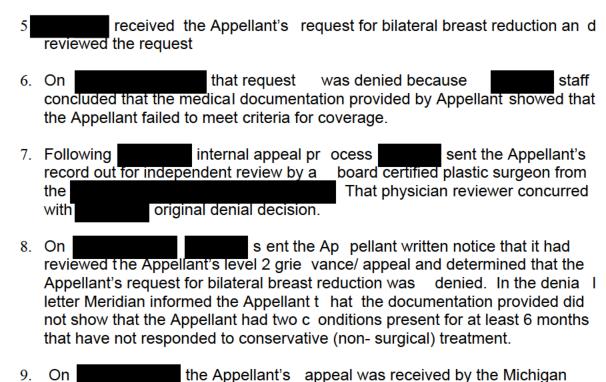
STATE OF MICHIGAN MICHIGAN ADMINISTRATIVE HEARING SYSTEM FOR THE DEPARTMENT OF COMMUNITY HEALTH

P.O. Box 30763, Lansing, MI 48909 (877) 833-0870; Fax: (517) 334-9505

IN THE MATTER OF:	D - + N - 0040
Case	Docket No. 2012-50462 QHP No
Appellant /	
DECISION AND ORDER	
This matter is before the undersigned Adn and 42 CFR 431.200 et seq., upon the Ap	ninist rative Law Judge pursuant to MCL 400.9 pellant's request for a hearing.
After due notice, a hearing was held on testified on her o wn behalf. and testified.	represented the
ISSUE	
Did properly deny the Appreciation surgery?	pellant's prior authorization re quest for breast
FINDINGS OF FACT	
The Administrative Law Judge, based upo evidence on the whole record, finds as ma	n the com petent, material and substantial terial fact:
The Appellant is a	Medica id beneficiary, enrolled in esides in her home.
• •	in dicate that the Appellant has been and neck pain, and chronic skin rashes due to
 The Appellant is currently receive and back pain. 	ring physical therapy for her neck, shoulder
	pellant's physician submitted a prior authorization request with action.

Docket No. 2012-50462 QHP Decision and Order



CONCLUSIONS OF LAW

Administrative Hearing System.

The Medic al Ass istance Program is establis hed purs uant to Tit le 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 states a statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

On May 30, 1997, the Department received appr oval from the Health Car e Financing Administration, U.S. Department of Health and Human Serv ices, allowing Michigan to restrict Me dicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans.

The Respondent Health Plan of Michigan is one of those Medicaid Health Plans.

The cover ed services that the Contractor has available for enrollees must include, at a minimum, the covered services listed below. The Contractor may limit services to those which are medically necessary and appropriate, and which conform to professionally accepted standards of care. The Contractor must operate consistent with all applicable Medicaid provider manuals and publications for overages

and limitations. If new servic es are added to the Michigan Medicaid Program, or if serv ices are expanded, eliminated, or otherwise changed, the Contra ctor must implement the changes consistent with State di rection in accordanc e with the provisions of Contract Section 2.024.

Although the Contractor must provide the full range of covered services listed below they may choose to provide services over and above thos especified. The covered services provided to enrollees under this Contract include, but are not limited to, the following:

- Ambulance and other emergency medical transportation
- Blood lead testing in accordance with Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) policy
- Certified nurse midwife services
- Certified pediatric and family nurse practitioner services
- Chiropractic services
- Diagnostic lab, x-ray and other imaging services
- Durable medical equipment (DME) and supplies
- Emergency services
- End Stage Renal Disease services
- Family planning services (e.g., examination, sterilization procedur es, lim ited infertility screening, and diagnosis)
- Health education
- Hearing and speech services
- Hearing aids
- Home Health services
- Hospice services (if requested by the enrollee)
- Immunizations
- Inpatient and outpatient hospital services
- Intermittent or short-term restorative or re habilitative services (in a nursing facility), up to 45 days
- Restorative or rehabilitative services (in a place of service other than a nursing facility)
- Medically necessary weight reduction services
- Mental health care maxi mum of 20 outpatient visits per calendar year
- Out-of-state services authorized by the Contractor

Docket No. 2012-50462 QHP Decision and Order

- Outreach for included services, especially pregnancyrelated and Well child care
- Parenting and birthing classes
- Pharmacy services
- Podiatry services
- Practitioners' services (such as those provided by physicians, optometri sts and dentists enrolled as a Medicaid Provider Type 10)
- · Prosthetics and orthotics
- Tobacco cessation treatment including pharmaceutical and behavioral support
- Therapies (speech, language, physical, occupational) excluding services provided to persons with development disab ilities which are bille d throug h Community Mental Health Services Program (CMHSP) providers or Intermediate School Districts.
- Transplant services
- Transportation for medically necessar y covered services
- Treatment for sexually transmitted disease (STD)
- Vision services
- Well child/EPSDT for persons under age 21

Article 1.020 Scope of [Services], at §1.022 E (1) contract, 2010, p. 22.

The MDCH-MHP contract language allows a health plan such as to limit services to those that are medically necessary and consistent with Medicaid policy.

Provided in pertinent part:

III. Criteria

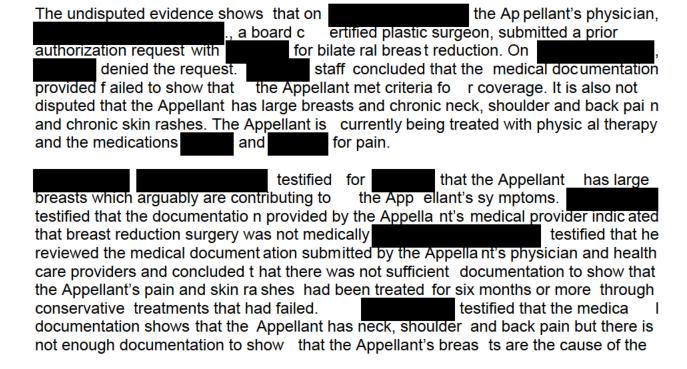
- 1. The procedure must be prior authorized by Meridian Healt h Plan.
- 2. A reduction, Mammaplasty will be covered for Meridian Health Plan members meeting all the following criteria.
 - A. The medical records must show documentation of a least 2 of the following criteria, present fo r at least 6 months and whic h have not responded adequately to appropriate conservative, non-surgical interventions (including but not limited to:
 - i. Back, neck or shoulder pain of long standing duration(6months) that has been evaluated and determined not

Docket No. 2012-50462 QHP Decision and Order

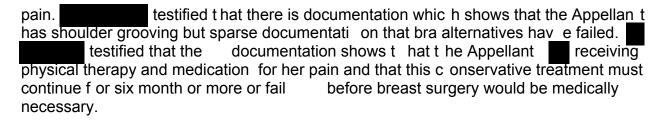
to be related to other diagnosis such as scoliosis, arthritis or of a mechanical nature, and that has not responded to at least three consecutive months of conserva tive measure including, but not limited to all of the following:

- a) Appropriate support bra (e.g. sports type with wide straps
- b) Exercises
- c) Heat/cold treatments
- d) Non steroidal anti- inflammatory agents(NSAID's) and/ or
- e) muscle relaxants
- ii. Ulceration of the skin of the shoulder or signific ant and long s tanding s houlder grooving not responding to conservative treatment over a 12- month period.
- iii. Chronic intertrigo, eczema, dermatitis, and/ or ulceration in the intra-ma mmary fold between the pendulous breasts and the ch est wall, not r esponsive to at least six months of dermatologic treatments (e.g. antibiotics and/ or antifungal therapy) and conservative measure (e.g. good skin hygiene). By themselves. These dermatol ogical problems are not considered medically necessary indic ations for mammoplasty.

Dept/ Meridian Ex. 1 pp. 73-74



Docket No. 2012-50462 QHP Decision and Order



also testified that the docum entation shows that the Appellant's skin rashes are being treated with topical medica tions and not antibiotics. testified that there is no doc umentation that the Appellant 's breasts are causing skin infections that can't be treated by antib iotics and other medications. testified that if documentati on was provided that the Appellant's skin rashes did not respond to six mont his ore more of cons ervative treatments then breast reduction surgery might be medically necessary.

testified that the document ation provided does not show that the Appellant's medical condition meets a least 2 of the breast reduct ion surgery criteria because the documentation does not show t hat any condition has been present for at least 6 months and has not res ponded adequately to appropriat e conservative, non-surgical interventions.

The Appellant testified that she has shou lder groov ing and has tried multiple bra alternatives with no success. The Appellant testified that she has neck, back and shoulder pain and her pain is not relieved the rough physical therapy or medication. The Appellant testified that she has chronic skin rashes and has been prescribed medication. The Appellant test ified that she feels that she and her medical providers have attempted to treat her pain, shoulder grooving and rashes but so far all treatments have failed. The Appellant belie ves that breast reduction surgery is the only means to treat her medical conditions.

There is medical documentation that the Appellant has shoulder grooving and has tried some bra alternatives. There is medical documentation which shows that the Appellant has chronic pain and chronic skin rashes. Ho wever, I agree with documentation does not show that the Appellant's pain and skin rashes have been conservatively treated for 6 months or more and all conservative treatments have failed. I find based on the evidence submitted that properly denied the Appellant's prior authorization request for breast reduction surgery because the medical documentation submitted does not show that the Appellant meets Medicaid coverage criteria.

Docket No. 2012-50462 QHP Decision and Order

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that Meridian Health Plan of Michigan properly denied the Appellant's prior authorization request.

IT IS THEREFORE ORDERED that:

The Meridian Health Plan of Michigan's decision is AFFIRMED.

Martin D. Snider
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

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.