that the service requested**

must not be of an experimental or investigational nature. Because the medical literature used in CTHNT's decision did not show scientific evidence that supported that this test would improve his overall health condition, the Department correctly determined that Whole Genome Sequencing analysis is informational in nature and does not contribute to the treatment or improvement of the child's medical condition.

15. The Department correctly determined the Whole genome sequencing analysis was not medically necessary.

DECISION

The Appellant's appeal is DENIED.

Almelinda McLeod

Almelinda McLeod
Hearing Officer

CC: appeals@chnct.org
Fatmata.Williams@ct.gov

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, 165 Capitol Avenue, 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.