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

[redacted]
Request #: 257025

NOTICE OF DECISION

PARTY

[redacted]

PROCEDURAL BACKGROUND

On [redacted] 2025, Community Health Network of Connecticut ("CHNCT"), the Department of Social Services (the "Department") contractor for reviewing prior authorization requests for the Husky Health Program, issued [redacted] (the "Appellant") a Notice of Action ("NOA") denying a prior authorization request for a panniculectomy.

On [redacted], 2025, the Appellant requested an administrative hearing to contest CHNCT's decision to deny the prior authorization for the panniculectomy.

On [redacted] 2025, the Office of Legal Counsel, Regulations, and Administrative Hearings ("OLCRAH") issued a notice scheduling the administrative hearing for [redacted] 2025.

On [redacted] 2025, the OLCRAH received a request from the Appellant to reschedule the administrative hearing, which was approved.

On [redacted] 2025, the OLCRAH issued a notice rescheduling the administrative hearing for [redacted] 2025.

On [redacted] 2025, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-184 inclusive, of the Connecticut General Statutes, OLCRAH held a telephonic administrative hearing.

The following individuals participated:

[redacted], Appellant

Keshia Evelyn-Gordon, RN, Appeals and Grievance Analyst, CHNCT
Michelle Rusgrove, RN, CHNCT
Amy MacDonough, Hearing Officer

STATEMENT OF THE ISSUE

The issue is whether the CHNCT correctly denied the prior authorization for a panniculectomy as not medically necessary in accordance with state statute and regulations.

FINDINGS OF FACT

1. The Appellant is a [redacted]-year-old [Date of Birth: [redacted]] recipient of Husky A Medicaid program through the Department. *(Hearing Record; Exhibit 1: Prior Authorization Form)*

2. On [redacted] 2023, the Appellant underwent laparoscopic sleeve gastrectomy with EGD surgery which resulted in an approximate 100-pound weight loss. The Appellant's weight has been stable for at least six (6) months. *(Hearing Record; Exhibit 1; Exhibit 2: Medical Review)*

3. The Appellant's diagnoses include other specified disorders of skin and subcutaneous tissue, erythema intertrigo, and bariatric surgery status. The Appellant's issues include chronic moisture, chafing, skin discoloration, and irritation under her excess abdominal skin. The Appellant has used prescription Clotrimazole, medicated powder, and Aquaphor for over three (3) months to treat her skin conditions. *(Hearing Record; Appellant's Testimony; Exhibit 1; Exhibit 10: Medical Record Review)*

4. Dr. [redacted] indicated in his progress notes from [redacted], 2024, that the Appellant has "annoying abd symptoms unless uses powder and aquafor topically" and indicated under general examination: "SKIN: no rash". On [redacted], 2024, Dr. [redacted] indicated under general examination: "SKIN: no rash". On [redacted] 2025, Dr. [redacted] indicated in his progress notes under general examination: "SKIN: normal color, no rashes, no suspicious lesions, warm and dry". *(Exhibit 1)*

5. On [redacted], 2025, Dr. [redacted] completed a consultation appointment to address the Appellant's complaints of skin ptosis bilateral chest wall, lower abdomen, inner thighs, buttocks, intertrigo, and history of bariatric surgery. Dr. [redacted] indicated a "grade 2 pannus overhanging the pubic symphysis, ptotic mons sitting lower than the pubic symphysis, moisture trapped under the skin folds with excoriation and skin discoloration present consistent with chronic irritation, umbilical hooding with skin discoloration consistent with chronic irritation". *(Exhibit 1)*

6. On [redacted] 2025, CHNCT received a prior authorization ("PA") request from Dr. [redacted], plastic surgeon, for a panniculectomy. A panniculectomy is the removal of excess lower abdominal skin. *(Exhibit 1)*

7. On [redacted] 2025, CHNCT's Medical Reviewer reviewed the PA request. The Medical Reviewer noted that the photographs provided do not support that the Appellant has a Grade 2 pannus (lower abdominal skin) that extends below the pubic symphysis; therefore, this request cannot be approved. *(Exhibit 2)*

8. On [redacted] 2025, CHNCT issued a NOA to the Appellant indicating her request for authorization for a panniculectomy was denied because it is not medically necessary based upon the assessment of her medical condition. The notice indicates a panniculectomy could be considered medically needed if your pannus (lower abdominal skin) hangs below your pubic bone. The Appellant's medical record does not show that her pannus hangs below her pubic bone; therefore, the request is denied. *(Exhibit 3: NOA)*

9. On [redacted], 2025, the Appellant requested an administrative hearing. *(Exhibit 4: Administrative Hearing Request)*

10. On [redacted] 2025, CHNCT requested additional information from the office of Dr. [redacted]. *(Exhibit 6: Medical Record Request)*

11. On [redacted] 2025, CHNCT requested additional information from Dr. [redacted]' (PCP) office. *(Exhibit 7: Medical Record Request)*

12. On [redacted], 2025, CHNCT received an email, a letter from [redacted] APRN, and letter from the Appellant. The Appellant's letter indicating the need for this surgery because of skin irritation and constant pain and discomfort. The Appellant explains she is often late or unable to attend places with her family due to the time it takes to address her skin issues. She indicates "This surgery will remove the excess skin that is irritated and rubbing and help eliminate if not improve my skin contention so that I can rule out risk of infection, address my pain and cut down the excessive amount of time for just my skin care". The Appellant's APRN's letter dated [redacted] 2025, indicates "an inability to attend to daily activities and difficulty with clothing because of her excess abdominal skin" and poor posture and lumbar pain secondary to the weight of her pannus. The letter indicates "during the summer, patient has increased incidence of skin crease dermatitis treated with topical ointment". *(Exhibit 8: Email and Letter)*

13. On [redacted], 2025, CHNCT submitted a second request for additional information from Dr. [redacted]' office. *(Exhibit 9: Medical Record Request)*

14. On [redacted], 2025, CHNCT completed a medical review and upheld the previous denial indicating the request does not meet the definition of medical necessity. The medical reviewer indicated the additional information submitted indicates "the member

has right arm mobility issues after surgery, requiring home care services to help address her skin issues." Through an external review by a plastic surgeon, the Department determined "the objective documentation does not support a need for a functional panniculectomy. The pannus is not clearly hanging below the mons pubis and active inflammatory skin conditions are not demonstrated in the enclosed photographs." *(Exhibit 10: Medical Review; Exhibit 11: Medical Review Notes)*

15. CHNCT utilizes InterQual criteria as a screening guideline for medical appropriateness for certain healthcare services. The following criteria from InterQual 2024, CP: Panniculectomy, Abdominal is a guideline in the determination of medical necessity: The severity of a panniculus is graded as (American Society of Plastic Surgeons, Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. 2017).:
    - 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

    Panniculectomy would only be appropriate for resection of a large panniculus which, for these criteria, is defined as a panniculus that extends below the level of the symphysis pubis or at least Grade 2. *(Department's Testimony; Exhibit 10)*

16. On [redacted], 2025, CHNCT issued the Appellant a determination letter upholding the [redacted] 2025, denial of prior authorization request for the panniculectomy. The notice indicates "The principal reason to uphold the denial is that this information does not support the medical necessity for the requested panniculectomy (removal of excess lower abdominal skin) because the information sent in by your doctor does not show the medical need for this request. A panniculectomy could be considered medically needed if your pannus (lower abdominal skin) hangs below your pubic bone. Your medical record shows you had weight loss surgery and lost 100 pounds. However, the pannus is not clearly hanging below the mons pubis and active inflammatory skin conditions are not demonstrated in the enclosed photographs." *(Exhibit 12: Determination Letter)*

17. On [redacted] 2025, and [redacted] 2025, CHNCT received additional information from the Appellant including additional photographs and a letter from Ms. [redacted], LPC. Ms. [redacted] indicates the Appellant has been in therapy with her since [redacted] 2025, and has been diagnosed with Anxiety Disorder. The letter states "Her anxiety level is severe and consistently disrupts her life. [The Appellant] also has health issues that contribute to her anxiety disorder. She has been seeking medical procedures that will help her to better deal with the anxiety." *(Exhibit 13: Appellant's Exhibit A: Photographs and Letter; Exhibit 14: Appellant's Exhibit B: Photographs)*

18. On [redacted] 2025, the Appellant requested to reschedule the Administrative Hearing to allow CHNCT time to review the new documentation submitted by the Appellant. *(Hearing Record)*

19. On [redacted] 2025, CHNCT sent the appeal and additional information for a reconsideration medical review. *(Exhibit 15: Reconsideration Medical Review Request)*

20. On [redacted] 2025, CHNCT completed the reconsideration medical review, and upheld the previous denial. The medical reviewer indicated that the member submitted additional photos that were reviewed and "there is no view that shows a Grade 2 pannus. Without documentation of a Grade 2 or greater pannus, this request cannot be approved." A Grade 2 pannus extends below the pubic symphysis. *(Exhibit 15: Reconsideration Medical Request/Review; Exhibit 16: Reconsideration Review Notes)*

21. 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] 2025. With the 48 delay days afforded by the Appellant, this decision is due no later than [redacted] 2025.

CONCLUSIONS OF LAW

1. Section 17b-2(6) of the Connecticut General Statutes 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.

   Section 17b-261b of the Connecticut General Statutes 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.

   The Department has the authority to make regulations and administer the Husky Medicaid program.

2. Section 17b-259b(a) of the Connecticut General Statutes 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 provides for Need for goods or services and states 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, the Department's contractor, can determine medical necessity for services provided under medical assistance programs.

3. Section 17b-262-337 of the Regulations of Connecticut State Agencies provides for Scope and states 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.

4. Section 17b-262-338 of the Regulations of Connecticut State Agencies provides for definitions and states 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.

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

   Section 17b-259b(d) of the Connecticut General Statutes 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 as a guideline to assist in the determination of the medical necessity of the Appellant's proposed panniculectomy.

5. Section 17b-262-340 of the Regulations of Connecticut State Agencies 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.

   Section 17b-262-341 of the Regulations of Connecticut State Agencies provides 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.

   Section 17b-262-342 of the Regulations of Connecticut State Agencies provides 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.

   CHNCT correctly determined that the Husky Health Program will not authorize surgery that is not deemed medically necessary and medically appropriated by the Department to treat the Appellant's condition or services not directly related to the Appellant's diagnosis, symptoms, or medical history.

CHNCT correctly determined that the Husky Health Program will not authorize payment for procedures considered cosmetic in nature.

6. Section 17b-262-344(a)(5) of the Regulations of Connecticut State Agencies 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.

   Section 17b-262-531(g) of the Regulations of Connecticut State Agencies provides for Payment limitations and states 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.

   Section 17b-262-528(a) of the Regulations of Connecticut State Agencies provides for Prior Authorization and states 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.

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

   CHNCT correctly determined the Appellant's proposed panniculectomy (removal of excess lower abdominal skin) is not medically necessary as outlined in state statute and regulations. The medical documentation and photos provided do not support the indicated Grade 2 pannus (Panniculus covers genitals and upper thigh crease) required to be deemed medically necessary. The Appellant and her physicians failed to provide documentation of her chronic intertrigo, and its refractory to medical therapy greater than or equal to twelve weeks.

7. Section 17b-259b(c) of the Connecticut General Statutes 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.

   On [redacted], 2025, CHNCT correctly issued the Appellant a NOA indicating that her request for a proposed panniculectomy was denied. The notice included the guidelines and criteria used to make the determination.

DECISION

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

Amy MacDonough
Fair 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 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.