

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

██████████ 2023  
Signature Confirmation

██████████  
██████████  
Hearing # 208293

NOTICE OF DECISION

PARTY

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██████████  
██████████  
██████████

PROCEDURAL BACKGROUND

On ██████████ 2022, the Community Health Network of CT (“CHNCT”), sent ██████████ (the “Appellant”), a Notice of Action (“NOA”) denying a request for prior authorization for an inpatient admission for surgery to relieve left groin pain with ██████████ indicating it was not medically necessary.

On ██████████ 2023, the Appellant requested an administrative hearing to contest the Department’s decision.

On ██████████ ██████████ 2023, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) scheduled an administrative hearing for ██████████ 2015.

On ██████████ 2023, 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 participated in the hearing:

██████████, Appellant  
██████████, Appellant’s Authorized Representative, ██████████  
██████████  
Toni Moura, Registered Nurse, CHNCT  
Carla Hardy, Hearing Officer

The hearing record remained open until [REDACTED] 2023, for the Appellant to submit a copy of Chapter 9 of the Connecticut Interchange MMIS Provider Manual which was received on [REDACTED] 2023.

On [REDACTED] 2023, the Hearing Officer reopened the hearing record to allow CHNCT to review the new evidence submitted by the Appellant. The hearing record closed on [REDACTED] 2023.

### **STATEMENT OF THE ISSUE**

The issue to be decided is whether CHNCT's decision to deny prior authorization for inpatient surgery to relieve his groin pain because it is not medically necessary is correct.

### **FINDINGS OF FACT**

1. The Appellant is 43 years old (DOB [REDACTED]/79). (Exhibit 1: Prior Authorization Claim Form, [REDACTED]/22)
2. The Appellant is a participant in the Medicaid program, as administered by the Department of Social Services (the "Department"). (Hearing Record)
3. The [REDACTED] is the Appellant's Authorized Representative ("Arep"). (Exhibit 6: Hearing Request)
4. CHNCT is the administrative services organization ("ASO") for the Department of Social Services (the "Department"). (Hearing Record)
5. In 2008, the Appellant had hernia surgery. He received a mesh to repair the hernia. The mesh was not installed correctly and caused him a lot of pain and weakness. (Appellant's Testimony)
6. In 2013, Dr. [REDACTED] [REDACTED] ("the neurologist), the Appellant's neurologist diagnosed the Appellant with Friedrichs Ataxia ("FA"). The Appellant was informed there is no cure for FA. (Appellant's Testimony)
7. FA causes improper gait movements, slurred speech, and weakness in the legs. It also causes nervousness, stiffness in his hands, and poor coordination. (Appellant's Testimony)
8. FA is a nervous condition that impacts motor function and is not causing all of the Appellant's problems. (Arep's Testimony)
9. In 2014, the Appellant had another surgery to remove the mesh. The surgeon did not install another mesh. The surgeon sutured the incision

and trapped the femoral nerve when it was sewn to the muscle.  
(Appellant's Testimony)

10. The femoral nerve is a major nerve that runs through the upper leg.  
(Witness' Testimony)
11. The Appellant has pain in his penis and lower back. He cannot stand up straight and drags his leg. He can use a walker but often falls. He uses a wheelchair most of the time. (Appellant's Testimony)
12. Dr. [REDACTED] ("the neurologist") is the Appellant's neurologist. He practices at [REDACTED] Connecticut.  
(Exhibit 2: Request of Additional Information Letter, [REDACTED]/22; Hearing Record)
13. The Common Procedural Terminology ("CPT") codes are used for billing purposes. Some procedures are similar but will have a specific CPT code assigned to them. (CHNCT's Testimony)
14. On [REDACTED] 2022, the neurologist submitted a request for prior authorization for a Lysis of Adhesions Robotic, Spermatic Cord Resection, Exploratory Laparotomy, Groin Neurolysis, Robotic Procedure for a diagnosis of Other Specified Mononeuropathies and Left Lower Quadrant Pain, unspecified. The procedures were to be performed by Dr. [REDACTED] [REDACTED] in California. (Exhibit 1; Hearing Summary)
15. A representative from the neurologist's office informed CHNCT that she used Google to get the CPT codes provided in the neurologist's prior authorization request. (CHNCT's Testimony)
16. Dr. [REDACTED] ("the surgeon") is a hernia specialist and treats extreme complications related to hernia repairs. Eighty percent of her practice is comprised of patients who suffer from post-inguinal herniorrhaphy chronic pain. (Exhibit 14: Dr. [REDACTED] Letter of Medical Necessity and Medical Records)
17. On [REDACTED] 2022, CHNCT requested additional information from the neurologist. (Exhibit 2; Hearing Summary)
18. On [REDACTED] 2022, CHNCT resent the request for additional information letter to the neurologist. (Hearing Summary)
19. On [REDACTED] 2022, CHNCT received additional information from the neurologist's office. (Hearing Summary)

20. On [REDACTED] 2022, the Medical Reviewer (“MR”) reviewed the Appellant’s medical information and denied the request. The MR was unable to confirm medical necessity for the surgery and commented, “Unable to confirm med nec of surgery to be performed in CA, as the clinical data received do not support the need for that surgery. After thorough review of all clinical records provided, the following is noted: Local MD cited in 2016 that patient is not a candidate for additional surgery (Dr. [REDACTED]). In 2018 the etiology of groin pain is unknown (Dr. [REDACTED]); In addition, a more recent EMG [REDACTED]22 done in CT indicates: There is evidence of diffuse sensory neuropathy or neuronopathy; sensory nerve conduction responses are diffusely unobtainable (despite patient’s current lack of sensory symptoms). This could be related to patient’s dx of Friedrich’s ataxia. With regard to L groin pain and concern of femoral neuropathy, THERE IS NO EVIDENCE OF FEMORAL NEUROPATHY ON NEEDLE EMG TESTING OF THIGH MUSCLES INNERVATED BY THE FEMORAL NERVE... [The] [REDACTED]/22 APRN visit ([REDACTED]) at HH re: Friedrich’s ataxia indicates there is nothing further to offer patient... As a result, medical necessity for the proposed surgery is NOT CONFIRMED due [to] lack of clinical data that support the need for such surgery...” (Exhibit 4: Medical Review, [REDACTED]/22)
21. Dr. [REDACTED] is a general surgeon who performs hernia repairs. (Exhibit 14)
22. Dr. [REDACTED] is a general surgeon. There is nothing in his profile that indicates he is a hernia specialist. (Exhibit 14)
23. On [REDACTED] 2022, CHNCT sent an NOA to the Appellant denying the prior authorization for surgery to relieve his left groin pain with Dr. [REDACTED] at [REDACTED] [REDACTED] [REDACTED] [REDACTED] California because the service requested is not medically necessary because it is not based on an assessment of his medical condition. (Exhibit 5: NOA, [REDACTED]22)
24. On [REDACTED] 2023, the Department received the Appellant’s request for an administrative hearing. (Exhibit 6: Request for an Appeal and Administrative Hearing; Hearing Record)
25. On [REDACTED] 2023, pursuant to the Appellant’s [REDACTED] 2023, hearing request. CHNCT requested additional information from the Appellant’s providers. (Hearing Record)
26. On [REDACTED], 2023, CHNCT notified the neurologist that the Appellant filed an appeal due to the denial of the following procedures and codes and that additional information is needed.

Code	Description
58660	Laparoscopy w/ Lysis of Adhesions
55520	Exc Lesion Spermatic Cord Separate Procedure
49000	Exploratory Laparotomy Celiotomy w/wo Biopsy Spx
64702	Neuroplasty Digital 1/both same digit
64727	Internal Neurolysis Req Operating Microscope
51999	Unlisted Laparoscopy Procedure Bladder

(Exhibit 8: Letter Requesting Medical Records from the Neurologist)

27. [REDACTED], PT (“the physical therapist”) is the Appellant’s physical therapist at [REDACTED]

28. On [REDACTED], 2023, CHNCT notified [REDACTED], PT (“the physical therapist”) that the Appellant had filed an appeal due to the denial of the following procedures and codes, and that additional information is needed.

Code	Description
58660	Laparoscopy w/ Lysis of Adhesions
55520	Exc Lesion Spermatic Cord Separate Procedure
49000	Exploratory Laparotomy Celiotomy w/wo Biopsy Spx
64702	Neuroplasty Digital 1/both same digit
64727	Internal Neurolysis Req Operating Microscope
51999	Unlisted Laparoscopy Procedure Bladder

(Exhibit 9: Letter Requesting Medical Records from the physical therapist)

29. The Appellant received physical therapy for five to six years to get his legs stronger. (Appellant’s Testimony)

30. [REDACTED], PA (“the primary care provider”) is a physician’s assistant and is the Appellant’s primary care provider. (Appellant’s Testimony)

31. On [REDACTED], 2023, CHNCT notified the Appellant’s primary care provider that the Appellant filed an appeal due to the denial of the following procedures and codes and that additional information is needed.

Code	Description
58660	Laparoscopy w/ Lysis of Adhesions
55520	Exc Lesion Spermatic Cord Separate Procedure
49000	Exploratory Laparotomy Celiotomy w/wo Biopsy Spx
64702	Neuroplasty Digital 1/both same digit
64727	Internal Neurolysis Req Operating Microscope
51999	Unlisted Laparoscopy Procedure Bladder

(Exhibit 10: Letter Requesting Medical Records from the physician’s assistant)

32. Dr. [REDACTED] (“the surgeon”) is the Appellant’s surgeon located in [REDACTED], California. (Appellant’s Testimony)
33. The Appellant and his neurologist researched surgeons who are able and willing to perform the requested procedures. They found Dr. [REDACTED] (Appellant’s Testimony)
34. On [REDACTED] 2023, CHNCT notified the surgeon that the Appellant filed an appeal due to the denial of the following procedures and codes and that additional information is needed.

Code	Description
58660	Laparoscopy w/ Lysis of Adhesions
55520	Exc Lesion Spermatic Cord Separate Procedure
49000	Exploratory Laparotomy Celiotomy w/wo Biopsy Spx
64702	Neuroplasty Digital 1/both same digit
64727	Internal Neurolysis Req Operating Microscope
51999	Unlisted Laparoscopy Procedure Bladder

(Exhibit 11: Letter Requesting Medical Records from the surgeon; Hearing Summary)

35. On [REDACTED] 2023, the physician’s assistant submitted medical documentation to CHNCT for evaluation. (Exhibit 12: Medical Record from the physician’s assistant; Hearing Summary)
36. On [REDACTED] 2023, the Neurologist submitted medical documentation and a Letter of Medical Necessity (“LOMN”) to CHNCT for evaluation. (Exhibit 13: Medical records and LOMN from the Neurologist; Hearing Summary)
37. The Neurologist indicated that no physician in Connecticut can perform the requested procedures that include a robotic left-sided adhesiolysis of the bladder and spermatic cord, neurolysis of the genitofemoral and lateral femorocutaneous nerves, and removal of suture involving the femoral nerve, with neurolysis. (Exhibit 13)
38. On [REDACTED] 2023, CHNCT received records and a LOMN from the surgeon for evaluation. The surgeon indicated that the surgical CPT codes that were requested do not reflect the surgeon’s proposed operations. The correct CPT codes for the surgeon’s proposed procedures are 44180, 51999, (64714 x 2), 49520, and 49651. (Exhibit 14: LOMN and records from the surgeon; Hearing Summary)
39. The Appellant became disabled and unable to walk independently immediately after his revisional hernia repair in 2016. The surgeon commented, “He has obvious muscle atrophy on the left side. That is a

motor issue, not a sensory issue... This can occur with inadvertent suturing of a femoral nerve under a tight iliopubic tract. I am glad the EMG did not show any permanent damage to the femoral nerve. If it had, then my operation to release the suture and perform femoral neuroplasty (CPT code 64714) would not be helpful. Please note that the code 64702 is incorrect on your denial letter; it should be 64714.” (Exhibit 14)

40. The surgeon is recommending the following procedures and the corresponding CPT codes:

Code	Description
44180 5199 64714 x 2	Laparoscopic Adhesiolysis of the bladder and surrounding tissues with laparoscopic/open release of the femoral nerve and the lateral femorocutaneous nerve from the overlying iliopubic tract and sutures with neuroplasty
49520 or 49651	Depending on his symptoms and recovery, and if the removal of sutures causes hernia recurrence, he may require a revisional hernia repair at a later date.

(Exhibit 14)

41. On [REDACTED] 2023, [REDACTED] withdrew the original request for prior authorization. (After Hearing Exhibit 19: Recording; Hearing Summary)
42. On [REDACTED] 2023, CHNCT received records from [REDACTED], the Physical Therapist. (Hearing Summary)
43. On [REDACTED] 2023, CHNCT completed the Appellant’s Medical Review. They denied the Lysis of Adhesions Robotic, Spermatic Cord Resection, Exploratory Laparotomy, Groin Neurolysis, and Robotic Procedure. (Hearing Summary)
44. On [REDACTED] 2023, CHNCT upheld the denial of the prior authorization for CPT codes 58660, 55520, 49000, 64702, 64727, and 51999. “The principal reason to uphold the denial is that this information does not support the medical necessity for the requested above listed service/item because a letter of medical necessity dated [REDACTED] 23 and written by the surgeon, Dr. [REDACTED] stated that the surgical codes originally requested and denied do not reflect her proposed operations. Given that the initial codes (listed above) are not being performed, the denial is upheld.” (Exhibit 18: Determination Notice, [REDACTED]/23)
45. 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] 2023. Therefore, this decision is due no later than [REDACTED] 2023. However, the hearing, which was originally

scheduled to close on [REDACTED] 2023, did not close until [REDACTED] 2023, for the Appellant to submit additional information. Because of the two-day delay, this hearing is due [REDACTED] 2023. The close of the record was further extended for four days to allow CHNCT the opportunity to comment on the additional evidence submitted by the Appellant. Therefore, this decision is not due until [REDACTED] 2023. (Hearing Record)

### **CONCLUSIONS OF LAW**

1. 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 under the statute to administer the Medicaid program and make regulations for the same.**

2. Conn. Gen. Stat. § 4-177c (a) provides that in a contested case, each party and the agency conducting the proceeding shall be afforded the opportunity (1) to inspect and copy relevant and material records, papers and documents not in the possession of the party or such agency, except as otherwise provided by federal law or any other provision of the general statutes, and (2) at a hearing, to respond, to cross-examine other parties, intervenors, and witnesses, and to present evidence and argument on all issues involved.
3. "Sections 17b-262-522 through 17b-252-532, inclusive, of the Regulations of Connecticut State Agencies ("Regs., Conn. State Agencies") set forth the Department of Social Services general requirements to which providers of Medical Assistance Program goods and services shall adhere in order to participate in, and receive payment from, the Connecticut Medical Assistance Program pursuant to section 17b-262 of the Connecticut General Statutes."
4. Section 17b-262-523(20) of the Regs., Conn. State Agencies provides that prior authorization means approval for the provision of a service or delivery of goods from the department before the provider actually provides the service or delivers the goods.



5. Section 17b-262-525 of the Regs., Conn. State Agencies provides for prior authorization.
  - (a) 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.
  - (b) Prior authorization shall be granted by the department to a provider to furnish specified goods or services within a defined time period as set forth in the regulations of the department governing specific provider types and specialties.
  - (c) Payment for medical goods or services provided to a client, for which prior authorization is given, is contingent upon the client's eligibility at all times such goods and services are furnished.
  - (d) In order 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 in order to approve a prior authorization request. Prior authorization does not, however, guarantee payment unless all other requirements for payment are met.
  - (e) Coverable Medical Assistance Program goods or services requiring prior authorization may be so identified on the department's applicable fee schedule or identified in regulation.
  
6. Section 17b-259b(a) of the Conn. Gen. Stat. 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. [

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)]

**The CPT codes provided in the prior authorization request did not match the surgeon's proposed surgical procedures. CHNCT correctly determined the Appellant did not provide medical documentation establishing the medical necessity of the laparoscopy w/lysis of adhesions, exc lesion spermatic cord separate procedure, exploratory laparotomy celiotomy w/wo biopsy spx, neuroplasty digital 1/both same digit, internal neurolysis req operating microscope and unlisted laparoscopy procedure bladder because it did not match the surgeon's proposed laparoscopic adhesiolysis of the bladder and surrounding tissues with laparoscopic/open release of the femoral nerve and the lateral femorocutaneous nerve from the overlying iliopubic tract and sutures with neuroplasty procedures.**

**CHNCT correctly determined that the Appellant did not provide medical documentation establishing the medical necessity for the requested procedures because the Appellant's neurologist withdrew his request for prior authorization.**

**CHNCT was correct to deny the request for services as it is not medically necessary.**

**DISCUSSION**

The Appellant's Arep objected to the reopening of the hearing record. As provided in the statute, all parties shall be allowed the opportunity to inspect all documentation that the party did not have. The hearing record was properly reopened to allow CHNCT the opportunity to review the new documentation.

**DECISION**

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

\_\_\_\_\_*Carla Hardy*\_\_\_\_\_  
Carla Hardy  
Hearing Officer

Pc: appeals@chnct.org  
Fatmata Williams, DSS

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### **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 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 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.