

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

████████████████████  
SIGNATURE CONFIRMATION

CASE ID # ██████████  
CLIENT ID # ██████████  
REQUEST # 207793

**NOTICE OF DECISION**  
**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████, the Community Health Network of Connecticut (“CHNCT”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA”) denying his provider’s prior authorization request for a Libre 2 Continuous Glucose Monitoring (“CGM”) system for the Appellant.

On ██████████, the Appellant requested an administrative hearing to contest the denial of a Libre 2 CGM.

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

On ██████████, 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:

████████████████████, the Appellant  
Barbara McCoid, RN, CHNCT’s Representative  
Sara Hart, Hearing Officer

## **STATEMENT OF THE ISSUE**

The issue is whether CHNCT's decision to deny the Appellant's provider's prior authorization request for a Libre 2 CGM for the Appellant as not medically necessary was correct and in accordance with state law.

## **FINDINGS OF FACT**

1. The Appellant is a participant in the HUSKY Medicaid program administered by the Department. *(Hearing Record)*
2. CHNCT is the Department's Medical Administrative Services Organization ("ASO") for the HUSKY Health Program. *(Hearing Record)*
3. The Appellant is a [REDACTED] year-old (DOB: [REDACTED]) male diagnosed with Type 2 Diabetes ("T2D") approximately ten years ago. *(Exhibit 1: Prior Authorization Request, Appellant's Testimony)*
4. [REDACTED], Nurse Practitioner at the [REDACTED] Diabetes Clinic, is the Appellant's treating provider (the "Treating Provider"). The Appellant has been a patient of the [REDACTED] Diabetes Clinic since [REDACTED]. *(Hearing Record, Appellant's Testimony)*
5. Between the months of [REDACTED] through [REDACTED], the Appellant trialed several prescribed medications used to treat T2D, including [REDACTED], [REDACTED], and [REDACTED]. The Appellant used each of the prescribed medications for approximately one to two weeks before discontinuing each due to unfavorable side effects. The Treating Provider recommended to the Appellant that he continue with the prescribed medications for a longer course of treatment. *(Appellant's Testimony)*
6. The Appellant is not currently taking any of the medications prescribed to him for the management of his T2D. *(Appellant's Testimony)*
7. The Appellant does not use insulin to treat his T2D. *(Appellant's Testimony)*
8. The Appellant currently utilizes a Glucometer to monitor his blood sugar levels. *(Hearing Record)*
9. The Appellant is requesting approval for the Libre 2 CGM because the cost of test strips for the Glucometer is cost-prohibitive and because he believes that he will be better able to monitor fluctuations in his blood sugar levels. *(Appellant's Testimony)*
10. On [REDACTED], CHNCT received a prior authorization request from the Treating Provider seeking approval on behalf of the Appellant for a Libre 2 CGM. *(Exhibit 1)*

11. The Libre 2 CGM is a device used to monitor blood sugar levels. It contains an attachment that is placed on a patient's skin. The patient places their phone near the attachment to record results and determine if blood sugar levels are high or low. (*McCoid Testimony*)
12. On [REDACTED], CHNCT's medical reviewer completed a review of the medical information submitted by the Appellant's Treating Provider and determined that the request for a Libre 2 CGM was not medically necessary. The reviewer noted: "Deny new CGM System for this [REDACTED] year old male member whose documentation is interpreted to indicate the following: Member has been diagnosed with Diabetes but has not been compliant with medications. He recently saw his provider who is prescribing oral medications. This request does not meet the DSS Continuous Glucose Monitoring [CGM] System Policy. To meet the policy, the member would be treated with insulin and have patterns of hypoglycemia or hyperglycemia: Given the documentation with no use of insulin, the request is denied." (*Exhibit 2: Medical Review*)
13. On [REDACTED], CHNCT sent a NOA to the Appellant denying the request for prior authorization of the Libre 2 CGM. (*Exhibit 3: NOA [REDACTED]*)
14. On [REDACTED] the Appellant requested an administrative hearing regarding the Department's denial of prior authorization for the Libre 2 CGM. (*Exhibit 4: Hearing Request*)
15. On [REDACTED], CHNCT notified the Appellant of the appeal receipt and requested additional information from the Appellant. (*Exhibit 5: Hearing Request Acknowledgement Letter [REDACTED]*)
16. On [REDACTED], CHNCT notified the Treating Provider of the Appellant's appeal and requested additional information, including [REDACTED] office visit notes and a letter of medical necessity indicating the reasons why the Libre 2 CGM is medically necessary for the Appellant. (*Exhibit 6: Faxed Hearing Request Acknowledgement Letter*)
17. On [REDACTED], the Treating Provider informed CHNCT that additional information would not be provided and that the Appellant would continue using a Glucometer. (*Hearing Summary, McCoid Testimony*)
18. Neither the Appellant nor his Treating Provider submitted documentary evidence of patterns of hyperglycemia or hypoglycemia. (*Hearing Record, McCoid Testimony*)
19. On [REDACTED], CHNCT requested another medical review be completed for the Appellant's request for approval of the Libre 2 CGM. Attached to the medical review request were the HUSKY Health Provider Policies and Procedures for CGMs. (*Exhibit 7: Medical Review [REDACTED]*)

20. The HUSKY Health Provider Policies and Procedures guidelines indicate that CGMs and associated supplies may be considered medically necessary for individuals with Type 2 diabetes who are treated with insulin and have patterns of hypoglycemia or hypoglycemia. (*Exhibit 7, page 5*)
21. On [REDACTED], the appeal medical review was completed. The medical reviewer concluded the Libre C CGM was not medically necessary for the Appellant. The reviewer noted: "The patient has DM2, but is not treated with insulin. The patient does not have documented patterns of hypo or hyperglycemia. The patient is not documented to be using insulin pump. The use of Libre 2 CGM System in patients with DM2 without use of insulin is not in accordance with medical literature. Therefore, the request is denied and not medically necessary for this patient." (*Exhibit 7*)
22. On [REDACTED], CHNCT notified the Appellant that the denial of the CGM was upheld. (*Exhibit 9: Determination Letter [REDACTED]*)
23. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that the Department issue a decision within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED], with the decision due no later than [REDACTED]. (*Hearing Record*)

### **CONCLUSIONS OF LAW**

1. Connecticut General Statutes ("Conn. Gen. Stat.") § 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.

Conn. Gen. Stat. § 17b-261b (a) provides the Department of Social Services shall be the sole agency to determine eligibility for assistance and services under programs operated and administered by said department.

Conn. Gen. Stat. § 17b-262 provides the Commissioner of Social Services may make such regulations as are necessary to administer the medical assistance program.

**The Department has the authority to make regulations for and administer the HUSKY Medicaid program.**

2. Regulations of Connecticut State Agencies § 17b-262-522 through § 17b-262-532, inclusive, set forth the Department of Social Services general requirements to which providers of Medical Assistance Program goods and services shall adhere to participate in, and receive payment from, the Connecticut Medical Assistance Program.

Regulations of Connecticut State Agencies § 17b-262-523 provides for the following definitions: (13) "Medical Assistance Program" means the medical assistance provided pursuant to Chapter 319v of the Connecticut General Statutes and authorized by Title XIX of the Social Security Act. The program is also referred to as Medicaid. (14) "Medical Assistance Program goods or services" means medical care or items that are furnished to a client to meet a medical necessity in accordance with applicable statutes or regulations that govern the Medical Assistance Program. (20) "Prior authorization" means approval for the provision of a service or delivery of goods from the department before the provider offers the service or delivers the goods.

Regulations of Connecticut State Agencies § 17b-262-527 provides the Department shall review the medical appropriateness and medical necessity of medical goods and services provided to Medical Assistance Program clients both before and after making payment for such goods and services.

Regulations of Connecticut State Agencies § 17b-262-528 (a) provides that prior authorization, to determine medical appropriateness and medical necessity, shall be required as a condition of payment for certain Medical Assistance Program goods or services as set forth in the regulations of the department governing specific provider types and specialties. The department shall not make payment for such goods and services when such authorization is not obtained by the provider of the goods or services.

Regulations of Connecticut State Agencies § 17b-262-528 (d) provides that to receive payment from the department a provider shall comply with all prior authorization requirements. The department in its sole discretion determines what information is necessary to approve a prior authorization request. Prior authorization does not, however, guarantee payment unless all other requirements for payment are met.

**CHNCT correctly determined that a Libre 2 CGM requires prior authorization approval and correctly determined a prior authorization request for a CGM must meet the definition of medically necessary and/or medical necessity.**

3. Conn. Gen. Stat. § 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.

Conn. Gen. Stat. § 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.

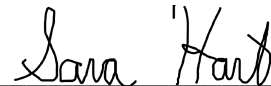
**CHNCT correctly denied the prior authorization request for the Libre 2 CGM and correctly determined that the Libre 2 CGM is not medically necessary for the Appellant.**

4. Conn. Gen. Stat. § 17b-259b(c) 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.

**CHNCT properly issued a NOA on [REDACTED], denying the prior authorization request and informing the Appellant of the specific criteria required for approval of a CGM.**

### **DECISION**

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



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Sara Hart  
Hearing Officer

Cc: [appeals@chnct.org](mailto:appeals@chnct.org)  
[Fatmata.Williams@ct.gov](mailto: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, 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 the 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 the 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, 165 Capitol Avenue, Hartford, CT 06106. A copy of the petition must also be served to 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 per §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.