

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

P.O. Box 30763, Lansing, MI 48909
(517) 335-3997; Fax: (517) 373-4147

IN THE MATTER OF:

██████████,

Appellant.

_____ /

Docket No. 15-005702 MSB

██████████

██████████

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37, and upon Appellant's request for a hearing.

After due notice, a telephone hearing was held on ██████████. Appellant appeared and testified on her own behalf. ██████████ Appeals Review Officer, represented the Michigan Department of Health and Human Services (DHHS or Department). ██████████, Analyst, also testified as a witness for the Department.

ISSUE

Did the Department properly payment for a medical bill for testing provided to Appellant?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. On ██████████ Appellant received MaterniT21 testing at Sequenom Center for Molecular Medicine, LLC (Sequenom). (Testimony of Appellant).
2. On ██████████ Sequenom submitted a prior authorization request and claim for payment with respect to the testing. (Exhibit A, page 7; Testimony of ██████████)
3. On ██████████, the Department denied the request and claim on the basis that MaterniT21 testing requires a gestational age of ██████████ weeks and, based on the information submitted, Appellant was not that far along in her pregnancy at the time of the test. (Exhibit A, pages 6-8).
4. Sequenom then billed Appellant directly. (Testimony of Appellant).

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5. On ██████████ the Michigan Administrative Hearing System (MAHS) received the request for hearing filed by Appellant in this matter with respect to the unpaid bill. (Exhibit A, page 3).
6. After the Department received the request for hearing, ██████████ spoke with Appellant and Appellant indicated that she was actually more than █ weeks along in her pregnancy at the time of the testing. (Testimony of Appellant; Testimony of ██████████).
7. ██████████ also planned to speak with Sequenom about the applicable policy regarding billing Medicaid beneficiaries, but when he contacted the provider, he was told that Appellant had a █ balance and would not receive another bill for the testing. (Testimony of ██████████).
8. ██████████ advised Sequenom that, if there was documentation indicating that Appellant was actually █ weeks along at the time of the testing, the provider could resubmit the request for prior authorization. (Testimony of ██████████).
9. As of the date of the hearing, Appellant has not received another bill from Sequenom. (Testimony 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.

All claims through Medicaid must be submitted in accordance with the policies, rules, and procedures as stated in the Medicaid Provider Manual (MPM).

Here, the request for prior authorization and claim for services was denied on the basis that MaterniT21 testing requires a gestational age of █ weeks and, based on the information submitted, Appellant was not that far along in her pregnancy at the time of the test. (Exhibit A, pages 6-8).

In response, Appellant reported to ██████████ during his investigation and testified during the hearing, that there must have been some mistake in the submitted documentation as she was actually more than █ weeks along at the time of the testing.

However, Appellant has the burden of proving by a preponderance of the evidence that the Department erred in denying the claim and she submitted no evidence that she was more than █ weeks along at the time of the testimony. Accordingly, she has failed to meet her burden of proof and the Department's decision must be affirmed.

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As indicated by [REDACTED], even though the Department's action was proper based on the information it received, Sequenom cannot bill Appellant for the testing. The MPM provides that, when a provider accepts a patient as a Medicaid beneficiary, the beneficiary cannot be billed for Medicaid-covered services for which the provider has been denied payment because of a failure to obtain prior authorization. See MPM, General Information for Providers Chapter, page 32. Here, Appellant was accepted as a Medicaid beneficiary, she received a Medicaid-covered service, and the provider failed to receive prior authorization for the service.

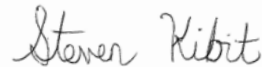
It appears that the provider has acknowledged that it cannot bill Appellant directly has it informed [REDACTED] that Appellant has a [REDACTED] balance and Appellant has not received another bill. Nevertheless, whatever issues remain between the Appellant and her medical provider regarding the ultimate responsibility between them for the bill, the Department's decision must be affirmed.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that, the Department properly denied a medical bill for testing provided to Appellant.

IT IS THEREFORE ORDERED THAT:

The Department's decision is **AFFIRMED**.



Steven Kibit
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Health and Human Services

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 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.