**STATE OF MICHIGAN**
**STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES**
**FOR THE DEPARTMENT OF COMMUNITY HEALTH**
P.O. Box 30763, Lansing, MI 48909
(877) 833-0870; Fax: (517) 334-9505

IN THE MATTER OF:

Docket No. 2010-13161 PA
Case No. 15924245

[redacted]

Appellant
_____/

## DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, following the Appellant's request for a hearing.

After due notice, a hearing was held [redacted]. The represented himself. The Department of Community Health was represented by [redacted]. [redacted], appeared as a witness on behalf of the Department.

## ISSUE

Did the Department properly deny the Appellant's request for coverage for the Protime Monitor and Cuvettes?

## FINDINGS OF FACT

Based upon the competent, material and substantial evidence presented, the Administrative Law Judge finds as material fact:

1. The Appellant is a [redacted] year old Medicaid beneficiary. He is a diagnosis of single ventricle physiology (pulmonary atresia/hypoplastic right ventricle). (uncontested)

2. The Appellant underwent staged palliation, with an extra-cardiac Fontan performed in [redacted]. (uncontested)

3. The Appellant has developed atrial flutter related to the Fontan physiology. He is taking Coumadin. (uncontested)

4. The Appellant has a need for monitoring of his INR level which is accomplished through blood draws. (uncontested)

5. The Appellant has to travel to the laboratory for the purpose of having the blood draw. (uncontested)

6. The Appellant's doctor recommends he use the requested equipment to perform a finger prick blood draw at home, giving immediate results to allow for monitoring and appropriate dose adjustment of Coumadin. (Department exhibit A pages 4-5, 7 & 9)

7. The Appellant requires a weekly INR check. (Department exhibit A Page 4)

8. Following review of medical documentation of the Appellant's medical status, by the Department's physician, the Department determined the documentation submitted did not support coverage of the requested item.

9. Thereafter, on [redacted], the Department sent a denial notice to the Appellant.

10. On [redacted], the Appellant filed a Request for Hearing with the State Office of Administrative Hearings and Rules.

11. A second review was conducted [redacted], after request for hearing was received. The denial was upheld following the review.

## CONCLUSIONS OF LAW

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

> The Medicaid Provider Manual addresses the need for prior authorization in the General Information for Providers Chapter at Section 8-Prior Authorization.
>
> **8.1 General Information**
>
> There may be occasions when a beneficiary requires services beyond those ordinarily covered by Medicaid or needs a service that requires prior authorization (PA). In order for Medicaid to reimburse the provider in this situation, MDCH requires that the provider obtain authorization for these services before the service is rendered. Providers should refer to their provider-specific chapter for the PA requirements.
>
> The Medical Supplier Chapter addresses the PA requirements for medical equipment requests. It states in pertinent part:
>
> **1.7 Prior authorization**
>
> Prior authorization (PA) is required for certain items before the item is provided to the beneficiary or, in the case of custom-made DME or

prosthetic/orthotic appliance, before the item is ordered. To determine if a specific service requires PA, refer to the Coverage Conditions and Requirements Section of this chapter and/or the MDCH Medical Supplier Database on the MDCH website.

PA will be required in the following situations:

- Services that exceed quantity/frequency limits or established fee screen.
- Medical need for an item beyond MDCH's Standards of Coverage.
- Use of a Not Otherwise Classified (NOC) code.
- More costly service for which a less costly alternative may exist.
- Procedures indicating PA is required on the MDCH Medical Supplier Database.

Medicaid provider Manual
Version Date January 1, 2010
Medical Supplier Chapter Page 7

This ALJ took testimony from the Appellant regarding the need for in home monitoring of his blood levels. He asserted the device sought is not available at the lab he goes to for blood work right now and it provides a better reading and is more accurate. The documentation submitted from the Appellant's doctors indicate it can take 2-3 days or more for lab work results to reach them and in home monitoring is more immediate.

The Department witness and documentation indicates it is less costly to have the work done at the lab, especially since the frequency is not daily or multiple times daily. Furthermore, it was not established that it is medically necessary to draw the blood at home. The documentation of record indicates the request appears to be more for convenience of the Appellant.

After review of the documentation and testimony of all the witnesses, I cannot find medical necessity of having the in home monitoring system has been established.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.

Jennifer Isiogu
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

[redacted]
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cc: [redacted]

Date Mailed: 3/3/2010

***** NOTICE *****

The State Office of Administrative Hearings and Rules may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The State Office of Administrative Hearings and Rules will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 60 days of the mailing date of the Decision and Order or, if a timely request for rehearing was made, within 60 days of the mailing date of the rehearing decision.