

**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. 2014-5005 QHP

██████████

██████████

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 appeared and testified on his own behalf. ██████████ Appeals Coordinator, represented ██████████ the Respondent Medicaid Health Plan ("MHP"). ██████████, a Medical Director at the MHP, testified as a witness for Respondent.

ISSUE

Did the MHP properly deny Appellant's request for a Magnetic Resonance Imaging (MRI) of his brain?

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 5).
2. On or about ██████████, the MHP received a prior authorization request for an MRI of Appellant's brain without contrast. (Respondent's Exhibit A, pages 5-10).
3. That request and its supporting documentation indicated that Appellant had been having headaches for a month. However, no other symptoms were described and it was specifically noted that there were no focal neurological deficits. (Respondent's Exhibit A, pages 5-10).
4. On ██████████, the MHP sent Appellant written notice that the request for a MRI was being denied. (Respondent's Exhibit A, pages 11-14).

**Docket No. 2014-5005 QHP
Decision and Order**

5. Specifically, the denial stated that the request was being denied based on InterQual criteria and that:

A [REDACTED] [REDACTED] doctor looked to see if this test is needed. Accepted rules were used. To have this covered you must meet the rules for MRI of the Brain. The information we received shows that you have headache [sic]. It does not show abnormal eye findings or neurologic deficits on examination, or symptoms such as fainting, nighttime vomiting or awakening from sleep associated with your headache, or persistent headaches despite adequate treatment. You do not meet the rules for this test. Please talk to your provider about your health care options.

Respondent's Exhibit A, page 11

6. On [REDACTED] the Michigan Administrative Hearing System (MAHS) received the Request for Hearing filed by Appellant 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 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

**Docket No. 2014-5005 QHP
Decision and Order**

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, July 1, 2013 version
Medicaid Health Plan Chapter, page 1
(Emphasis added by ALJ)*

The DCH-MHP contract provisions also provide that the MHP may limit services to those that are medically necessary pursuant to its own prior authorization requirements, utilization management or review criteria:

E. Services

(1) Covered Services

The covered services that the Contractor has available for enrollees must include, at a minimum, the covered services listed below. The Contractor may limit services to those which are medically necessary and appropriate, and which conform to professionally accepted standards of care but may not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of the diagnosis, type of illness, or condition of an enrollee. In general, the Contractor is responsible for covered services related to the following:

- The prevention, diagnosis, and treatment of health impairments
- The ability to achieve age-appropriate growth and development

**Docket No. 2014-5005 QHP
Decision and Order**

- The ability to attain, maintain, or regain functional capacity

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.

* * *

AA. Utilization Management

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

- Written policies with review decision criteria and procedures that conform to managed health care industry standards and processes.
- A formal utilization review committee directed by the Contractor's medical director to oversee the utilization review process.
- Sufficient resources to regularly review the effectiveness of the utilization review process and to make changes to the process as needed.
- An annual review and reporting of utilization review activities and outcomes/interventions from the review.
- 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

**Docket No. 2014-5005 QHP
Decision and Order**

decisions be made by a health care professional who has appropriate clinical expertise . . .

*Contract No. 071BXXXXX, Print Version 1/23/2013
Article 1.020 Scope of [Services], pages 22-23, 55
(Emphasis added by ALJ)*

Here, the MHP reviews prior approval requests under the InterQual Imaging guidelines (Respondent's Exhibit A, pages 2-4) and, with respect to MRIs of the brain, those guidelines state in part:

Magnetic Resonance Imaging (MRI), Brain

INDICATION(S)

400 Headache

400 Headache **[One]**

410 Papilledema by PE **[One]**

420 New Headache **[One]**

421 Age \geq 50 and no Hx of headaches

422 Focal neurologic finding by PE

423 Headache with syncope by Hx

424 Mental status changes by Hx/PE

425 Absent venous pulsations by fundoscopic exam

426 Headache onset with exertion/Valsalva maneuver by Hx

427 Headache causes awakening from sleep by Hx

428 Headache with nocturnal vomiting by Hx

430 Chronic Headache **[One]**

431 Focal neurologic finding by PE

432 Headache with syncope by Hx

433 Mental status changes by Hx/PE

434 Worsening of previously stable chronic headache by Hx

*Respondent's Exhibit A, page 2
(Internal footnotes omitted)*

Here, as found above and noted by the Respondent's witness, the documentation submitted along with the prior authorization request merely provides that Appellant has had headaches for a month. No other symptoms were described and it was specifically noted that there were no focal neurological deficits. There was also no further explanation of the reason for the requested MRI or evidence even suggesting that Appellant meets the specific requirements outlined above.

**Docket No. 2014-5005 QHP
Decision and Order**

In response, Appellant testified that he does meet those requirements and that his doctor failed to submit all the relevant information surrounding Appellant's case. However, there was no evidence in the record supporting Appellant's testimony and this Administrative Law Judge is limited to reviewing the MHP's decision in light of the information available at the time it made that decision. Here, given the limited information submitted to the MHP and the clear failure to demonstrate that Appellant met the criteria for the requested procedures, the MHP's decision must be affirmed.

To the extent Appellant has new or updated information to provide, he is free to submit another prior authorization request at any time. The denial at issue in this case, however, must be sustained given the information submitted to the MHP in support of the prior authorization request.

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 request for an MRI of the brain.

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: 1 [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.