

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

██████████, 2024  
Signature Confirmation

Case ID # ██████████  
Client ID # ██████████  
Request # ██████████

**NOTICE OF DECISION**

**PARTY**

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

**PROCEDURAL BACKGROUND**

On ██████████, 2023, Community Health Network of Connecticut (“CHNCT”) a contractor for the Department of Social Services (the “Department”) sent ██████████ (the “Appellant”) a Notice of Action (“NOA) denying her request for authorization for a panniculectomy and abdominoplasty.

On ██████████, 2023, the Appellant requested an administrative hearing to contest the CHNCT’s decision to deny the authorization request for a panniculectomy and abdominoplasty.

On ██████████, 2023, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2023.

On ██████████, 2023, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-184 inclusive of the Connecticut General Statutes, the OLCRAH held an administrative hearing. The following individuals participated in the hearing:

████████████████████, Appellant  
████████████████████, Appellant’s Witness  
████████████████████, Interpreter, Language Link  
Angelica Monast, BSN, RN, CHNCT Representative  
Joseph Davey, Administrative Hearing Officer

The hearing record remained open until [REDACTED], 2024, for the submission of additional information from the Appellant and the Department. Information was received from the Department on [REDACTED], 2024. The hearing record closed on [REDACTED], 2024, with no submission from the Appellant.

### **STATEMENT OF THE ISSUE**

The issue is whether CHNCT's [REDACTED], 2023, denial of prior authorization for a panniculectomy and abdominoplasty as not medically necessary was in accordance with state statute and regulation.

### **FINDINGS OF FACT**

1. The Appellant is [REDACTED] years old (DOB [REDACTED]) and a recipient of Medicaid. (Appellant's testimony)
2. On [REDACTED], 2021, the Appellant underwent surgery for a total hysterectomy, bilateral salpingectomy, and right oophorectomy. (Exhibit 1: Prior Authorization Request dated [REDACTED])
3. On [REDACTED], 2023, and [REDACTED], 2023, the Appellant underwent two exploratory laparotomies for a presumed perforated ulcer which *"left her with an incisional, epigastric hernia."* (Exhibit 1, Exhibit 12: Medical Review dated [REDACTED])
4. On [REDACTED], 2023, the Appellant met with Dr. [REDACTED], MD, of [REDACTED] regarding abdominal contouring. Dr. [REDACTED] noticed a rash in the Appellant's abdominal fold. The Appellant's weight was noted as (187) pounds. (Exhibit 1)
5. On [REDACTED], 2023, the Appellant met with [REDACTED], APRN-FNP, with a complaint of a *"rash at belly fold near c-section scar."* The Appellant reported that she *"feels like her abdomen is itchy for 1 week"* and that she *"has some pain in her c-section line due to hernia."* Ms. [REDACTED] noted that the Appellant had *"skin eruption redness noted in abdominal fold"* and a *"possible fungal infection."* It was further noted that *"redness/pruritic rash"* was observed in the abdominal fold. The Appellant was prescribed Nystatin-Triamcinolone cream to use for 30 days to treat the rash. The Appellant's weight was noted as (186) pounds. (Exhibit 1)
6. On [REDACTED], 2023, the Appellant met via *"telehealth video visit"* with [REDACTED], APRN, with a main complaint of *"rash to the skin folds of her lower abdomen"* that was described as *"red, pruritic and uncomfortable."* The Appellant had an additional complaint that she also had *"abdominal pain."* Ms. [REDACTED] noted that there was a *"red rash, excoriation to the skin folds of the lower abdomen at level of c section scar. No open sores."* Ms. [REDACTED] further noted that the Appellant was told during her [REDACTED],

2023, appointment that she will *“need to lose weight prior to proceeding with the surgery”* and that she *“has started exercising with stationary bike.”* (Exhibit 1)

7. On [REDACTED], 2023, the Appellant met with Dr. [REDACTED], MD, of [REDACTED] [REDACTED] (Medical Weight Loss), for an initial weight consultation. The Appellant was referred to Dr. [REDACTED] by Dr. [REDACTED], with the purpose of losing weight prior to her proposed surgery. Dr. [REDACTED] noted that the Appellant *“needs to lose 20 lbs by [REDACTED] [REDACTED] (when she sees the surgeon to determine if she has lost the required weight).”* Dr. [REDACTED] gave the Appellant an exercise and nutritional weight loss plan to follow and noted that the Appellant’s exercise program was *“limited based on hernia and abdominal pain.”* The Appellant’s weight was noted as (185) pounds. (Exhibit 1)
8. On [REDACTED], 2023, the Appellant met with Dr. [REDACTED] for a follow up. Dr. [REDACTED] listed a primary diagnosis of *“incisional hernia, without obstruction or gangrene.”* Dr. [REDACTED] noted that *“Eventually she (the Appellant) will need an abdominal wall reconstruction which I think would also require an abdominoplasty. First though, she should reach her goal weight of 160 pounds. Current weight 178 pounds and recent maximum of 187 pounds...She (the Appellant) understands the critical importance of getting contemporaneous, third-party documentation of rashes if she hopes the abdominoplasty portion will be covered.”* Dr. [REDACTED] further noted that the Appellant had *“no active rash today but notable overhanging abdominal pannus.”* The Appellant was given instructions to return in roughly three months for follow up. (Exhibit 1)
9. An abdominoplasty is a surgical tightening of the abdominal muscles. (Exhibit 3: NOA dated [REDACTED])
10. On [REDACTED], 2023, the Appellant met with [REDACTED], APRN, for a follow-up office visit at [REDACTED] in [REDACTED], CT regarding the rash on the skin folds of her lower abdomen. Ms. [REDACTED] noted that there was *“no notable rash today in office. Advised (the Appellant) to continue the cream (Nystatin-Triamcinolone) as prescribed, BID if/when the rash comes on. Possible that patient is confusing her scar tissue for a rash and the scar tissue itself is causing her discomfort. Or perhaps it resolved with the cream.”* The Appellant’s weight was noted as (182) pounds. (Exhibit 1)
11. On [REDACTED], 2023, the Appellant met with Dr. [REDACTED], MD, of [REDACTED] [REDACTED] (General Surgery) to discuss scheduling of *“open incisional hernia repair with abdominal wall reconstruction, appendectomy.”* Dr. [REDACTED] noted that *“this will be a combo case with Dr. [REDACTED] for panniculectomy as well.”* Dr. [REDACTED] listed the Appellant’s skin as *“negative for color change and wound.”* The Appellant’s weight was noted as (181) pounds. (Exhibit 1)
12. A panniculectomy is a surgical removal of excess lower abdominal skin. (Exhibit 3)

13. On [REDACTED], 2023, the Appellant met with Dr. [REDACTED] to discuss an “*extended, fleur-de-lis, inverted T abdominoplasty*” surgery which was proposed to be completed along with the hernia repair surgery to be performed by Dr. [REDACTED]. The abdominoplasty surgery would include an “*obligate panniculectomy that is part of any abdominoplasty.*” Dr. [REDACTED] noted that the Appellant has a “*grade 1 lower abdominal pannus*” and that her weight was (177) pounds. There was no notation of a rash or redness in the Appellant’s lower abdominal region. Photographs provided from the visit with Dr. [REDACTED] do not demonstrate any redness, intertrigo, skin irritation, open sores, rash, or ulceration in the Appellant’s lower abdominal region. (Exhibit 1)
14. The Appellant has not undergone bariatric or weight loss reduction surgery. (Exhibit 1, Appellant’s testimony)
15. The Appellant is undergoing therapy at [REDACTED] in [REDACTED], CT. The Appellant was “*admitted to treatment on [REDACTED], 2023, and holds three diagnosis that are the focus of treatment currently: Major Depressive Disorder, Recurrent, Severe; Generalized Anxiety Disorder and Other Specified Trauma and Stressor Related Disorder.*” The author of the letter, [REDACTED], LCSW, noted that the Appellant’s “*current treatment plan includes goals aimed at reducing anxiety and depressive symptoms through the use of effective coping skills. Another presenting problem of treatment includes processing (the Appellant’s) medical conditions because it has been supported in previous documentation that these conditions exacerbate her mental health.*” (Exhibit 1)
16. On [REDACTED], 2023, CHNCT, the Department’s contractor responsible for reviewing medical requests for prior authorization, received a prior authorization request from Dr. [REDACTED] for an abdominoplasty and a panniculectomy for the Appellant. Included in the prior authorization request was a letter from Dr. [REDACTED] dated [REDACTED], 2023, which stated in relevant part that as the Appellant “*has notable and symptomatically excess skin of her entire abdomen, and does require repair of her incisional hernia, I have recommended an abdominal wall reconstruction to include an inverted T, extended abdominoplasty. This will address the symptomatic excess skin. Therefore I believe the surgery will improve her symptoms and quality of life and is therefore medically indicated.*” (Exhibit 1, Hearing Record)
17. On [REDACTED], 2023, CHNCT reviewed and subsequently denied Dr. [REDACTED] prior authorization request for the Appellant. The reasons cited for the denial were as follows: “*The Abdominoplasty is denied as being cosmetic and not medically necessary based on DSS Policy and Procedures: Cosmetic Surgery. The Panniculectomy is denied as not meeting criteria. The member (the Appellant) does not have a Grade 2 pannus, she does not have documented evidence of chronic intertrigo not responsive to medical therapy for 12 weeks or greater, she has not had bariatric surgery or significant weight loss.*” (Exhibit 2: Medical Review dated [REDACTED], Hearing Record)

18. The Appellant's incisional hernia repair, to be performed by Dr. [REDACTED], was not part of the prior authorization request and was not submitted to CHNCT. CHNCT stated the following: *"We have not received a request for a hernia repair (for the Appellant), however most abdominal/incisional hernia repairs do not require prior authorization."* (Exhibit 14: Email from CHNCT dated [REDACTED])
19. On [REDACTED], 2023, CHNCT sent the Appellant a NOA denying the prior authorization request for an abdominoplasty and a panniculectomy. (Exhibit 3)
20. On [REDACTED], 2023, the Appellant contacted CHNCT and filed a verbal appeal of the denial. CHNCT sent the Appellant an Acknowledgement letter on the same date confirming they had received her appeal and were reviewing it. (Exhibit 4: Verbal Appeal dated [REDACTED], Exhibit 5: Acknowledgement letter dated [REDACTED], Hearing Record)
21. On [REDACTED], 2023, CHNCT sent requests for additional information regarding the Appellant's appeal request for the denial of prior authorization of abdominoplasty and panniculectomy to Dr. [REDACTED] and Dr. [REDACTED]. (Exhibit 6: Medical Record Request to Dr. [REDACTED] dated [REDACTED], Exhibit 7: Medical Record Request to Dr. [REDACTED] dated [REDACTED], Hearing Record)
22. On [REDACTED], 2023, CHNCT sent a request for additional information regarding the Appellant's appeal request for the denial of prior authorization of abdominoplasty and panniculectomy to Ms. [REDACTED]. (Exhibit 8: Medical Record Request to [REDACTED], APRN, dated [REDACTED])
23. On [REDACTED], 2023, CHNCT received an expedited administrative hearing request from the Appellant. (Exhibit 9: Expedited hearing request received [REDACTED])
24. On [REDACTED], 2023, CHNCT reviewed the Appellant's request and determined it would not be expedited as the denied service did not threaten the Appellant's *"life, health, or ability to maintain or regain maximum functioning."* On the same day, CHNCT sent the Appellant a notice explaining the denial and stating that the appeal review would be *"completed in the standard time frame of [REDACTED] ( [REDACTED] ) days."* (Exhibit 10: Non-Expedited Letter dated [REDACTED])
25. On [REDACTED], 2023, CHNCT contacted the offices of Dr. [REDACTED], Dr. [REDACTED], and Ms. [REDACTED] and confirmed that no additional information would be sent to CHNCT by any of the parties. (Hearing Record)
26. On [REDACTED], 2023, CHNCT began its review of the Appellant's appeal. (Exhibit 11: Medical Review Request dated [REDACTED])

27. CHNCT's medical reviewer used InterQual Criteria as a guideline along with all documentation provided by the Appellant to determine whether the Appellant's panniculectomy would be considered medically necessary. InterQual is a screening tool used to assist in the determination of whether the proposed medical procedure(s), in the Appellant's case panniculectomy, are medically necessary. These criteria do not include abdominoplasty. InterQual Criteria for an abdominal panniculectomy are as follows:

1. Choose One:
  - A. Post bariatric procedure and  $\geq$  Grade 2\* panniculus or panniculus extends below the level of the symphysis pubis
  - B. Massive weight loss without bariatric surgery and  $\geq$  Grade 2\* panniculus or panniculus extends below the level of symphysis pubis
  - C. No massive or significant weight loss or bariatric surgery and  $\geq$  Grade 2\* panniculus or panniculus extends below the level of the symphysis pubis
  - D. To be performed in conjunction with abdominal or gynecological surgery
  - E. Other clinical information (add comment)
2. Choose all that apply:
  - A.  $\geq$  1 year since bariatric surgery
  - B. Body mass index (BMI)  $<$  30 kg/m<sup>2</sup>
  - C. Weight loss  $\geq$  100 lbs (45.36 kg)
  - D. Other clinical information (add comment)
3. Weight stable for  $\geq$  6 months
  - A. Yes
  - B. No
4. Choose all that apply:
  - A. Panniculus causes limitations in ambulation or physical activity
  - B. Panniculus interferes with ADLs
  - C. Nonhealing ulceration under panniculus
  - D. Chronic maceration or necrosis of overhanging skin folds
  - E. Recurrent or persistent skin infection under panniculus
  - F. Intertriginous dermatitis or cellulitis or panniculitis
  - G. Other clinical information (add comment)
5. Choose all that apply:
  - A. Local or systemic antibiotic treatment  $\geq$  12 weeks
  - B. Topical or systemic corticosteroid treatment  $\geq$  12 weeks
  - C. Topical antifungal medication treatment  $\geq$  12 weeks
  - D. Other clinical information (add comment)
6. Continued symptoms or findings after treatment
  - A. Yes
  - B. No
7. Choose all that apply
  - A. Body mass index (BMI)  $<$  30 kg/m<sup>2</sup>
  - B. Weight loss  $\geq$  100 lbs (45.36 kg/m<sup>2</sup>)
  - C. Other clinical information (add comment)

*\*The severity of a panniculus is graded as:*

*Grade 1: Panniculus covers hairline and mons pubis but not the genitals*

*Grade 2: Panniculus covers genitals and upper thigh crease*

*Grade 3: Panniculus covers upper thigh*

*Grade 4: Panniculus covers mid-thigh*

*Grade 5: Panniculus covers knees and below*

*“A Panniculectomy would only be appropriate for resection of a large panniculus which, for the purposes of these criteria, is defined as a panniculus which extends below the level of the symphysis pubis or at least Grade 2.”*

*(Exhibit 11, CHNCT’s testimony)*

28. CHNCT’s medical reviewer used Husky Healthy Provider Policies and Procedures regarding Cosmetic and Reconstructive Surgery as a guideline along with all documentation provided by the Appellant to determine whether the Appellant’s abdominoplasty would be considered medically necessary. The Husky Healthy Provider Policies and Procedures regarding Cosmetic and Reconstructive Surgery stipulates that *“The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and their clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows: Cosmetic Surgery. Cosmetic surgery is NOT covered for HUSKY Health Program members. The following procedures are considered cosmetic when the primary purpose is to preserve or improve appearance in the absence of a physical functional impairment: Abdominoplasty.”* (Exhibit 11)
29. On [REDACTED], 2023, CHNCT completed its review of the Appellant’s appeal and determined the following: *“Upon review of all documentation submitted, this member (the Appellant) does not have a Grade 2 pannus and there is no documentation of persistent, chronic intertrigo over time that has failed to respond to at least 12-weeks of medical therapy. She has not had bariatric surgery or massive weight loss. Therefore, the initial denial of the panniculectomy is upheld. In addition, per DSS Medical Policy, an abdominoplasty is considered a cosmetic procedure. Therefore, the initial denial of the abdominoplasty is also upheld.”* (Exhibit 12)
30. On [REDACTED], 2023, CHNCT sent the Appellant a letter to the Appellant informing her of its decision to uphold the [REDACTED], 2023, prior authorization request denials of the panniculectomy and abdominoplasty. (Exhibit 13: Determination letter dated [REDACTED])
31. The Appellant complains of ongoing pain in her abdominal region and itching that feels as if it’s internal in her lower abdomen. (Hearing Record, Appellant’s testimony)

32. The issuance of this decision is timely under Connecticut General Statutes § 17b-61(a), which requires that a decision be issued within █ days of the request for an administrative hearing. The Appellant requested an administrative hearing on █, 2023. Therefore, this decision is due no later than █, 2023. However, the hearing record was held open █ (█) days, until █, 2024, for the Appellant and CTDHP to provide further information. The decision is therefore due no later than █, 2024.

### **CONCLUSIONS OF LAW**

1. Section 17b-2(6) of the Connecticut General Statutes (“Conn. Gen. Stat.”) provides that 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.

Conn. Gen. Stat. § 17b-261b provides that 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-259b(a) provides that 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.

Section 17b-262-527 of the Regulations of Connecticut State Agencies (“Regs., Conn. State Agencies”) provides for Need for goods or services. 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.



**CHNCT, as the Department's contractor, has the right to determine medical necessity for services provided under medical assistance programs administered by the Department of Social Services.**

2. Regs., Conn. State Agencies § 17b-262-337 provides for Scope. Sections 17b-262-337 to 17b-262-349, inclusive, of the Regulations of Connecticut State Agencies, set forth the Department of Social Services requirements for payment of accepted methods of treatment performed by or under the personal supervision of licensed physicians for clients who are determined eligible to receive services under Connecticut's Medicaid Program pursuant to section 17b-261 of the Connecticut General Statutes.

Regs., Conn. State Agencies § 17b-262-338(6)(23)(33)(46) provide for Definitions. For the purposes of sections 17b-262-337 to 17b-262-349, inclusive, of the Regulations of Connecticut State Agencies, the following definitions shall apply: (6) Billing provider means a physician, physician group or other entity enrolled in Medicaid that bills the department for physicians' services...(23) ICD means the International Classification of Diseases established by the World Health Organization or such other disease classification system that the department currently requires providers to use when submitting Medicaid claims...(32) Medical necessity or medically necessary has the same meaning as provide in section 17b-259b of the Connecticut General Statutes...(46) Physicians' services mean services that are billed by the billing provider and are provided: 1. By an individual physician who is also the billing provider; 2. By a physician who is employed by or affiliated with the billing provider; or 3. By an AHP working under the personal supervision of a physician who is employed by or affiliated with the billing provider...(47) Prior authorization means approval for the provision of a service or the delivery of goods from the department before the provider actually provides the service or delivers the goods.

Conn. Gen. Stat. § 17b-259b(b) provides that Clinical policies, medical policies, 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(d) provides that 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.

**CHNCT correctly used Interqual Criteria solely as a guideline to assist in determining the medical necessity of the Appellant's proposed panniculectomy.**

3. Regs., Conn. State Agencies § 17b-262-340 provides that payment to a billing provider for physicians' services billed by the billing provider shall be available on behalf of clients who have a need for such services, provided such services are medically necessary, subject to the conditions and limitations which apply to these services.

Regs., Conn. State Agencies § 17b-262-341(1)(2)(9) provide that the Department shall pay billing providers for the following physicians' services: (1) Those procedures that are medically necessary to treat the client's condition; (2) Physicians' services provided in an office, a general hospital, the client's home, a chronic disease hospital, nursing facility, ICF/MR or other medical care facility...(9) Surgical services necessary to treat morbid obesity as defined by the ICD that causes or aggravates another medical illness, including illnesses of the endocrine system or the cardio-pulmonary system, or physical trauma associated with the orthopedic system.

Regs., Conn. State Agencies § 17b-262-342(4)(11)(12) provide for Goods and services that are not covered. The department shall not pay for the following goods or services or goods or services related to the following: (4) Cosmetic surgery...(11) Services to treat obesity other than those described in section 17b-262-341(9) of the Regulations of Connecticut State Agencies; and (12) Any procedures or services of an unproven, educational, social, research, experimental or cosmetic nature; any diagnostic, therapeutic or treatment services in excess of those deemed medically necessary by the department to treat the client's condition or services not directly related to the client's diagnosis, symptoms or medical history.

Regs., Conn. State Agencies § 17b-262-344(a)(5)(f)(h) provides for Prior Authorization. (a) Prior authorization, on forms and in the manner specified by the department, is required in order for payment to be available for the following physicians' services. Prior authorization is also required for services designated by the department and published on its website or by other means accessible to providers...(5) plastic surgery...(f) Except in emergency situations, the provider shall receive prior authorization before rendering services...(h) In order to receive payment from the department, a billing 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 guarantee payment unless all other requirements for payment are met.

Regs., Conn. State Agencies § 17b-262-531(g) provides for Payment limitations. Payment, by the Department, to all providers shall be limited to medically appropriate and medically necessary goods or services furnished to Medical Assistance Program clients. The following payment limitations shall also apply: (g) the department shall not pay for any procedures, goods, or services of an unproven, educational, social, research, experimental, or cosmetic nature; for any diagnostic, therapeutic, or treatment goods or services in excess of those deemed medically necessary and medically appropriate by the department to treat the client's condition; or for services not directly related to the client's diagnosis, symptoms, or medical history.

Regs., Conn. State Agencies § 17b-262-528(a) provides for Prior Authorization. (a) For 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.

**CHNCT correctly determined the Appellant's proposed panniculectomy is not medically necessary as outlined in state statute and regulation.**

**CHNCT correctly determined the Appellant's proposed abdominoplasty is not medically necessary as outlined in state statute and regulation.**

4. Conn. Gen. Stat. § 17b-259b(c) 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.

**On [REDACTED], 2023, CHNCT correctly issued a NOA notifying the Appellant that her request for a proposed panniculectomy and abdominoplasty was denied. The letter correctly included the guidelines and criteria that were considered in making the determination.**

## **DISCUSSION**

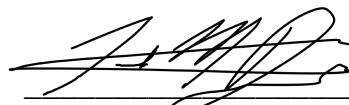
The evidence and testimony presented at the administrative hearing do not support the medical necessity of the Appellant's proposed panniculectomy or abdominoplasty. The Appellant's Panniculus is not Grade 2 (does not cover her genitals and upper thigh crease), she does not have a chronic and persistent rash or ulcerations that have not responded to non-surgical treatments, has not had bariatric surgery or massive weight loss, and did not present evidence which established a functional impairment which interferes with her daily activities.

The Appellant's proposed panniculectomy and abdominoplasty were to be performed in conjunction with an incisional hernia repair, however, the incisional hernia repair was not part of the prior authorization request and is therefore not considered in this decision.

The undersigned finds that CHNCT's ██████████, 2023, decision to deny prior authorization of the Appellant's proposed panniculectomy and abdominoplasty was correct.

## **DECISION**

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



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Joseph Davey  
Administrative Hearing Officer

CC: appeals@chnct.org  
Fatmata Williams, DSS, CO

### **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.