

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

P.O. Box 30763, Lansing, MI 48909
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IN THE MATTER OF:

Docket No. 14-013222 HMS

██████████

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

After due notice, a hearing was held on ██████████. Appellant appeared and testified on his own behalf. ██████████, Supervisor of Appeals and Grievances, represented ██████████, the Respondent Medicaid Health Plan (MHP). ██████████, Medical Director at the MHP, testified as a witness for Respondent.

ISSUE

Did the MHP properly deny Appellant's request for a computed tomography (CT) scan of his abdomen?

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 male enrolled with the Respondent MHP. (Respondent's Exhibit A, pages 4).
2. On or about ██████████, the MHP received a prior authorization request submitted on behalf of Appellant and requesting a CT scan of his abdomen. (Respondent's Exhibit A, pages 3-12).
3. The request and the supporting medical documentation attached to the request indicated that Appellant had been diagnosed with Hepatitis C and abdominal pain. (Respondent's Exhibit A, pages 4-11).
4. The supporting documentation also indicated that the CT scan was being requested in order to rule out cirrhosis. (Respondent's Exhibit A, page 4).

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5. On [REDACTED], the MHP sent written notice that the request for a CT scan of the abdomen was denied. (Respondent's Exhibit A, pages 16-20).
6. Specifically, the notice stated that the request was being denied based on InterQual Guidelines and that:

You must meet the rules for CT scan of the Abdomen. Information we received shows that you have hepatitis c, but it does not show results of a recent sound-wave test, such as an ultrasound, showing an abnormality that needs further testing. You do not meet the rules for this test.

Respondent's Exhibit A, page 16

7. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received the Request for Hearing filed by Appellant in this matter. (Respondent's Exhibit A, page 2).

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

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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, 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.

Medicaid Provider Manual, July 1, 2014 version
Medicaid Health Plan Chapter, page 1
(Emphasis added by ALJ)

Here, the MHP's witness testified that the request for an abdominal CT scan was denied pursuant to the InterQual Guidelines used by the MHP to review prior authorization requests. Specifically, [REDACTED] noted that, while the request only indicated that the CT scan was being requested to rule out cirrhosis, lower cost tests, such as an ultrasound, could provide that information and the guidelines require additional reasons, such as the presence of a liver mass, for requesting a CT scan instead of an ultrasound.

Appellant bears the burden of proving by a preponderance of the evidence that the MHP erred in denying his request. Moreover, this Administrative Law Judge is limited to reviewing the MHP's decisions in light of the information it had at the time it made that decision.

In this case, given the information available at the time the MHP made the disputed decision, the undersigned Administrative Law Judge finds that Appellant has failed to meet his burden of proof and that the decision to deny the prior authorization request must therefore be affirmed. Appellant testified that he is following his doctor's directions and wants to discover the reasons for his abdominal pain, but he has no information as to why his doctor requested a CT scan instead of an ultrasound. The MHP must rely on what was submitted and, in this case, the submitted documentation failed to demonstrate that Appellant met all of the requirements for a CT scan of the abdomen.

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To the extent Appellant obtains additional or updated information regarding his medical conditions and why his doctor believes that a CT scan, as opposed to an ultrasound, is necessary, he is free to have his doctor resubmit the request for a CT scan, along with all the relevant documents and information. However, with respect to the decision at issue in this case, the MHP's actions must be affirmed given the available information.

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 a CT scan of his abdomen.

IT IS THEREFORE ORDERED that:

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



Steven Kibit
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

SK/db

cc: [REDACTED]

***** 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.