

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 # ██████████
Client ID # ██████████
Request # 242525

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2024, 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 his provider’s prior authorization request for a Computed Tomography (“CT”) of the Neck Soft Tissue without contrast.

On ██████████ 2024, the Appellant requested an administrative hearing to contest the Department’s decision to deny prior authorization for a CT of the Neck Soft Tissue without contrast.

On ██████████ ██████████ 2024, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2024.

On ██████████ 2024, 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 by phone.

The following individuals participated in the hearing:

██████████, Appellant
Michelle Rusgrove, RN, Appeals Analyst, CHNCT Representative
Lisa Christian, LPN, Senior Review Analyst, Evicore Radiology
Kristin Haggan, Fair Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether CHNCT's denial of prior authorization for a CT of the Neck Soft Tissue without contrast as not medically necessary was in accordance with state statute and regulation.

FINDINGS OF FACT

1. The Appellant is [REDACTED] years old [DOB: [REDACTED]]. (*Hearing Summary, Exhibit 1: Prior Authorization Request*)
2. The Appellant is a recipient of Husky D Medicaid. (*Hearing Summary*)
3. The Appellant suffers from swelling of his chin and neck, cold sores on his lips, intermittent neck pain, shortness of breath upon exertion, dry throat, and difficulty swallowing. (*Appellant's Testimony, Exhibit 1: Prior Authorization Request*)
4. On [REDACTED] 2024, an ultrasound of the head and neck soft tissue was performed on the Appellant. The results showed benign-appearing lymph nodes. (*Exhibit 1*)
5. On [REDACTED] 2024, CHNCT received a prior authorization request from [REDACTED], (the "Provider") requesting the Appellant be approved for a CT of the Neck Soft Tissue without contrast material. The Provider listed the Appellant's diagnosis as generalized enlarged lymph nodes, and indicated in his progress notes that the Appellant suffers from shortness of breath, wheezing, dry throat, and difficulty swallowing. (*Exhibit 1*)
6. On [REDACTED], 2024, CHNCT's Medical Reviewer reviewed the prior authorization request and denied it. The Medical Reviewer noted that the Provider stated on the prior authorization request that the Appellant has difficulty swallowing. Because the Appellant has difficulty swallowing, he would need to have one of the following tests completed and provide results to support the need for further imaging: an esophagram (a study that involves drinking a substance that shows up on an x-ray and then pictures are take as the substance makes its way to the stomach), a laryngoscopy (a test that uses a small flexible tube with a camera on the end that takes pictures of the inside of the throat), or an upper endoscopy (a test that passes a tube with a tiny camera on the end through the mouth and into the stomach). CHNCT issued a Notice of Action to the Appellant informing him that the Provider's request for authorization of a CT of the neck without contrast was denied. (*Hearing Summary, CHNCT's Testimony, Exhibit 2: Medical Review, Exhibit 3: NOA*)
7. On [REDACTED], 2024, CHNCT received the Appellant's Expedited Administrative Hearing Request. CHNCT attempted to contact the Appellant and left a message requesting a return call. CHNCT attempted to contact the Provider, and the Provider's office declined the call because the Appellant was not on the

phone line. CHNCT issued the Appellant a letter denying an expedited appeal review because there is no threat to his life, health, or ability to maintain or regain maximum function, and because Husky Health Program had not received any other information from the Provider showing that the appeal must be expedited. A standard appeal review was granted. (*CHNCT's Testimony, Exhibit 5: Non-Expedited Letter*)

8. On [REDACTED] 2024, CHNCT notified the Provider of the member's appeal and requested additional information. CHNCT notified the Appellant of receipt of the appeal and reviewed the appeal process with him, as well as the determination not to expedite the hearing. (*Exhibit 6: Medical Record Request, CHNCT's Testimony*)
9. On [REDACTED] 2024, CHNCT was unable to confirm with the Provider that the request for medical records was received. CHNCT resent the request by fax. (*Exhibit 7: Medical Record Request*)
10. On [REDACTED] 2024, CHNCT confirmed that the Provider received the request for medical records. (*CHNCT's Testimony*)
11. On [REDACTED] 2024, CHNCT was unable to confirm the status of information from the Provider. CHNCT called the Provider and left a message requesting a return call. (*CHNCT's Testimony*)
12. On [REDACTED] 2024, CHNCT attempted to contact the Provider's office to confirm the status of information and was unable to speak with the Provider. CHNCT left a message requesting a return call. (*CHNCT's Testimony*).
13. On [REDACTED] 2024, CHNCT attempted to contact the Provider's office to confirm the status of information and was unable to speak with the Provider. CHNCT left a message for the Medical Assistant. CHNCT attempted to contact the Appellant and left a message requesting a return call. (*CHNCT's Testimony*)
14. On [REDACTED] 2024, CHNCT received a letter from the Provider stating that the Appellant was seen in his office on [REDACTED]/24 and [REDACTED] 24 for persistent neck lymphadenopathy and would benefit from a CT scan to help with further evaluation. CHNCT attempted to contact the Appellant and left a message requesting a return call. (*Exhibit 8: Clinical Information Medical Records, CHNCT's Testimony*)
15. On [REDACTED] 2024, CHNCT sent the appeal for a Medical Review. (*Exhibit 9: Medical Review Request*)
16. On [REDACTED] 2024, the Medical Reviewer completed a Medical Review and stated that the denial of authorization for a CT of the neck without contrast was upheld due to the request not meeting generally accepted standards of care.

The Provider noted on the prior authorization request that the Appellant has difficulty swallowing indicating a need for results from an esophagram, laryngoscopy, or upper endoscopy that supports further imaging. Upon review of the documentation provided there was no new data provided by the Provider or the Appellant to support overturning the initial denial. CHNCT issued the Appellant a letter informing him that the denial was upheld. CHNCT notified the Appellant of the determination and reviewed the hearing process with him. (*Exhibit 10: Medical Review, Exhibit 11: Determination Letter, CHNCT's Testimony*)

17. CHNCT could not approve the Provider's request for a CT of the neck without contrast because a picture study taken without the dye contrast will not show all the details needed to treat the Appellant. CHNCT could approve a CT of the Neck that uses contrast material as this test would be supported by EviCore Neck Guideline 5.1 which would "allow approval of a contrast CT Neck if an ultrasound was performed that was indeterminate for malignancy". (*Exhibit 9: Medical Review Request, EviCore's Testimony*)
18. The Appellant spoke with his Provider about having the CT done using contrast material. The Provider informed the Appellant that he feels a CT with no contrast material would give better results. The Provider did not change his original request for a CT of the neck soft tissue without contrast. (*Appellant's Testimony*)
19. The Appellant has not had an esophagram, laryngoscopy, or an upper endoscopy. The Provider informed the Appellant that none of these tests were necessary for him. (*Appellant's Testimony*)
20. 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] 2024. This decision is due no later than [REDACTED] 2024.

CONCLUSIONS OF LAW

1. Connecticut General Statutes § 17b-2(6) 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.
2. Connecticut General Statutes § 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.
3. Connecticut General Statutes § 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.

4. The Regulations of Connecticut State Agencies § 17b-262-522 through 17b-262-532 provides, inclusive, of the Regulations of Connecticut 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.
5. The 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 actually provides the service or delivers the goods.
6. The Regulations of Connecticut State Agencies § 17b-262-527 provides that 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.
7. The 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.
8. The Regulations of Connecticut State Agencies § 17b-262-528(d) provides 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.

CHNCT correctly determined that a CT of the Neck Soft Tissue without contrast requires prior authorization approval and that a prior

authorization request for this procedure must meet the definition of medically necessary and/or medical necessity.

9. Connecticut General Statutes § 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.
10. Connecticut General Statutes § 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.

The Appellant’s prior ultrasound of the neck showed results of benign appearing nodes but was indeterminate for malignancy. A CT of the Neck with contrast material is supported by EviCore guidelines and would have been approved by CHNCT. The Provider requested that the CT of the Neck Soft Tissue be performed without contrast, therefore, it was denied.

CHNCT correctly determined that CT of the Neck Soft Tissue without contrast is not medically necessary because it does not meet generally accepted standards of care. The Appellant would need to have abnormal results from either an esophogram, a laryngoscopy, or an upper endoscopy to support the need for further imaging such as a CT of the Neck Soft Tissue without contrast. The Appellant did not have an esophogram, laryngoscopy, or an upper endoscopy performed.

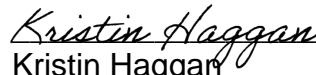
CHNCT was correct to deny the Appellant's request for the prior authorization of a CT of the Neck Soft Tissue without contrast.

11. Connecticut General Statutes § 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 correctly issued a NOA on [REDACTED], 2024, denying the prior authorization request and informing the Appellant of the specific criteria required for approval of a CT of the Neck Soft Tissue without contrast.

DECISION

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



Kristin Haggan
Fair Hearing Officer

CC: Fatmata Williams, DSS
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 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.