

**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. 2010-14803 PA
Case No. [REDACTED]

[REDACTED]

Appellant

_____ /

DECISION AND ORDER

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

After due notice, a hearing was held on [REDACTED]. [REDACTED] appeared on her own behalf. [REDACTED], represented the Department. [REDACTED], appeared as a witness for the Department.

ISSUE

Did the Department properly deny the Appellant's prior authorization request for a bath tub wall rail?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. The Appellant is a [REDACTED] year old Medicaid beneficiary.
2. On [REDACTED] the Department received the Prior Approval-Request/Authorization form and medical documentation from Wright & Filippis requesting a stainless steel grab bar for the Appellant. (Department Exhibit 1, pages 5-8)
3. The Appellant has been diagnosed with a seizure disorder. (Exhibit 1, pages 6 and 8)
4. On [REDACTED], the Department denied the prior authorization request because home modifications are not covered under Medicaid policy. (Department Exhibit 1, page 4)

5. On ██████████, the State Office of Administrative Hearings and Rules received the Appellant's hearing request. (Department Exhibit 1, page 3)

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.

1.10 PRIOR AUTHORIZATION

Medicaid requires prior authorization (PA) to cover certain services before those services are rendered to the beneficiary. The purpose of PA is to review the medical need for certain services. It does not serve as an authorization of fees or beneficiary eligibility. Different types of services requiring PA include:

- Procedures identified as requiring PA on the procedure code databases on the MDCH website;
- Procedures/items that are normally noncovered but may be medically necessary for select beneficiaries (e.g., surgery normally cosmetic in nature, obesity surgery, off-label use drugs, etc.); and
- Referrals for elective services by out-of-state nonenrolled providers.

*MDCH Medicaid Provider Manual, Practitioner
Section, October 1, 2009, page 4.*

The Medical Supplier section of the Medicaid Provider Manual also addresses non-covered items, which specifically includes home modifications. The policy also states "for specific procedure codes that are not covered, refer to the MDCH Medical Supplier Database on the MDCH website or the Coverage Conditions and Requirements Section of this chapter. (MDCH Medicaid Provider Manual, Medical Supplier Section 1.10, October 1, 2009, pages 14-16) The requested service code for placement of stainless steel grab bar, E0241, is listed in the MDCH procedure code database as requiring prior authorization and can only be approved for beneficiaries age 0-20. (Department Exhibit 1, pages 5, and 9-12)

Docket No. 2010-114803 PA
Decision & Order

In the present case, the Department determined that requested a bath tub wall rail was not covered under Medicaid policy. The Department Analyst testified that the grab bar would be considered a home modification, which is specifically excluded from coverage in the Medical Supplier section of the Medicaid Provider Manual. The Department Analyst explained that the only way a medical exception can be made for this type of home modification, is if the beneficiary within the designated age range of 0-20. The Department Analyst stated that Appellant is not within the approvable age range listed in the MDCH procedure code database for this product.

The Appellant disagrees with the Department's denial and testified that she has had prior back surgeries and has nerve damage in her legs. The Appellant explained that she is currently pulling on a towel rack because she has to hang onto something when getting out of the tub. The Appellant stated she would be willing to pay a co-pay for the requested shower bar, but also noted that her church as donated a small grip bar.

This Administrative Law Judge must uphold the Department's denial of the Appellant's request. The Medicaid policy in these circumstances is clear and unambiguous. The Appellant is [REDACTED] years old. Therefore, she is not within the listed age range of 0-20 that would allow for coverage of this home modification. Despite the Appellant's willingness to pay a co-pay, this is not option under Medicaid policy. Home modifications are specifically excluded from coverage and the Appellant is outside the listed age range for a medical exception.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's request for a bath tub wall rail.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Colleen Lack
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

cc:

[REDACTED]

Date Mailed: 04/27/2010

Docket No. 2010-114803 PA
Decision & Order

***** 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 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.