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

[redacted] 2025
Signature Confirmation

Case # [redacted]
Client ID # [redacted]
Request # [redacted]

NOTICE OF DECISION

PARTY

[redacted]
[redacted]
[redacted], CT [redacted]

PROCEDURAL BACKGROUND

On [redacted] 2025, the [redacted] ("CHNCT"), the Department of Social Services (the "Department") contractor for reviewing prior authorization requests for the HUSKY Health Program, sent [redacted] (the "Appellant") a Notice of Action ("NOA") denying her prior authorization request for a [redacted] and [redacted].

On [redacted] 2025, the Appellant requested an administrative hearing to contest the Department's decision to deny her pre-authorization request.

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, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189 inclusive of the Connecticut General Statutes, OLCRAH held an administrative hearing.

The following individuals were present at the hearing:

[redacted] Appellant
[redacted] CHNCT [redacted]
[redacted] CHNCT Observer
Alisha Laird, Fair Hearing Officer

STATEMENT OF THE ISSUE

The issue to be decided is whether CHNCT's decision to deny the prior authorization request for the [redacted] and [redacted] was correct.

FINDINGS OF FACT

1. The Appellant is a recipient of Husky D Medicaid and suffers from [redacted] and [redacted]. (Hearing Record and Appellant's Testimony)

2. On [redacted] 2025, CHNCT received a Prior Authorization ("PA") request from [redacted] a plastic surgeon, for a [redacted] and [redacted] for the diagnosis of [redacted]. (Hearing Record)

3. On [redacted] 2025, CHNCT's Medical Reviewer reviewed the PA request. The Medical Reviewer noted that a [redacted] could be considered medically necessary following [redacted] surgery if the [redacted] is at least grade 2 and the Appellant's [redacted] is documented as grade 1. The Appellant reported a history of a [redacted] for 6 months, but no [redacted] was noted during the physical exam. An [redacted] is considered a cosmetic procedure. The Medical Reviewer determined that the requests for the [redacted] and an [redacted] are denied as not medically necessary. (Exhibit 2: Medical Reviewer note [redacted]/25)

4. On [redacted] 2025, CHNCT issued a NOA to the Appellant denying her request for the [redacted] and an [redacted] because it is not medically necessary. (Exhibit 3: NOA [redacted]/25)

5. On [redacted] [redacted] 2025, CHNCT issued a letter to the Appellant acknowledging receipt of her [redacted] 2025, request to appeal the denial of the PA request. (Exhibit 4: Appeal Request form and Exhibit 5: Appeal Acknowledgement letter)

6. On [redacted] 2025, CHNCT issued a letter to [redacted] APRN (the "PCP"), requesting the following: Documentation that the [redacted] is needed to improve or restore a functional issue, documentation that the member has a grade 2 [redacted], documentation, evaluation, and/or photographs that the member has chronic [redacted] refractory to medical therapy (defined as greater than or equal to twelve weeks: local or systemic antibiotics, topical or systemic corticosteroids, topical antifungal medication), and a letter of Medical Necessity supporting the medical need for a [redacted] and an [redacted] for this member. (Exhibit 6: PCP letter)

7. On [redacted] 2025, CHNCT issued a letter to [redacted] requesting the following: Documentation that the [redacted] is needed to improve or restore a functional issue, documentation that the member has a grade 2 [redacted], documentation, evaluation, and/or photographs that the member has chronic [redacted] refractory to medical therapy (defined as greater than or equal to twelve weeks: local or systemic antibiotics, topical or systemic corticosteroids, topical antifungal medication), and a letter of Medical Necessity supporting the medical need for a [redacted] and an [redacted] for this member. (Exhibit 7: Plastic Surgeon letter)

8. On [redacted] 2025, CHNCT issued a letter to [redacted] a [redacted] surgeon, requesting the following: Documentation that the [redacted] is needed to improve or restore a functional issue, documentation that the member has a grade 2 [redacted], documentation, evaluation, and/or photographs that the member has chronic [redacted] refractory to medical therapy (defined as greater than or equal to twelve weeks: local or systemic antibiotics, topical or systemic corticosteroids, topical antifungal medication), and a letter of Medical Necessity supporting the medical need for a [redacted] and an [redacted] for this member. (Exhibit 8: [redacted] surgeon letter)

9. On [redacted] 2025, [redacted] sent the Appellant's medical records to CHNCT. (Exhibit 10: [redacted] medical records)

10. CHNCT did not receive a response from [redacted] or the PCP regarding the additional information requested in the [redacted] 2025, letters. (Hearing Record)

11. On [redacted] 2025, CHNCT issued a determination letter in response to the Appellant's appeal of the denial of the PA request for the [redacted] and [redacted] CHNCT stated, "The principal reason to uphold the denial is that this information does not support the medical necessity for the requested [redacted] and [redacted] because upon review of the submitted appeal documents, a [redacted] could be considered medically needed following [redacted] surgery if your [redacted] Your record shows that your [redacted] therefore, the denial is upheld. An [redacted] is considered a cosmetic procedure. Therefore, the request for an [redacted] is denied as not medically needed". (Exhibit 12: Medical Reviewer note [redacted]/25)

12. 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. Therefore, this decision is due no later than [redacted] 2025.

CONCLUSIONS OF LAW

1. Connecticut General Statutes ("Conn. Gen. Stat.") § 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. Conn. Gen. Stat. § 17b-261b(a) 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.

3. Conn. Gen. Stat. § 17b-262 provides that 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 and administer the Husky Medicaid program.

4. Regulations of Connecticut State Agencies ("Regs., Conn. 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. Regs., Conn. State Agencies § 17b-262-523 provides, in part, 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. Regs., Conn. 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. Regs., Conn. 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. Regs., Conn. 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.

   The Appellant's surgeon was correct to request a prior authorization for the [redacted] and [redacted]

   CHNCT was correct in reviewing the prior authorization request to determine the medical necessity of a [redacted] and [redacted].

9. 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.

10. Regs. Conn. State Agencies § 17b-262-342 provides that the department shall not pay for the following goods or services or goods or services related to the following: (4) Cosmetic surgery.

    CHNCT correctly determined that the HUSKY Health Program will not authorize surgery over that deemed medically necessary and medically appropriate 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 payment for cosmetic surgery or procedures that are cosmetic in nature.

11. Conn. Gen. Stat. § 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.

12. Conn. Gen. Stat. § 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.

13. Conn. Gen. Stat. § 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 determined that a [redacted] and an [redacted] are not medically necessary for the

Appellant because her [redacted] is documented as a grade 1, and an [redacted] is considered a cosmetic procedure. The Appellant and her physicians did not provide any clinical evidence that demonstrated an [redacted] would improve or restore a functional issue, and they did not provide any evidence that the Appellant has chronic [redacted] refractory to medical therapy greater than or equal to twelve weeks.

CHNCT correctly issued a NOA on [redacted] 2025, denying the prior authorization request and informing the Appellant of the specific criteria required for approval of a [redacted] and [redacted]

DECISION

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

Alisha Laird
Alisha Laird
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.