

**STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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IN THE MATTER OF:

██████████

Appellant

_____ /

Docket No. 2011-11916 PA
Case No. 894243

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 ██████████. ██████████, the Appellant, appeared on his own behalf. ██████████, represented the Department. ██████████, appeared as a witness for the Department. ██████████, was also present.

ISSUE

Did the Department properly deny the Appellant's prior authorization request for an automatic blood pressure monitor?

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 ██████████ Medicaid beneficiary.
2. On ██████████ the Department received a prior approval request for an automatic blood pressure monitor for the Appellant listing the diagnosis code for benign hypertension. (Exhibit 1, page 6 and ██████████ ██████████ Testimony)
3. Attached to the request was a ██████████, letter from the Appellant's doctor indicating that the Appellant has vision difficulties that would inhibit reading the small scale of a manual sphygmomanometer, a diagnosis of hypertension, and that the plan for the Appellant was to check his blood pressure multiple times per week at different times to get

an average that would be used to adjust his medications if greater than 130/85. (Exhibit 1, page 8)

4. A prescription was also attached that was co-signed for the Appellant's doctor. (Exhibit 1, page 9)
5. On ██████████, the Department denied the prior authorization request because the standards of coverage for this equipment have not been met with the diagnosis of benign hypertension and the documentation submitted. (Exhibit 1, pages 4-5)
6. On ██████████, the State Office of Administrative Hearings and Rules received the hearing request filed on the Appellant's behalf. (Exhibit 1, pages 2-3)

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.

The applicable Standards of Coverage can be found in the Medical Supplier section of the Medicaid Provider Manual:

2.4 BLOOD PRESSURE MONITORING

Definition

Blood pressure monitoring includes manual and automatic blood pressure units.

Standards of Coverage

A manual blood pressure unit may be covered for a beneficiary under the age of 21 when:

- Daily titration of medications is required for renal disease.
- A cardiovascular condition is present that affects blood pressure (e.g., congenital heart disease)
- A brain lesion or cancer tumor is present that affects blood pressure.
- A medication regimen is present that affects blood pressure.

Coverage for beneficiaries age 21 and over with uncontrolled blood pressures when one of the following is present:

- Fluctuation in blood pressure as a result of renal disease.
- Medications are titrated based on daily blood pressure readings.

An automatic blood pressure monitor is covered when:

- Standards of coverage for a manual unit have been met.
- Beneficiary is age 11 or over.
- Economic alternatives (such as a manual blood pressure unit) have either been tried or ruled out prior to requesting authorization of an automatic blood pressure monitor.

Documentation

The documentation must be less than 30 days old and include:

- Diagnosis/medical condition pertaining to the need for the blood pressure monitor.
- Complete physician's treatment plan, including current blood pressure medications, frequency of checks, and specific patient protocol in case of an abnormal reading.
- The medical reason a manual blood pressure unit cannot be used (for beneficiaries over the age of ten years).
- Prescription from a pediatric nephrologist when daily titration of medications is required for renal disease (**required for coverage under CSHCS**).

PA Requirements

PA is required for all blood pressure units.

Payment Rules

A blood pressure monitor is considered a **purchase only** item.

*MDCH Medicaid Provider Manual,
Medical Supplier Section 2.4,
October 1, 2010, pages 23-24.*

In the present case, the Department denied the Appellant's request because he did not meet the standards of coverage with the submitted documentation. The documentation did not show either fluctuation in blood pressure as a result of renal disease, or that medications are titrated based on daily blood pressure readings. The submitted documentation listed the diagnosis code for benign hypertension and indicated the Appellant was to check his blood pressure multiple times per week, at different times, keeping an average record that would be used to adjust his medications if the average was greater than 130/85. (Exhibit 1, pages 6 and 8; ██████████)

The Appellant testified that his doctor has advised him to take his blood pressure daily and that his medications may be increased or decreased based on the result. As discussed during the hearing, the Appellant's request for an automatic blood pressure monitor can be re-submitted at any time with documentation supporting that the standards of coverage have been met. The ██████████ also noted that the Department can not accept co-signatures.

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 an automatic blood pressure monitor based on the submitted documentation.

IT IS THEREFORE ORDERED that:

The Department's decision is **AFFIRMED**.

Colleen Lack
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

cc:

[REDACTED]

Date Mailed: 3/11/2011

***** 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.