

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF COMMUNITY HEALTH**
P.O. Box 30763, Lansing, MI 48909
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IN THE MATTER OF:

██████████,

Appellant

_____ /

Docket No. 14-016582 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 representative, 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 pull on diapers?

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 an ██████ year old female Medicaid beneficiary who receives Medicaid under the MA-Extended Care category.
2. Appellant is a quadriplegic that needs total care and must be transferred via a hooyer lift. Appellant has polymyositis, bilateral AKA incontinent of bowel and bladder, unable to participate in toileting. (Exhibit A.6-7).
3. On or about ██████████ the Department received a prior authorization request for pull on diapers. (Exhibit A.7).
4. On ██████████, the prior authorization request was denied by ██████████ on the grounds that the information provided did not support coverage of

the service for pull-ons. (Exhibit A.4).

5. On ██████████, Appellant filed a hearing request. (Exhibit A.4).

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, §2.19 Incontinent Supplies, , January 1, 2015, pp 42-43 states in part:

2.19 INCONTINENT SUPPLIES

Definition

Incontinent supplies are items used to assist individuals with the inability to control excretory functions. The type of coverage for incontinent supplies may be dependent on the success or failure of a bowel/bladder training program. A bowel/bladder training program is defined as instruction offered to the beneficiary to facilitate:

- Independent care of bodily functions through proper toilet training.
- Appropriate self-catheter care to decrease risk of urinary infections and/or avoid bladder distention.
- Proper techniques related to routine bowel evacuation.

Standards of Coverage (Not Applicable to CSHCS Only Beneficiaries)

Diapers, incontinent pants, liners, and belted/unbelted undergarments without sides are covered for individuals age three or older if both of the following applies:

- A medical condition resulting in incontinence and there is no response to a bowel/bladder training program.
- The medical condition being treated results in incontinence, and beneficiary would not benefit from or has failed a bowel/bladder training program.

Pull-on briefs are covered for beneficiaries ages 3 through 20 when there is the presence of a medical condition causing bowel/bladder incontinence, and one of the following applies:

- The beneficiary would not benefit from a bowel/bladder program but has the cognitive ability to independently care for his/her toileting needs, **or** The beneficiary is actively participating and demonstrating definitive progress in a bowel/bladder program.

Pull-on briefs are covered for beneficiaries age 21 and over when there is the presence of a medical condition causing bowel/bladder incontinence and the beneficiary is able to care for his/her toileting needs independently or with minimal assistance from a caregiver. Pull-on briefs are considered a short-term transitional product that requires a reassessment every six months. The assessment must detail definitive progress being made in the bowel/bladder training. Pull-on briefs covered as a long-term item require a reassessment once a year or less frequently as determined by MDCH. Documentation of the reassessment must be kept in the beneficiary's file.

Incontinent wipes are covered when necessary to maintain cleanliness outside of the home.

Disposable underpads are covered for beneficiaries of all ages with a medical condition resulting in incontinence.

Standards of Coverage (Applicable to All Programs)

Intermittent catheters are covered when catheterization is required due to severe bladder dysfunction. **Hydrophilic-coated intermittent catheters** are considered for individuals that have Mitrofanoff stomas, partial stricture or small, tortuous urethras.

Intermittent catheters with insertion supplies are covered for beneficiaries who have a chronic urinary dysfunction for which sterile technique is clinically required.

Documentation Documentation must be less than 30 days old and include the following:

- Diagnosis of condition causing incontinence (primary and secondary diagnosis).
- Item to be dispensed.
- Duration of need.

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- Quantity of item and anticipated frequency the item requires replacement.
- For pull-on briefs, a six-month reassessment is required.

PA Requirements PA is required for:

- Hydrophilic type urinary catheters.
- usage over the established quantities.

PA is not required for all other incontinent items unless usage exceeds established quantity limitations.

*MDCH Medicaid Provider Manual,
Medical Supplier Section
January 1, 2015, pp 42-44*

Here, the Department's witness testified that Appellant's prior authorization request for pull ups is not a covered benefit under the MPM because Appellant is total care. Appellant does qualify for diapers, but Appellant's representative argues that they leak and are difficult to place due to Appellant's medical conditions.

Based on the documentation submitted, Appellant did not meet the Medicaid standards of coverage and documentation requirements to establish medical necessity for the requested pull ups based on these facts. Medicaid here does not pay for pull ups for beneficiaries age 21 and over where the applicant is total care; where the use would be indefinite and not a short-term transitional use; and where assistance from the caregiver is total and not minimal. The undersigned administrative law judge must base her decision on the information the Department had at the time the prior authorization was denied and does not have authority to overrule decisions that conform to policy. Based on that information, as applied to the MDCLH policy, the denial was proper. Accordingly, the Department's denial must be upheld.

The Department suggested that Appellant might be able to obtain a letter of medical necessity and gave Appellant instructions as to pursuing that route. As the case stands, this ALJ must uphold the denial dated [REDACTED]. Appellant can resubmit a new prior authorization request for consideration.

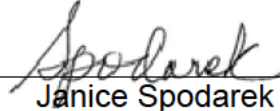
[REDACTED]
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DECISION AND ORDER

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 pull based on the submitted documentation.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.



Janice Spodarek
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Community Health

cc:

[REDACTED]

JS [REDACTED]

Date Signed: [REDACTED]

Date Mailed: [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 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.