

**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) 373-4147

IN THE MATTER OF:

Docket No. 2013-29380 TRN

██████████

██████████ ██████████

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.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████ ██████████ the Appellant, appeared on her own behalf. ██████████, Appeals Review Officer, represented the Department. ██████████, Eligibility Specialist, appeared as a witness on behalf of the Department.

**ISSUE**

Did the Department properly deny the Appellant's request for medical transportation reimbursement to a doctor's office outside the community?

**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 Medicaid beneficiary.
2. The Appellant lives in ██████████ (Exhibit 1, pages 4 and 11)
3. On ██████████ the Department received a Medical Transportation Statement from the Appellant requesting mileage reimbursement for an appointment at a doctor's office in ██████████ (Exhibit 1, page 11)
4. On ██████████, the Department denied the Appellant's request for medical transportation mileage reimbursement to the doctor's office in ██████████ based on policy regarding transportation costs to meet a client's personal choice of provider for routine medical care outside the community when comparable care is available locally. (Exhibit 1, page 10)

5. On ██████████, the Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. (Exhibit 1, pages 4-9)

### **CONCLUSIONS OF LAW**

The Medicaid program was established pursuant to Title XIX of the Social Security Act (SSA) and is implemented by 42 USC 1396 *et seq.*, and Title 42 of the Code of Federal Regulations (42 CFR 430 *et seq.*). The program is administered in accordance with state statute, the Social Welfare Act (MCL 400.1 *et seq.*), various portions of Michigan's Administrative Code (1979 AC, R 400.1101 *et seq.*), and the State Plan promulgated pursuant to Title XIX of the SSA.

Policy addressing medical transportation coverage under the State Medicaid Plan is found in the Bridges Administrative Manual (BAM), 825 Medical Transportation:

#### **COVERED MEDICAL TRANSPORTATION**

Medical transportation is available to obtain medical evidence or receive any MA-covered service from any MA-enrolled provider, including:

- Chronic and ongoing treatment.
- Prescriptions.
- Medical Supplies,
- Onetime, occasional and ongoing visits for medical care.

**Exception:** Payment may be made for transportation to VA hospitals and hospitals with do not charge for care (e.g., St. Jude Children's Hospital, Shrines Hospital).

#### **MEDICAL TRANSPORTATION NOT COVERED**

Do not authorize payment for the following:

- Transportation for noncovered services (e.g., AA meetings, medically unsupervised weight reduction, trips to pharmacies for reasons other than obtaining MA-covered items).
- Reimbursement for transportation for episodic medical services and pharmacy visits that has already been provided.
- Transportation costs for long-term care (LTC) residents. LTC facilities are expected to provide transportation for services outside their facilities.

- Transportation costs to meet a client's personal choice of provider for routine medical care outside the community when comparable care is available locally. Encourage clients to obtain medical care in their own community unless referred elsewhere by their local physician.
- DCH authorized transportation for clients enrolled in managed care is limited. See **CLIENTS IN MANAGED CARE** in this item.

**Exception:** Dental, substance abuse or community mental health services are not provided by managed care; therefore, an DCH authorization for medical transportation for these services may still be necessary.

- Transportation services that are billed directly to MA; see **BILLED DIRECTLY TO DCH.**

*Bridges Administrative Manual (BAM), 825 Medical Transportation*  
Pages 2-3 of 17, October 1, 2012  
(Underline added by ALJ)

The Department denied the Appellant's request for medical transportation reimbursement to a pain management doctor in ██████████. The Eligibility Specialist explained that she denied the request because comparable care is available locally; there is a pain management clinic in ██████████ (Exhibit 1, pages 10-11; Eligibility Specialist Testimony)

The Appellant testified that while there is a pain management clinic in ██████████ they do not have a doctor that prescribes pain medication. The doctor that prescribed pain medication at that clinic left, and the remaining doctor at the clinic only does injections. The Appellant tried injections in the past, but they did all they could do and the Appellant ended up having to have surgery. The Appellant also asked her local primary care doctor to prescribe the medication, methadone, but the doctor does not prescribe that medication and told the Appellant to go to pain management. The Appellant was unsure if her primary care doctor was not licensed for that type of medication or just chooses not to prescribe it for patients. The Appellant has tried to find a local provider for her pain management treatment. (Appellant Testimony)

The above cited Department policy is clear that transportation costs to meet a client's personal choice of provider for routine medical care outside the community when comparable care is available locally is not covered and clients should be encouraged to obtain medical care in their own community unless referred elsewhere by their local physician. On the ██████████ Medical Transportation Statement, the doctor in ██████████ marked that the Appellant was referred, but did not name the referring physician in the designated box. (Exhibit 1, page 11) If the Appellant was

referred to the [REDACTED] doctor by a local physician, it may not simply be a personal choice to receive care outside the local community. Rather, the referral may have been made because comparable care was not available locally at that time. However, the Appellant's testimony that the [REDACTED] pain management clinic does not prescribe medication is not entirely consistent with the statements in her request for hearing. In the hearing request, the Appellant repeatedly indicated the doctor at the [REDACTED] pain management clinic does not prescribe the right strength of medication, rather than no medication is prescribed at that pain management clinic. (Appellant Testimony; Exhibit 1, pages 4-8) The Eligibility Specialist testified she knew there was a local clinic that provides pain management services, but she did not ask if that clinic prescribes pain medication. (Eligibility Specialist Testimony)

It is not clear from the available information if comparable pain management services were available to the Appellant locally at the time of the [REDACTED] date of services nor if she was referred to the [REDACTED] doctor by a local physician. Accordingly, the Department's determination to deny the Appellant's [REDACTED] request for medical transportation reimbursement to the doctor's office in [REDACTED] cannot be upheld. The Department should initiate reprocessing of the [REDACTED] Medical Transportation Statement and try to obtain additional information to determine if there was a local physician referral and if the pain management clinic in [REDACTED] could have provided comparable services at that time.

**DECISION AND ORDER**


This Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department improperly denied the Appellant's request for medical transportation reimbursement to a doctor's office outside the community based on the available information.

**IT IS THEREFORE ORDERED** that:

The Department's decision is **REVERSED**. The Department should initiate reprocessing of the Appellant's [REDACTED] Medical Transportation Statement and try to obtain additional information to determine if there was a local physician referral to the doctor in [REDACTED] and if the pain management clinic in [REDACTED] could have provided comparable services at that time.

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/S/  
Colleen Lack  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

Date Signed: [REDACTED]  
Date Mailed: [REDACTED]

  
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CL/db

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**\*\*\* 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.