

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:

██████████,

Appellant.

_____ /

Docket No. 14-013220 MHP
Case No. ██████████

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. All parties appeared by telephone.

Appellant testified on her own behalf and had no witnesses. ██████████, paralegal, represented ██████████, the Respondent Medicaid Health Plan ("MHP"). ██████████, Medical Director, testified as a witness for Respondent.

ISSUE

Did the MHP properly deny Appellant's prior authorization request for back 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. Appellant is a ██████ year-old female Medicaid beneficiary enrolled in the Respondent MHP. Appellant's MA category is MA-LIF.
2. On or about ██████████, the MHP received a prior authorization request submitted on Appellant's behalf for a lumbar laminectomy and fusion with a diagnosis of spondylolisthesis. (Exhibit A.38-40).
3. Appellant is obese. (Exhibit A.39).
4. On ██████████, the MHP sent Appellant written notice that the prior authorization request was being denied. (Respondent's Exhibit A, page 3), stating in part that the MRI submitted does not match with Appellant's symptoms; the MRI did not show a moderate or severe structural problem that would help the symptoms if surgery was done, and that the surgery does not meet the Health Plan rules. (Exhibit A.3).

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5. Pursuant to Appellant's request, the MHP conducted an internal review which resulted in the Medical Director's affirming the initial denial for not meeting AHP guidelines: "...the symptoms are not rapidly progressive and do not correlate with the MRI findings." (Exhibit A.2).
6. On ██████████, the Michigan Administrative Hearing System (MAHS) received the Request for Hearing filed by Appellant in this matter.

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.

In 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans.

The Respondent is one of those MHPs and, as provided in the Medicaid Provider Manual (MPM), is responsible for providing covered services pursuant to its contract with the Department:

The Michigan Department of Community Health (MDCH) contracts with Medicaid Health Plans (MHPs), selected through a competitive bid process, to provide services to Medicaid beneficiaries. The selection process is described in a Request for Proposal (RFP) released by the Office of Purchasing, Michigan Department of Technology, Management & Budget. The MHP contract, referred to in this chapter as the Contract, specifies the beneficiaries to be served, scope of the benefits, and contract provisions with which the MHP must comply. Nothing in this chapter should be construed as requiring MHPs to cover services that are not included in the Contract. A copy of the MHP contract is available on the MDCH website. (Refer to the Directory Appendix for website information.) MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies. (Refer to the General Information for Providers and the Beneficiary Eligibility chapters of this manual for additional information.) Although MHPs must provide the full range of covered services listed below,

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MHPs may also choose to provide services over and above those specified. MHPs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Medicaid requirements. The following subsections describe covered services, excluded services, and prohibited services as set forth in the Contract.

*MPM, October 1, 2013 version
Medicaid Health Plan Chapter, page 1
(Underline added by ALJ)*

As stated above, a MHP “must operate consistent with all applicable Medicaid Provider Manuals and publications for coverages and limitations.” Here, the pertinent section of the MPM states:

SECTION 12 – SURGERY - GENERAL

Medicaid covers medically necessary surgical procedures.

*Medicaid Provider Manual, Practitioner
Version Date: October 1, 2013, Page 60
(Underline added by ALJ).*

Here, the MHP follows MCG Inpatient & Surgical Care guidelines (18th Edition). Specifically, as applicable to the facts herein, these guidelines state that with regard to a lumbar fusion, and, lumbar spondylolithesis, the procedure is indicated when 1 or more of the criteria identified in the MCG Inpatient & Surgical Care Guidelines are met (Exhibit A.44-45).

Here, the MHP indicated that the MRI does not show that Appellant has a problem that matches with her symptom-there is no evidence of either a moderate or severe structural problem that, if fixed, would help the symptoms. The Health Plan requires that the medical evidence be consistent with the symptoms. These Guidelines are consistent with the Medicaid standard of coverage to only prior authorize medically necessary treatment for surgery, and, which are consistent with the allowable criteria under the DCH-MHP contract provisions.

Appellant bears the burden of proving by a preponderance of the evidence that the MHO erred in denying her request for back surgery.

Here, based on the evidence presented in this case, the MHP properly denied Appellant’s request for back surgery based on MPM and the MHP Guidelines. As such, the denial was proper.

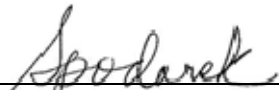
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DECISION AND ORDER


The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the MHP properly denied Appellant's request for back surgery.

IT IS THEREFORE ORDERED that:

The Medicaid Health Plan's decision is **AFFIRMED**.




Janice Spodare,
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Community Health

Date Signed: 

Date Mailed: 

JS/ 

cc: 

***** 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 60 days of the mailing date of the Decision and Order or, if a timely request for rehearing was made, within 60 days of the mailing date of the rehearing decision.