

**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. 14-017861 PA
Case No. ██████████

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 telephone conference hearing was held on ██████████. Appellant appeared and testified. Witnesses on behalf of Appellant included: ██████████, Dr. ██████████, DMD, University of Michigan.

██████████, Appeals Review Officer, represented the Department of Community Health (Department). ██████████, Medicaid Utilization Analyst, and Dr. ██████████, M.D., appeared as witnesses on behalf of the Department.

ISSUE

Did the Department properly deny Appellant's request for prior authorization (PA) for 2 piece lefort, BSSO, and genioplasty?

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 beneficiary of the Medicaid program administered by the State of Michigan MDCH.
2. On ██████████ the Oral and Maxillofacial Surgery Department at the ██████████ Health System filed a PA request for a 2 piece lefort osteotomy, BSSO, and genioplasty. Appellant's diagnoses include maxillary hypoplasia, mandibular hypoplasia, overjet 8mm, overbite 4mm, lip incompetence, and masticatory dysfunction. (Exhibit A.5). The PA included a ██████████ dental evaluation. (Exhibit A.6-10).
3. On ██████████, the Department issued a denial on the grounds that the surgery was not found to be medically necessary based on the Medicaid Provider Manual (MPM) Noncovered Services Section 8.3. (Exhibit A.11).

4. On ██████████, the Michigan Administrative Hearing System (MAHS) received Appellant's Request for Hearing.

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. . . .

SECTION 10 - PRIOR AUTHORIZATION

10.1 GENERAL INFORMATION

There may be occasions when a beneficiary requires services beyond those ordinarily covered by Medicaid or needs a service that requires prior authorization (PA). In order for Medicaid to reimburse the provider in this situation, MDCH requires that the provider obtain authorization for these services before the service is rendered. Providers should refer to their provider-specific chapter for PA requirements.

(Refer to the Directory Appendix for contact information for PA.)

Medicaid Provider Manual, (MPM)
General Information for Providers.
Section 10, MPM Version January 1, 2015

For Dental Surgery, as requested herein, a PA is required. MPM.

With regards to Noncovered Services, Section 8.3 of the General Information for Providers Chapter lists certain procedures that are not covered by the Medicaid program. Among them are: "All services or supplies that are not medically necessary." Page 18.

Medicaid dental services policy is found in the MPM Chapter titled "Dental."

Here, Appellant argues that she needs the surgery, and without it, she will not be able to chew. Appellant further argues that the evidence meets the criteria required in the MPM.

The Department argues that based on the evidence submitted, the requirements in the MPM are not met. Specifically, the Department testified that the accompanying progress notes of ██████████ are dated, and do not clearly lay out where Appellant is in the treatment

plan. The information regarding TMJ was not clear; and having clear photos would be helpful. The Department further testified that while it denied based on the not medically necessary criteria, in the alternative, the information submitted was insufficient.

The purview of an administrative law judge (ALJ) is to review the Department's action and to make a determination if those actions are in compliance with Department policy, and not contrary to law. The ALJ must base the hearing decision on the preponderance of the evidence offered at the hearing or otherwise included in the record. The ALJ at an administrative hearing must base a decision upon the evidence of record focusing at the time of the assessment.

After a careful review of the credible and substantial evidence, this ALJ finds that appellant failed to meet her burden of proof by a preponderance of evidence to show that the Department's denial is contrary to federal or state law, or Department policy and procedure. The denial is supported by the evidence available. Thus, the denial is upheld.

Appellant understands that she may reapply. The Department also informed Appellant as to what evidence the Department would be need to do a more complete assessment for eligibility.

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 PA request for 2 pice lefort, BSSO, and genioplasty.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.



Janice Spodarek

Administrative Law Judge
for Nick Lyon, Director

Michigan Department of Community Health

cc: [REDACTED]
[REDACTED]
[REDACTED]

JS/ [REDACTED]

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

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Decision and Order

***** 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.