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

[redacted] 2025
Signature confirmation

Case: [redacted]
Client: [redacted]
Request: 255916

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted], 2024, Community Health Network of Connecticut ("CHNCT"), the Department of Social Services' contractor for reviewing prior authorization requests, issued [redacted] (the "Appellant") a *Notice of Action* denying her medical provider's request for authorization of a panniculectomy.

On [redacted] 2025, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") received the Appellant's administrative hearing request.

On [redacted] 2025, the OLCRAH scheduled the administrative hearing for [redacted] 2025.

On [redacted] 2025, in accordance with sections 17b-60, 17-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, the OLCRAH held an administrative hearing. The following individuals participated:

[redacted], Appellant
Robin Goss, RN, CHNCT Representative
Eva Tar, Hearing Officer

On [redacted] 2025, the hearing record closed.

STATEMENT OF ISSUE

The issue is whether State statutes and regulations support CHNCT's denial of the prior authorization request for a panniculectomy.

FINDINGS OF FACT

1. The Appellant's date of birth is [redacted]. (CHNCT Exhibit 1)

2. The Appellant has medical coverage through the HUSKY Health Connecticut program. (CHNCT Exhibit 2)

3. CHNCT is the Department of Social Services' contractor for reviewing prior authorization requests. (Hearing record)

4. MCMC is a company that provides external reviews to CHNCT. MCMC references InterQual criteria in its opinions. (CHNCT Representative Testimony) (CHNCT Exhibit 17)

5. Per Change Healthcare LLC, InterQual® criteria "reflects clinical interpretations and analyses and cannot alone either (a) resolve medical ambiguities of particular situations; or (b) provide the sole basis for definitive decisions. InterQual is intended solely for use as screening guidelines with respect to medical appropriateness of healthcare decisions." (CHNCT Exhibit 12)

6. The Appellant's children were born by caesarean section; the Appellant has loose skin hanging over her stomach. (Appellant Testimony)

7. The Appellant has a Class 2 obesity with a body mass index (BMI) of 36.0 to 36.9 in adult, unspecified obesity type, unspecified whether serious comorbidity present. (CHNCT Exhibit 10)

8. Prior to her insurance ceasing coverage of Ozempic in [redacted] 2025, the Appellant had been taking Ozempic for weight loss management for approximately nine or 10 months. (CHNCT Exhibit 1) (Appellant Testimony)

9. Overall, the Appellant has lost approximately 47 pounds in the past year; she went from weighing 231 pounds to weighing 184 pounds. (Hearing request: [redacted] correspondence of [redacted]/2025)

10. While the Appellant's pannus does not hang over her pubic bone, the pannus does hang over her upper thigh creases. (CHNCT Exhibit 1: photos) (Appellant Exhibit B: photos)

11. The Appellant has panniculitis and intertrigo of the excess skin over her abdomen. (CHNCT Exhibit 1)

12. The rashes in the inner fold of the excess skin on the Appellant's abdomen are severely inflamed, consistent with cellulitis, and exhibit multiple ulcers or small open sores. The inflamed area spans, left to right, the entirety of the ventral side of the Appellant's waist crease. The inflamed area spans several inches above and below the crease of the waist. (Appellant Exhibit B)

13. The Appellant has burning pain in the folds of skin over her abdomen when showering, sitting in a car, going up and down stairs because of friction of the skin over the skin, when washing

floors, and when cleaning her home or doing housework. The Appellant is unable to be intimate with her husband. (Appellant Testimony) (Appellant Exhibit A)

14. The Appellant has open cuts in the folds of the excess skin on her stomach which she is unable to consistently keep dry. The Appellant uses feminine hygiene pads "under the flap" to reduce the moisture and provide a barrier between the skin folds. (Appellant Testimony)

15. The Appellant develops severe fungal rashes to her lower abdomen that has an odor noticeable to her health care provider(s) and family members. (Appellant Testimony) (CHNCT Exhibit 1)

16. The Appellant has been experiencing rashes, obtrusive odor, and pain related to the excess skin on her abdomen for three years. (CHNCT Exhibit 1) (Appellant Testimony)

17. For more than a year, the Appellant has been using the following prescribed creams and powders to treat her rashes in the excess folds of her skin: Nystatin Cream and Nystatin Powder. She has used Ketoconzole 2% for more than two years. (CHNCT Exhibit 1)

18. Initially, the medicated creams and powders helped with the rashes; the creams and powders are no longer effective. (Appellant Testimony) (CHNCT Exhibits 1 and 10)

19. CHNCT received a prior authorization request from [redacted], (the "surgeon") to perform a panniculectomy on the Appellant. The prior authorization request included supporting medical documentation and four photos of the Appellant's abdomen taken from several feet away. (CHNCT Exhibit 1)

20. A panniculectomy is a surgical procedure for the removal of excess skin on a patient's abdomen. (CHNCT Representative Testimony)

21. On [redacted] 2024, CHNCT reviewed the surgeon's prior authorization request. (CHNCT Exhibit 2)

22. On [redacted] 2024, CHNCT issued a *Notice of Action* denying the surgeon's prior authorization request, citing as the reason for denial for lack of medical necessity the following: 1. the Appellant's pannus did not hang below her pubic bone; 2. the Appellant had not loss a massive amount of weight, and the panniculectomy would be performed with other abdominal surgery. (CHNCT Exhibit 3)

23. On [redacted] 2025, the Appellant filed a hearing request to dispute CHNCT's denial of the surgeon's request for prior authorization for a panniculectomy; attached to the hearing request was [redacted], 2025 correspondence from the Appellant's physician asserting that a panniculectomy would not be a cosmetic procedure for his patient, as it was a medically necessary intervention to alleviate the patient's chronic symptoms of discomfort, reduced mobility, recurrent intertriginous fungal infections, skin breakdown, and hygiene challenges. (Hearing request)

24. On [redacted] 2025, the Appellant submitted 11 extreme close-up photos of her abdomen and the internal folds of the overhanging skin; most of the photos (8) were taken in 2024 through 2025. (Appellant Exhibit B)

25. At the [redacted] 2025 hearing, the undersigned hearing officer extended the close of the hearing record for a review of the Appellant's newly submitted photos and written statement as well as the Appellant's sworn testimony as to her pain when performing activities of daily living, such as hygiene, for the purpose of determining whether the new evidence would cause CHNCT to reconsider its [redacted] 2024 denial of prior authorization for the proposed panniculectomy. (Hearing record)

26. On [redacted] 2025, Dr. Sandra Carboni, a CHNCT employee, reviewed the original prior authorization request and the Appellant's newly submitted photos and written statement, finding that the proposed panniculectomy was not medically necessary as the Appellant's Grade 1 pannus did not meet the InterQual criteria of being a Grade 2 pannus. (CHNCT Exhibit 20)

27. Dr. Carboni's opinion acknowledged the presence of the Appellant's chronic rashes, open cuts, blisters, and foul odor in the folds of skin on the Appellant's abdomen but treated these symptoms as neutral in making the determination of medical necessity. Dr. Carboni did not cite these symptoms as relevant—nor overtly dismissed these symptoms as irrelevant—in determining medical necessity. The opinion did not consider the Appellant's pain associated with the chronic rashes, open sores, and blisters when performing normal activities and when showering. (CHNCT Exhibit 20)

28. A Grade 2 pannus is present when a pannus covers the symphysis pubis; in a Grade 2 pannus, the pannus covers the genitals and upper thigh crease. (CHNCT Exhibits 13 and 20)

29. Connecticut General Statutes § 17b-61 (a) provides: "The Commissioner of Social Services or the commissioner's designated hearing officer shall ordinarily render a final decision not later than ninety days after the date the commissioner receives a request for a fair hearing pursuant to section 17b-60, … , provided the time for rendering a final decision shall be extended whenever the aggrieved person requests or agrees to an extension, or when the commissioner documents an administrative or other extenuating circumstance beyond the commissioner's control…."

    On [redacted], 2025, the OLCRAH received the Appellant's hearing request. Due to the 15-day extension to the close of the hearing record, this hearing decision would have become due no later than [redacted] 2025. This decision is timely.

CONCLUSIONS OF LAW

1. Section 17b-2 of the Connecticut General Statutes in part designates the Department as the state agency to administer the Medicaid program pursuant to Title XIX of the Social Security Act.

    "The Commissioner of Social Services is authorized to take advantage of the medical assistance programs provided in Title XIX, entitled "Grants to States for Medical Assistance

Programs", contained in the Social Security Amendments of 1965 and may administer the same in accordance with the requirements provided therein…." Conn. Gen. Stat. § 17b-260.

"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-261b (a).

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

The Department of Social Services has the authority to administer the HUSKY Medicaid program in Connecticut.

2. "Sections 17b-262-522 through 17b-262-532, 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." Conn. Agencies Regs. § 17b-262-522.

   Section 17b-262-523 of the Regulations of Connecticut State Agencies in part provides the following definitions:

   > *"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.
   > *"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.
   > *"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. Agencies Regs. § 17b-262-523.

   "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." Conn. Agencies Regs. §17b-262-528 (a).

   "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." Conn. Agencies Regs. §17b-262-528 (d).

   The surgeon correctly submitted a request for prior authorization of the Appellant's proposed panniculectomy to CHNCT.

CHNCT acted within its authority as the Department of Social Services' contractor when it reviewed the prior authorization request to determine the medical necessity of the proposed panniculectomy.

3. Section 17b-262-342 of the Regulations of Connecticut State Agencies provides for goods and services not covered.

"The department shall not pay for the following goods or services or goods or services related to the following: (1) … ; (2) … ; (3) … ; (4) Cosmetic surgery; (5) … ; (6) … ; (7) … ; (8) … ; (9) … ; (10) … ; (11) …; 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." Conn. Agencies Regs. § 17b-262-342.

"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." Conn. Agencies Regs. § 17b-262-531 (g).

The Appellant established that the friction from the excess skin folds over her abdomen rubbing against each other were contributing to her inflamed rashes, cellulitis, multiple small ulcers, odorous fungal infections, and pain.

The severity of the Appellant's chronic skin rashes affects the Appellant's ability to perform ordinary daily tasks that involve bending and stretching, as well as hygiene of the affected area.

The proposed panniculectomy is for the purpose of eliminating the contributing causes of the rashes, cellulitis, ulcers, fungal infections and pain by removing the excess skin folds on the Appellant's abdomen as conservative treatment with Nystatin Creams, Nystatin Powders, and Ketoconzole 2% are no longer effective after one year.

The proposed panniculectomy is for functional purposes; it is not primarily for cosmetic purposes.

4. Section 17b-259b (a) of the Connecticut General Statutes 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 (a).

A panniculectomy is consistent with generally accepted standards of medical practice for the excision of excess skin on a patient's abdomen.

A panniculectomy is clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease.

CHNCT has not established that continuing the ineffective current treatment of Nystatin Creams, Nystatin Powders, and Ketoconzole 2% provides equivalent results for the elimination of the Appellant's chronic painful rashes caused by friction of the excess skin located on the Appellant's abdomen rubbing against itself.

5. "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).

InterQual is a screening tool intended <u>solely for use as guidelines</u> with respect to medical appropriateness of healthcare decisions.

Section 17b-259b (b) of the Connecticut General Statutes does not restrict CHNCT to using the InterQual criteria as the sole method for determining medical necessity of a proposed surgical procedure.

Section 17b-259b (b) of the Connecticut General Statutes does not prohibit CHNCT from using reasonable medical judgment when deciding medical necessity of a proposed surgical procedure.

CHNCT erred when it used the InterQual criteria of requiring a patient to have a Grade 2 pannus as the sole basis for its [redacted] 2025 final determination that the requested panniculectomy was not medically necessary.

CHNCT incorrectly determined that the Appellant's proposed panniculectomy is not "medically necessary," as "medically necessary" is defined at Conn. Gen. Stat. § 17b-262-342.

State statutes and regulations do not support CHNCT's denial of the prior authorization request for a panniculectomy.

DECISION

The Appellant's appeal is GRANTED.

ORDER

1. CHNCT will notify the Appellant and her surgeon/medical providers in writing that it has granted prior authorization of the Appellant's proposed panniculectomy.

2. Within 14 calendar days of the date of this Decision, or [redacted] 2025, documentation of compliance with this Order is due to the undersigned.

Eva Tar, FHO
Eva Tar
Hearing Officer

cc: appeals@chnct.org
Fatmata Williams, DSS-Central Office

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. 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 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 after 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.