

**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. 2014-10156 QHP
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.*, following Appellant's request for a hearing.

After due notice, a hearing was held ██████████. Appellant appeared and testified on her own behalf.

██████████, Inquiry Dispute Appeals Resolution Coordinator, represented ██████████ of Michigan, the Medicaid Health Plan ("MHP"). ██████████, Medical Director, appeared as a witness for the MHP.

ISSUE

Did the Department properly deny Appellant's prior-authorization (PA) request for an MRI of her abdomen?

FINDINGS OF FACT

The Administrative Law Judge (ALJ), based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Appellant is a Medicaid beneficiary enrolled with ██████████ of Michigan.
2. On ██████████, Appellant's physician-██████████ of ██████████ - filed a prior authorization request with MHP for an MRI of Appellant's abdomen and pelvis. (Exhibit A.15)
3. On ██████████ the MHP issued a denial notice stating that the information provided by Appellant's physician "does not show severe pain on exam" or "results of other tests that are not clear". (Exhibit A.19-22)
4. On ██████████, the Michigan Administrative Hearing System

received Appellant's hearing request.

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.

On May 30, 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 Medicaid Health Plans.

The covered services that the Contractor has available for enrollees must include, at a minimum, the covered services listed below (List omitted by Administrative Law Judge). The Contractor may limit services to those which are medically necessary and appropriate, and which conform to professionally accepted standards of care. The Contractor must operate consistent with all applicable Medicaid provider manuals and publications for coverages and limitations. If new services are added to the Michigan Medicaid Program, or if services are expanded, eliminated, or otherwise changed, the Contractor must implement the changes consistent with State direction in accordance with the provisions of Contract Section 2.024.

*Section 1.022(E)(1), Covered Services.
MDCH contract (Contract) with the Medicaid Health Plans,
October 1, 2009.*

(1) The major components of the Contractor's utilization management (UM) program must encompass, at a minimum, the following:

- (a) Written policies with review decision criteria and procedures that conform to managed health care industry standards and processes.
- (b) A formal utilization review committee directed by the Contractor's medical director to oversee the utilization review process.

- (c) Sufficient resources to regularly review the effectiveness of the utilization review process and to make changes to the process as needed.
- (d) An annual review and reporting of utilization review activities and outcomes/interventions from the review.
- (e) The UM activities of the Contractor must be integrated with the Contractor's QAPI program.

(2) Prior Approval Policy and Procedure

The Contractor must establish and use a written prior approval policy and procedure for UM purposes. The Contractor may not use such policies and procedures to avoid providing medically necessary services within the coverages established under the Contract. The policy must ensure that the review criteria for authorization decisions are applied consistently and require that the reviewer consult with the requesting provider when appropriate. The policy must also require that UM decisions be made by a health care professional who has appropriate clinical expertise regarding the service under review.

*Section 1.022(AA)(1) and (2),
Utilization Management, Contract,
January, 2013.*

The MPH policy in this case utilizes InterQual guidelines for utilization management determinations (approved by MDCH during the ██████████ plan evaluation). Imaging criteria for a computed tomography (CT) of the abdomen and pelvis is found in section 2012.2. Under S 2012.2, subsection 500-acute abdominal pain of unknown etiology- the InterQual guidelines lay out indications that would allow for authorization. (Exhibit A.3,4) Specifically, InterQual Imaging Criteria requires evidence of abdominal tenderness and/or other diagnostic tests.

In this case, evidence indicates that the tenderness was by patient self-report, and not physician assessment. In addition, evidence submitted by Appellant's physician did not contain sufficient other diagnostic tests to support the requirements in the InterQual guidelines. The criteria required by subsection 500 was not shown by the documentation submitted by Appellant's physician. (Exhibit A.3,4)

The QHP's Medical Director testified that Appellant's request for an MRI of Appellant's abdomen and pelvis were denied because the supporting documentation did not meet the specific InterQual guidelines. As the MHP's decision is supported by the Department's policy, this ALJ must find that the decision by the MHP was supported by credible and substantial evidence on the record and thus, is affirmed.

It is noted that Appellant indicated that she recently had an ultrasound that may provide the necessary documentation. Appellant understands that any studies done after the denial are not part of this evidentiary record. Appellant understand that she may reapply.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the denial of the Appellant's request for prior-authorization for a CT of the abdomen and pelvis was supported by Medicaid Policy.

IT IS THEREFORE ORDERED that:

MHP's decision is **AFFIRMED**.

Janice Spodarek
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

cc: [REDACTED]

Date Signed: February 12, 2014

Date Mailed: February 12, 2014

***** 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.