

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. 2014-35559 QHP
Case No. ██████████

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37, and upon a request for a hearing filed on behalf of the minor Appellant.

After due notice, a hearing was held on ██████████. ██████████, Appellant's mother, appeared on Appellant's behalf. ██████████, Manager Medicaid Products, appeared on behalf of the Medicaid Health Plan, ██████████ (██████████ or MPH).

ISSUE

Did ██████████ properly deny Appellant's request for physical therapy?

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 ██████████. Appellant suffers from bilateral hip pain that began on or around ██████████. (Exhibit A, p. 16; Testimony)
2. Prior to ██████████, ██████████ approved physical therapy for the Appellant to treat the bilateral hip pain. (Exhibit A p. 1, 10; Testimony)
3. On ██████████, ██████████ received from ██████████ Physical Therapy & Rehabilitation (WCPTR) a prior authorization request for continued physical therapy. (Exhibit A, pp. 6-9; Testimony)
4. On ██████████, ██████████ sent WCPTR a notice of denial regarding the ██████████ prior authorization request. The notice indicated ██████████ had denied the request as the physical therapy was not

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related to illness, injury or a congenital defect for which the Appellant had received corrective surgery. (Exhibit A, p. 33; Testimony)

5. On ██████████, WCPTR filed an appeal with ██████████ requesting an internal review. (Exhibit A, pp. 10-28; Testimony)
6. On ██████████, ██████████ the Appellant and WCPTR written notice indicating the prior authorization request was being denied after the request was reviewed a second time. (Exhibit A, pp. 34, 35)
7. On ██████████, the Michigan Administrative Hearing System (MAHS) received a request for hearing filed on behalf of Appellant.

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 in one of those Medicaid Health Plans and, regarding such plans, the Michigan Medicaid Provider Manual states:

SECTION 1 – GENERAL INFORMATION

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 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

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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, Medicaid Health Plan (MHPs)*, October 1, 2013, p. 1 (emphasis added)].

The ██████████ Medicaid Program Certificate of Coverage – Short Term Rehabilitative Therapy, provides:

Physical therapy . . . [is] covered for treatment of medical diagnosis if due to:

- a. An injury
- b. An illness, or
- c. A congenital defect for which you have received corrective surgery.

In addition, the ██████████ Medical Policy No. 91318-R10 Rehabilitative & Habilitative Medicine Services states:

The following services are excluded from coverage. . .
[l]ong-term treatment for patients with chronic (non-acute) musculoskeletal aches and pains.

Exhibit A, p. 9

Appellant bears the burden of proving by a preponderance of the evidence that ██████████ erred in denying her request for physical therapy based on the information submitted. Here, Appellant has failed to meet that burden of proof.

██████████ witness testified that Appellant's request for physical therapy was properly denied based on the above-cited policies. ██████████ witness indicated that Appellant was approved for short-term physical therapy and that continued therapy was denied as the progress was limited and the physical therapy was not related to an illness, injury or a congenital defect for which corrective surgery was received.

Appellant's mother testified that, while she agrees that Appellant's condition is chronic, the symptoms would have been markedly improved had they gone more than once a week and but for an injury to her own foot they would have.

The MPH, and likewise the undersigned administrative law judge are bound by the policies set forth in the Medicaid Provider Manual. The preponderance of the evidence

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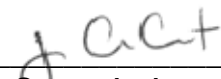
in this case shows that while the physical therapy requested by the Appellant might certainly offer him some benefit, physical therapy is simply not authorized through Medicaid for persons with Appellant's diagnoses. Appellant is not eligible for short-term physical therapy because the therapy is not required treatment for an illness, an injury, or a congenital defect for which Appellant has received corrective surgery. Accordingly, the Appellant has failed to demonstrate that [REDACTED] erred by denying the physical therapy.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that [REDACTED] properly denied Appellant's request for physical therapy.

IT IS THEREFORE ORDERED that:

The Medicaid Health Plan's decision is **AFFIRMED**.



Corey A. Arendt
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

cc: [REDACTED]

CAA [REDACTED]

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

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***** 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.