

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

IN THE MATTER OF:

██████████

Case

Docket No. 2012-41330 PA

No ██████████

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 ██████████. ██████████ appeared on her own behalf. ██████████ represented the Department. ██████████, appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny the Appellant's prior authorization request for breast reduction surgery?

**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 ██████████. (Exhibit 2, page 9)
2. On ██████████, the Department received a prior approval-request for breast reduction surgery for the Appellant. (Exhibit 2, pages 9-14)
3. The surgeon's office/clinical note from ██████████ showed complaints of pain, backache, and hypertrophy of the breasts. This note indicates the Appellant had tried over the counter medications and wearing specialty bras with little improvement in her symptoms. Complaints of significant shoulder grooving were also noted. (Exhibit 2, page 10)
4. On ██████████, the Department issued a Notification of Denial to the Appellant stating the prior authorization request for breast reduction

surgery was denied under the Medicaid Provider Manual Policy. Specifically, criteria for coverage of cosmetic surgery are not met through documentation submitted. (Exhibit 2, page 6)

5. On ██████████ the Michigan Administrative Hearing System received the Appellant's hearing request. (Exhibit 1)

### **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 treatment for cosmetic surgery:

#### **13.2 COSMETIC SURGERY**

Medicaid only covers cosmetic surgery if PA has been obtained. The physician may request PA if any of the following exist:

- The condition interferes with employment.
- It causes significant disability or psychological trauma (as documented by psychiatric evaluation).
- It is a component of a program of reconstructive surgery for congenital deformity or trauma.
- It contributes to a major health problem.

The physician must identify the specific reasons any of the above criteria are met in the PA request.

Physicians should refer to the General Information for Providers Chapter for specific information for obtaining authorization.

*MDCH Medicaid Provider Manual,  
Practitioner Section,  
January 1, 2012, pages 62-63*

In the present case, the Department's Medical Consultant explained that the information submitted with the ██████████ prior authorization request did not establish that the criteria for coverage of cosmetic surgery are met. She noted the documentation showed large breasts, neck pain and back pain. However, there was insufficient

**Docket No. 2012-41330 PA**  
**Decision and Order**

documentation to show that the large breasts were the cause of the Appellant's neck and back pain and other possible causes had been ruled out. The Medical Consultant stated that the submitted office/clinical notes were very brief and did not document much detail, such as objective examination findings, specifically where the pain is, and what makes the pain better/worse. While some conservative measures, over the counter medications and specialty bras had been tried, the submitted documentation did not show treatment with other conservative measures, such as physical therapy and massage therapy. ( See Exhibit 2, pages 10-14) Accordingly, the Department denied the Appellants prior authorization request for breast reduction surgery.

The Appellant disagrees with the denial and testified that she has had testing on her arms and back to rule out other causes of the pain. The Appellant indicated the Physician's Assistant at her primary care doctor's office has the records. The Appellant described significant dents in her shoulders, leaning while walking, and burning in her arms daily. The Appellant stated she has not been able to maintain employment, and described how it has affected her psychologically. (Appellant Testimony) The Appellant submitted some additional medical documentation with her request for hearing. (Exhibit 1) However, this information was not available to the Department when the prior authorization request was reviewed.

The Appellant did not meet the Medicaid Provider Manual criteria for the requested breast reduction surgery based on the documentation submitted to the Department. The medical documentation submitted show large breasts, neck pain, back pain, shoulder grooving, and numbness in hands bilaterally. (Exhibit 2, pages 10-14) The Appellant credibly testified she underwent testing on her arms and back to rule out other causes for her pain. However, these records were not submitted for review with the prior authorization request. The submitted documentation also states additional conservative measures, physical therapy or massage therapy, have not been tried. (Exhibit 2, pages 10-14) No specific information was submitted documenting how the condition interferes with employment or affects the Appellant psychologically. Accordingly, the Department's determination must be upheld based on the available information.

A new prior authorization request can always be submitted with supporting documentation, such as the testing on the Appellant's back and arms to rule out other causes of the pain, any other conservative measures that have been tried, interference with employment and psychological evaluation.

**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 prior authorization request for breast reduction surgery based upon the available information.

**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: 

Date Signed: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

**\*\*\* NOTICE \*\*\***

The Michigan Administrative Hearing System 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 Michigan Administrative Hearing System 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.