

**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. 2013-58306 TRN  
Case No.

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 \_\_\_\_\_ . Appellant appeared and testified 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 requests for medical transportation reimbursement for trips 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. Appellant is a Medicaid beneficiary.
2. Appellant lives in \_\_\_\_\_ . (Exhibit 1)
3. The Department received Medical Transportation Statements from Appellant requesting mileage reimbursement for appointments at a podiatrist's office in \_\_\_\_\_ . Appellant submitted reimbursement requests for 5 visits in \_\_\_\_\_ , 4 visits in \_\_\_\_\_ , 2 visits in \_\_\_\_\_ and 3 visits in \_\_\_\_\_ . (Testimony)
4. On \_\_\_\_\_ , the Department denied Appellant's requests for medical transportation mileage reimbursement to the podiatrist's office in \_\_\_\_\_ , Michigan based on the 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 A, p 4)

5. On \_\_\_\_\_, Appellant's Request for Hearing was received by the Michigan Administrative Hearing System. (Exhibit 1)

### **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.

**Docket No. 2013-58306 TRN**  
**Decision and Order**

- 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.**"

**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, January 1, 2011  
(Underline added by ALJ)

The Department's eligibility specialist testified that Appellant's request for medical transportation reimbursement to a doctor's office in \_\_\_\_\_ was denied because the services would be available locally. The Department's eligibility specialist indicated that the only exception to the rule is if a beneficiary provides a referral from her doctor indicating that the services are not available locally. The Department's eligibility specialist also indicated that requests for reimbursement can only go back 90 days.

Appellant testified that she has been seeing the podiatrist in \_\_\_\_\_ for about four years due to complications from her diabetes. Appellant indicated that her original podiatrist in \_\_\_\_\_ was not treating her condition properly, so she sought a second opinion from another podiatrist in \_\_\_\_\_. Appellant testified that the second \_\_\_\_\_ podiatrist referred her to an infectious disease doctor in \_\_\_\_\_, who then referred her to the \_\_\_\_\_ podiatrist. Appellant indicated that she never provided the Department with a copy of the referral because it had occurred so long ago. Appellant testified that she just realized this year that she might be eligible for mileage reimbursement through the Department and that she had not sought such reimbursement in the past.

**Docket No. 2013-58306 TRN**  
**Decision and Order**

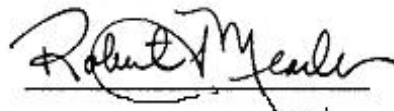
Appellant lives in \_\_\_\_\_ and the podiatrist's office at issue for this denial of medical transportation reimbursement requests is a podiatrist located in \_\_\_\_\_. While Appellant did have a referral to see the podiatrist in \_\_\_\_\_, she never provided that referral to the Department. As such, the information available to the Department at the time of the denial was not sufficient to establish that Appellant must see a physician in \_\_\_\_\_. Accordingly, the Department's determination to deny the Appellant's requests for medical transportation reimbursement to the clinic her doctor's office in \_\_\_\_\_ must be upheld.

**DECISION AND ORDER**

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

**IT IS THEREFORE ORDERED** that:

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



Robert J. Meade  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

cc:

Date Signed: September 13, 2013

Date Mailed: September 13, 2013

**\*\*\* 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.