

**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. 2014-27070 PA
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.*, upon Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. ██████████, Appellant's grandmother, appeared and testified on Appellant's behalf. ██████████, Appeals Review Officer, represented the Respondent, Department of Community Health (DCH or Department). ██████████, Department Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny the Appellant's prior authorization request for a Cascade DAFO #4 supramalleolar ankle foot orthotics and addition?

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 Medicaid beneficiary, born ██████████, who has been diagnosed with autism and other special needs. (Exhibit A, pp 4, 6; Testimony)
2. On or about ██████████, the Department received a prior authorization request for a Cascade DAFO #4 supramalleolar ankle foot orthotics and addition. The diagnoses for Appellant listed in the prior authorization request were calcaneal valgus, severe pronation, and abnormality of gait. (Exhibit A, pp 6-9; Testimony)
3. On ██████████, the prior authorization request was reviewed by a physician, who determined that the device would be denied because it was not covered for Appellant's diagnoses. (Exhibit A, pp 5-6)

4. On ██████████, the Department issued a Notification of Denial to the Appellant and provider. (Exhibit A, p 5)
5. On ██████████, the Michigan Administrative Hearing System received the hearing request filed on Appellant's behalf. (Exhibit 1)

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.

The Medicaid Provider Manual, Medical Supplier Chapter, §2.24 Orthopedic Footwear, October 1, 2013, pp 51-52 states:

2.24 ORTHOPEDIC FOOTWEAR

Definition

Orthopedic footwear may include, but are not limited to, orthopedic shoes, surgical boots, removable inserts, Thomas heels, and lifts.

Standards of Coverage

Orthopedic shoes and inserts may be covered if any of the following applies:

- Required to accommodate a leg length discrepancy of ¼ inch or greater or a size discrepancy between both feet of one size or greater.
- Required to accommodate needs related to a partial foot prosthesis, clubfoot, or plantar fasciitis.
- Required to accommodate a brace (extra depth only are covered).

Surgical Boots or Shoes may be covered to facilitate healing following foot surgery, trauma or a fracture.

Noncovered Items

Shoes and inserts are noncovered for the conditions of:

- Pes Planus or Talipes Planus (flat foot)

- Adductus metatarsus
- Calcaneus Valgus
- Hallux Valgus

Standard shoes are also noncovered.

Documentation

- Documentation must be less than 60 days old and include the following:
 - Diagnosis/medical condition related to the service requested.
 - Medical reasons for specific shoe type and/or modification.
 - Functional need of the beneficiary.

Reason for replacement, such as growth or medical change.

CSHCS requires a prescription from an appropriate pediatric subspecialist.

PA Requirements

PA is not required for the following items if the Standards of Coverage are met:

- Surgical boots or shoes.
- Shoe modifications, such as lifts, heel wedges, or metatarsal bar wedges up to established quantity limits.
- Orthopedic shoe to accommodate a brace.
- Orthopedic shoes and inserts when the following medical conditions are present:
 - Plantar Fascial Fibromatosis
 - Unequal Leg Length (Acquired)
 - Talipes Equinovarus (Clubfoot)

- Longitudinal Deficiency of Lower Limb, Not Elsewhere Classified
- Unilateral, without Mention of Complication (Partial Foot Amputation)
- Unilateral, Complicated (Partial Foot Amputation)
- Bilateral, without Mention of Complication (Partial Foot Amputation)
- Bilateral, Complicated (Partial Foot Amputation)

PA is required for:

- All other medical conditions related to the need for orthopedic shoes and inserts not listed above.
- All orthopedic shoes and inserts if established quantity limits are exceeded.
- Medical need beyond the Standards of Care.
- Beneficiaries under the age of 21, replacement within six months.
- Beneficiaries over the age of 21, replacement within one year.

Payment Rules

These are **purchase only** items.

*MDCH Medicaid Provider Manual,
Medical Supplier Section
October 1, 2013, pp 51-52*

The Department's witness testified that Appellant's prior authorization request for a Cascade DAFO #4 supramalleolar ankle foot orthotics and addition was denied because the items are not covered with Appellant's diagnoses. The Department's witness indicated that the information submitted only showed that Appellant had flat feet, which is not a covered diagnosis.

Appellant's grandmother testified that Appellant does have flat feet, but that he needs the orthotics because his feet point outwards. Appellant's grandmother indicated that

Docket No. 2014-27070 PA
Decision and Order

the professionals she has talked to have told her that without some type of orthotics, Appellant's knees and hips will also be negatively affected. Appellant's grandmother testified that Appellant has autism and other special needs and walks terribly. Appellant's grandmother indicated that Appellant is 16 years old and she simply wants to try to make his life a little easier.

The Department's witness suggested that Appellant take the evidence packet back to Appellant's doctor so that he or she can write a new prescription that better identifies Appellant's condition and why he needs the orthotics, which could be resubmitted to the Department with a new prior authorization request. The Department witness reiterated that the information submitted said nothing about Appellant's gait; the only information submitted related to his flat feet.

Based on the documentation submitted, Appellant did not meet the Medicaid standards of coverage and documentation requirements to establish medical necessity for the requested Cascade DAFO #4 supramalleolar ankle foot orthotics and addition. As indicated in the above cited policy, shoes and inserts are non-covered items for Appellant's diagnoses. The undersigned administrative law judge must base his decision on the information the Department had at the time the prior authorization was denied and has not authority to overrule decisions that conform to policy. Based on that information, the denial was proper. Accordingly, the Department's denial must be upheld.

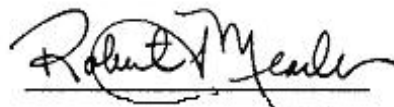
Appellant can resubmit a new prior authorization request for consideration as indicated above.

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 request for a Cascade DAFO #4 supramalleolar ankle foot orthotics and addition based on the submitted documentation.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.



Robert J. Meade
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

Docket No. 2014-27070 PA
Decision and Order

cc:

[REDACTED]

[REDACTED]

Date Signed: March 26, 2014

Date Mailed: March 26, 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.