

STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARINGS SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH
P.O. Box 30763, Lansing, MI 48909
Phone: (517) 335-2484; Fax: (517) 373-4147

IN THE MATTER OF:

██████████,
Appellant
_____ /

CASE INFORMATION

Docket No.: 14-016555 PA
██████████
Respondent: Michigan Department of
Community Health

HEARING INFORMATION

Hearing Date: ██████████
Start Time: ██████████

DECISION AND ORDER

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

Upon Appellant's request for hearing, and after due notice, a telephone hearing was held on ██████████. Appellant appeared and testified. ██████████ Appeals Review Officer, appeared on behalf of the Respondent, Michigan Department of Community Health (MDCH, Respondent or Department). ██████████ RN, Patient Project Manager for ██████████, appeared and testified on Respondent's behalf. At the commencement of the hearing, the Respondent raised the possibility that jurisdiction was lacking because the issue is resolved and there is no longer a denial, reduction, suspension or termination of a requested Medicaid covered service.

ISSUE

Did the Department properly deny the Appellant's prior authorization request for inpatient surgery?

FINDINGS OF FACT

1. ██████████ is contracted with by the MDCH to certify as appropriate for Medicaid Fee for Service for all elective inpatient hospital admissions.
2. Appellant was an enrolled member of ██████████ at the time of the request for services and continues to be enrolled.
3. The ██████████ Handbook was sent at the time of enrollment.

4. The ██████████ Handbook outlines coverage, prior authorization requirements, limitations and exclusions, and pharmacy guidelines.
- 5.
6. On ██████████, Appellant's physician filed a request with ██████████ requesting elective inpatient Prior Authorization Certification Evaluation Review (PACER) for Dilatation and Curettage with frozen section, robotic Laparoscopic Supracervical Hysterectomy with bilateral salpingo-oophorectomy, and uterostatal ligament suspension rectocele/cyto.
7. On ██████████, the review was sent to the ██████████ Medical Reviewer.
8. On ██████████, the Medical Reviewer denied the request stating that a ██████████ hour observation (outpatient) surgery was appropriate for the requested medically necessary procedure.
9. On ██████████, Appellant filed a request for hearing with the Michigan Administrative Hearing System for the Department of Community Health (MDCH) to contest the denial for prior authorization for inpatient stay for surgery.
10. The surgery was subsequently performed as an outpatient surgery.
11. All parties conceded on the record that the issue before the Administrative Law Judge is now moot because the surgery has been performed as an outpatient procedure.

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.

1.10 PRIOR AUTHORIZATION

Medicaid requires prior authorization (PA) to cover certain services before those services are rendered to the beneficiary. The purpose of PA is to review the medical need for certain services. . . .

Medicaid Provider Manual, (MPM)
Practitioner, January 1, 2013,¹ page 4.

¹ This edition of the MPM is identical to the version in place at the time of negative action.

██████████
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In the instant case, ██████████ appropriately determined that the Appellant's surgery could be performed as an outpatient/██████ hour observation procedure rather than in-patient procedure and properly denied the prior authorization request for inpatient services. The surgery has been performed as an outpatient procedure. Appellant has received the medically necessary services that she requested.

Given that the issue has been resolved, it is determined that ██████████ determination to deny in-patient services was appropriate under the circumstances and must be upheld.

DECISION AND ORDER

Based on the above findings of fact and conclusions of law, the Administrative Law Judge finds that the issue of whether or not it was proper for ██████████ to deny Appellant's request for in-patient surgery is resolved/moot because the procedure was already performed as an outpatient procedure.

IT IS HEREBY ORDERED:

Accordingly, ██████████ Decision is AFFIRMED.

If you have any questions, please contact the Michigan Administrative Hearing System at (877) 833-0870.



Landis Y. Lain
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Community Health

Date Signed: ██████████

Date Mailed: ██████████

LYL/db

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 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.