

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. 2013-41768 PAM

██████████,

██████████

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 ██████████ ██████████ the Appellant, appeared on his own behalf. ██████████ wife, appeared as a witness for the Appellant. ██████████ Appeals Review Officer, represented the Department. ██████████ RN, ██████████ Project Manager with ██████████, appeared as a witness for the Department. ██████████ is contracted by the Department to conduct telephonic/electronic authorization of inpatient services (██████████), selected durable medical equipment and medical supplies (DME/MS), Ventilator Dependant Care Unit (VDCU) admissions and continued stays for Fee-For-Service Medicaid and Children's Special Health Care beneficiaries.

ISSUE

Did the Department properly deny the Appellant's prior authorization request for Ensure 2,000 calories per day?

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 ██████-year-old Medicaid beneficiary. (Exhibit 1, page 3)
2. The Appellant was approved for Ensure from ██████████ through ██████████ after having an esophagogastroduodenoscopy ("EGD"). (Exhibit 1, page 3)
3. The Appellant was approved for Ensure again from ██████████ through ██████████ to allow time to be seen by a surgeon and for re-evaluation. (Exhibit 1, page 3)

4. On or about ██████████ ██████████ received a telephonic request from the Appellant's physician's office requesting Ensure 2,000 calories per day for the Appellant. Diagnoses of dysphagia and achalasia were reported. The Appellant's height was ██████████ inches and his weight was ██████████ lbs. The caller indicated it was unknown if economic alternatives had been trialed and there was no current lab work. (Exhibit 1, page 3)
5. ██████████ physician reviewer called the Appellant's doctor. The Appellant's doctor stated that Appellant does not suffer from dysphagia and achalasia. The doctor further stated the Appellant had an EGD with botox on ██████████, then failed to follow up with this physician on ██████████ and has not followed up since. The ██████████ physician reviewer denied the request for Ensure due to insufficient current information to determine if there is a current need for the formula. (Exhibit 1, page 4)
6. On ██████████, an Adequate Action Notice was mailed to the Appellant indicating the request for Ensure was denied. (Exhibit 1, page 6)
7. On ██████████ ██████████ nurse reviewer called the Appellant's doctor's office with the determination and the reconsideration process. No request for reconsideration was received. (Exhibit 1, page 4)
8. On ██████████ the Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. (Exhibit 1, page 6)

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 Standards of Coverage for orally administered enteral nutrition for a beneficiary over age 21 can be found in the Medical Supplier section of the Medicaid Provider Manual:

2.13.A. ENTERAL NUTRITION (ADMINISTERED ORALLY)

Standards of Coverage

For beneficiaries age 21 and over:

- The beneficiary must have a medical condition that requires the unique composition of the formula nutrients that the beneficiary is unable to obtain from food.
- The nutritional composition of the formula represents an integral part of treatment of the specified diagnosis/medical condition.
- The beneficiary has experienced significant weight loss.

Documentation

Documentation must be less than 30 days old and include:

- Specific diagnosis/medical condition related to the beneficiary's inability to take or eat food.
- Duration of need.
- Amount of calories needed per day.
- Current height and weight, as well as change over time. (For beneficiaries under 21, weight-to-height ratio.)
- Specific prescription identifying levels of individual nutrient(s) that is required in increased or restricted amounts.
- List of economic alternatives that have been tried.
- Current laboratory values for albumin or total protein (for beneficiaries age 21 and over only).

For continued use beyond 3-6 months, the CHCS Program requires a report from a nutritionist or appropriate pediatric subspecialist.

PA Requirements

PA is required for all enteral formula for oral administration.

*MDCH Medicaid Provider Manual,
Medical Supplier Section 2.13A,
January 1, 2013, pages 32-33.*

In the present case, the Department determined that that the Appellant did not meet the standards of coverage for oral enteral nutrition based on the information provided from the doctor's office by phone. On or about [REDACTED] [REDACTED] received a telephonic

██████████
Docket No. 2013-41768 PAM
Decision & Order

request from the Appellant's physician's office requesting Ensure 2,000 calories per day for the Appellant. Diagnoses of dysphagia and achalasia were reported. The Appellant's height was █████ inches and his weight was █████ lbs. The caller indicated it was unknown if economic alternatives had been trialed and there was no current lab work. █████ physician reviewer called the Appellant's doctor. The Appellant's doctor stated that Appellant does not suffer from dysphagia and achalasia. The doctor further stated the Appellant had an EGD with botox on █████ and then failed to follow up with this physician on █████ and has not followed up since. The █████ physician reviewer denied the request for Ensure due to insufficient current information to determine if there is a current need for the formula. The █████ Project Manager also noted that the height and weight information provided indicate a BMI of █████, which is considered overweight. (Exhibit 1, pages 3-4; Pacer Project Manager Testimony)

The Appellant disagrees with the denial and testified the doctor has made several requests and wrote a letter stating the Appellant needs Ensure to maintain his weight. The Appellant and his wife explained that they have tried economic alternatives, purchasing several blenders and mixes. They have tried everything, but the alternatives all come back up. The Appellant pukes all the time. The Appellant cannot even drink coffee. The Appellant cannot eat any foods, even his favorites. The Appellant used to weight 265 lbs. and lost over 100 lbs. in six months. The Appellant feels good taking the Ensure and currently weighs █████ lbs. (Appellant and Wife Testimony)

While this ALJ is sympathizes with the Appellant's circumstances, the request for Ensure must be reviewed under the above cited criteria. Based on the information submitted to █████, the Appellant did not meet the standards of coverage for enteral nutrition for this request. It appears that for past prior authorization requests sufficient information was provided to allow for approvals of Ensure from █████ through █████ and █████ through █████. However, when the █████ physician reviewer spoke with the Appellant's doctor in █████ the Appellant's doctor stated that Appellant does not suffer from dysphagia and achalasia. Other required information was not provided by the doctor's office, such as the current lab value for albumin or total protein. (Exhibit 1, pages 3-4) The Department's determination must be upheld because the Appellant did not meet the criteria in the Medicaid policy for enteral nutrition for the █████ prior authorization request based on the information provided by his doctor's office.

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 Ensure 2,000 calories per day based upon the submitted information.

