

**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:

Docket No. 2014-35960 QHP

██████████

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██████████

Appellant.

_____ /

DECISION AND ORDER

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

After due notice, a hearing was held on ██████████, Appellant's husband, appeared and testified on Appellant's behalf. ██████████, Appeals Coordinator, represented ██████████, the Respondent Medicaid Health Plan ("MHP"). ██████████, the Medical Director for the MHP, testified as a witness for Respondent.

ISSUE

Did the MHP properly deny Appellant's prior authorization request for a total laparoscopic hysterectomy?

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 enrolled in the Respondent MHP. (Respondent's Exhibit A, page 17).
2. On ██████████ the MHP received a prior authorization request submitted on behalf of Appellant from her medical provider and requesting a total laparoscopic hysterectomy. (Respondent's Exhibit A, pages 16-23).
3. Documentation submitted along with that request indicated that Appellant has been diagnosed with uterine fibroids; metrorrhagia; a thickened endometrium; and a past medical history of asthma, hypertension, and angina NOS. (Respondent's Exhibit A, pages 17-18, 20-23).
4. That documentation also indicated that Appellant's uterus was "Bulky, Enlarged, Size ██████ weeks, irregular". (Respondent's Exhibit A, page 19).

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5. On ██████████, the MHP sent Appellant written notice that the request for a total laparoscopic hysterectomy was being denied. (Respondent's Exhibit A, pages 24-25).
6. Regarding the reason for the denial, the notice stated:

Your request was denied based on InterQual CP: Procedures Subset Hysterectomy, Abdominal, +/- BSO criteria.

Reason for the Denial

InterQual CP: Procedures Subset Hysterectomy Abdominal, +/- BSO criteria guideline requires documentation showing the uterus is at least █ weeks in size by physical examination and the information sent shows that the member with a bulky enlarged size uterus █ weeks in size per physical exam therefore not meeting criteria guidelines.

Respondent's Exhibit A, page 24

7. On ██████████, the Michigan Administrative Hearing System (MAHS) received the Request for Hearing filed in this matter. (Petitioner's Exhibit 1, pages 1-2).

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 one of those MHPs and, as provided in the Medicaid Provider Manual (MPM), is responsible for providing covered services pursuant to its contract with the Department:

The Michigan Department of Community Health (MDCH) contracts with Medicaid Health Plans (MHPs), selected

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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 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.

*MPM, April 1, 2014 version
Medicaid Health Plan Chapter, page 1
(Emphasis added by ALJ)*

Here, the MHP has developed prior authorization requirements and utilization management and review criteria. Specifically, it reviews prior authorization requests under the InterQual Guidelines. With respect to hysterectomies, those guidelines describe both a number of clinical scenarios and the requirements for approving a hysterectomy in each scenario. (Respondent's Exhibit A, pages 3-15; Testimony of ██████████).

In particular, the MHP's witness testified that, given the identified diagnoses of uterine fibroids and metrorrhagia, Clinical Scenarios 400 and 600 of the Guidelines apply in this case. (Testimony of ██████████).

Clinical Scenario 400, regarding fibroids in premenopausal women, requires (1) the fibroids be diagnosed by ultrasound; (2) the uterus be greater than or equal to █████ weeks size by physical examination; (3) abnormal bleeding, the uterine size doubled within one year, uterine compression or other associated symptoms; (4) a normal Pap smear within the last year; and (5) the exclusion of pregnancy. (Respondent's Exhibit A, page 4).

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Clinical Scenario 600, regarding dysfunctional uterine bleeding (DUB) in premenopausal women, requires (1) abnormal bleeding for greater than 3 cycles; (2) a physical examination of the vagina and cervix with normal findings; (3) an exclusion of thyroid disease; (4) an exclusion of pregnancy; (5) a normal Pap smear within the last year; (6) a sonohysterogram or ultrasound negative for endometrial lesion; (7) continue bleeding after prescription or treatment, including findings that the bleeding interferes with activities of daily living or that the patient's hematocrit is less than 27%, her hemoglobin is less than 9.0 g/dL, and the bleeding has been unresponsive to iron treatment for greater than ■ weeks. (Respondent's Exhibit A, page 5).

Pursuant to those guidelines, the MHP denied Appellant's request for a total laparoscopic hysterectomy. The evidence and documentation submitted in this case generally provides that Appellant has uterine fibroids and metrorrhagia/ dysfunctional uterine bleeding. However, there is no suggestion that Appellant meets all of the other criteria, including the requirement that Appellant's uterus be measuring greater than or equal to ■ weeks size by physical examination if the hysterectomy is based on fibroids, or the requirement that either the bleeding interferes with activities of daily living or the patient's hematocrit is less than 27%, her hemoglobin is less than 9.0 g/dL, and the bleeding has been unresponsive to iron treatment for greater than ■ weeks, if the hysterectomy is based on dysfunctional uterine bleeding.

Appellant bears the burden of proving by a preponderance of the evidence that the MHP erred in deciding to deny her request. Moreover, this Administrative Law Judge is limited to reviewing the MHP's decision in light of the information it had at the time it made that decision.

In this case, given the information available at the time the MHP made the disputed decision, the undersigned Administrative Law Judge finds that Appellant has failed to meet her burden of proving that the MHP erred and the decision to deny the prior authorization request must therefore be affirmed.

Appellant's representative testified that the hysterectomy is needed because of past blood transfusions, stomach pains/cramps or what he generally called Appellant's host of other health issues. However, that testimony and any other alleged basis for the procedure are not reflected in the documentation submitted along with the prior authorization request. Instead, that documentation only described a need for the hysterectomy due to fibroids or dysfunctional uterine bleeding.

Moreover, as described above, while the submitted documentation identifies that the basis for the request, it did not establish that Appellant met the specific requirements for a total laparoscopic hysterectomy. Similarly, Appellant's representative did not demonstrate that, given the information that was submitted, Appellant met the specific requirements outlined in the guidelines.

To the extent Appellant has additional or updated information to provide, she and her representative are free to submit that information to the MHP as part of a new prior

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authorization request. With respect to the denial at issue in this case, however, the MHP's decision must be affirmed given the information available at the time,

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the MHP properly denied Appellant's prior authorization request for a total laparoscopic hysterectomy.

IT IS THEREFORE ORDERED that:

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



Steven Kibit
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

SK/db

cc: [REDACTED]

***** 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.