

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

P.O. Box 30763, Lansing, MI 48909
(877) 833-0870; Fax: (517) 373-4147

IN THE MATTER OF:

██████████,

Appellant

_____ /

Docket No. 15-019931 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, an in-person hearing was held on ██████████. ██████████, Appellant's sister and guardian, appeared and testified on Appellant's behalf. ██████████, Supports Coordinator, Center for Disability Services, appeared as a witness. ██████████, Appeals Review Officer, represented the Respondent, Department of Health and Human Services (Department). ██████████, Department Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny the Appellant's prior authorization request for Custom Molded Depth Inlay Shoes?

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 ██████████. (Exhibit A, p 8; Testimony)
2. In ██████████, Appellant submitted a prior authorization request for Custom Molded Depth Inlay Shoes. (Testimony)
3. On ██████████, the Department sent Appellant a letter requesting additional information. Specifically, the letter indicated: "A letter of medical necessity is required by the prescribing physician. What are the beneficiary's ambulatory and/or functional limitations? Hallux Valgus and Pes Planus are not covered diagnoses." (Exhibit A, pp 15-16; Testimony)

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4. On or about ██████████, Appellant submitted a second prior authorization request for Custom Molded Depth Inlay Shoes. The prior authorization request indicated Appellant had the following diagnoses: dislocate foot NEC-closed, hallux valgus, congenital pes planus, and edema. The request also contained a “Letter of Medical Necessity” from Appellant’s physician, which outlined her history and diagnosis, the treatment rationale, and concluded that the requested shoes were medically necessary for Appellant. (Exhibit A, pp 8-12; Testimony)
5. On ██████████, the prior authorization request was reviewed by the Department and it was determined that the Custom Molded Depth Inlay Shoes would be denied because they were not covered for Appellant’s diagnoses and because the letter of medical necessity from Appellant’s doctor was too generic and did not specifically address the request for additional information in the ██████████ letter. (Exhibit A, p 8; Testimony)
6. On ██████████, the Department issued a Notification of Denial to the Appellant and provider. (Exhibit A, pp 13-14; Testimony)
7. On ██████████, the Michigan Administrative Hearing System received the hearing request filed on Appellant’s behalf. (Exhibit 1)

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, §2.24 Orthopedic Footwear, October 1, 2013, pp 51-52 states:

2.24 ORTHOPEDIC FOOTWEAR

Definition

Orthopedic footwear may include, but are not limited to, orthopedic shoes, surgical boots, removable inserts, Thomas heels, and lifts.

Standards of Coverage

Orthopedic shoes and inserts may be covered if any of the following applies:

- Required to accommodate a leg length discrepancy of ¼ inch or greater or a size discrepancy between both feet of one size or greater.
- Required to accommodate needs related to a partial foot prosthesis, clubfoot, or plantar fasciitis.
- Required to accommodate a brace (extra depth only are covered).

Surgical Boots or Shoes may be covered to facilitate healing following foot surgery, trauma or a fracture.

Noncovered Items

Shoes and inserts are noncovered for the conditions of:

- Pes Planus or Talipes Planus (flat foot)
- Adductus metatarsus
- Calcaneus Valgus
- Hallux Valgus

Standard shoes are also noncovered.

Documentation

- Documentation must be less than 60 days old and include the following:
 - Diagnosis/medical condition related to the service requested.
 - Medical reasons for specific shoe type and/or modification.
 - Functional need of the beneficiary.

Reason for replacement, such as growth or medical change.

CSHCS requires a prescription from an appropriate pediatric subspecialist.

PA Requirements

PA is not required for the following items if the Standards of Coverage are met:

- Surgical boots or shoes.
- Shoe modifications, such as lifts, heel wedges, or metatarsal bar wedges up to established quantity limits.
- Orthopedic shoe to accommodate a brace.
- Orthopedic shoes and inserts when the following medical conditions are present:
 - Plantar Fascial Fibromatosis
 - Unequal Leg Length (Acquired)
 - Talipes Equinovarus (Clubfoot)
 - Longitudinal Deficiency of Lower Limb, Not Elsewhere Classified
 - Unilateral, without Mention of Complication (Partial Foot Amputation)
 - Unilateral, Complicated (Partial Foot Amputation)
 - Bilateral, without Mention of Complication (Partial Foot Amputation)
 - Bilateral, Complicated (Partial Foot Amputation)

PA is required for:

- All other medical conditions related to the need for orthopedic shoes and inserts
- not listed above.
- All orthopedic shoes and inserts if established quantity limits are exceeded.
- Medical need beyond the Standards of Care.

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- Beneficiaries under the age of 21, replacement within six months.
- Beneficiaries over the age of 21, replacement within one year.

Payment Rules

These are **purchase only** items.

*MDCH Medicaid Provider Manual,
Medical Supplier Section
July 1, 2015, pp 54-55*

The Department's witness testified that Appellant's prior authorization request for Custom Molded Depth Inlay Shoes was denied because the shoes are not covered for Appellant's diagnoses and because the additional information Appellant submitted did not address what was requested following a previous prior authorization in ██████████. The Department's witness indicated that the information submitted only showed that Appellant had flat feet and bunions, which are not covered diagnoses, and that the letter of medical necessity from Appellant's doctor was too generic.

Appellant's sister and guardian testified that she understood that the shoes were not covered with Appellant's diagnoses, but indicated that she hoped the shoes would be approved as an exception to that policy, as they had been in the past. Appellant's sister and guardian indicated that she did not realize the doctor had not provided the necessary information in the past and that the doctor had since retired. Appellant's sister and guardian indicated that Appellant also suffers from a closed foot and that her toes are all but dislocated. Appellant's sister and guardian indicated that both of Appellant's feet are the same and the hope is that the use of the orthopedic shoes will help Appellant remain out of a wheel chair longer. Appellant's sister and guardian testified that Appellant cannot walk long distances and that her feet are also abnormally short. Appellant's sister and guardian indicated that the requested shoes are the only shoes Appellant can wear. Appellant's sister and guardian also presented an x-ray of Appellant's feet, which showed a rather sever pronation.

The Department's witness suggested that Appellant take the evidence packet back to a new doctor so that he or she can write a new prescription that better identifies Appellant's condition and why she needs the orthotics, which could be resubmitted to the Department with a new prior authorization request. The Department witness also suggested that Appellant submit a copy of her x-rays along with a picture of her feet with the prior authorization request. The parties had an opportunity to discuss on the record what information would be needed for approval.

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Based on the documentation submitted, Appellant did not meet the Medicaid standards of coverage and documentation requirements to establish medical necessity for the requested Custom Molded Depth Inlay Shoes. As indicated in the above cited policy, shoes and inserts are non-covered items for Appellant's diagnoses. The undersigned administrative law judge must base his decision on the information the Department had at the time the prior authorization was denied and has no authority to overrule decisions that conform to policy. Based on that information, the denial was proper. Accordingly, the Department's denial must be upheld.

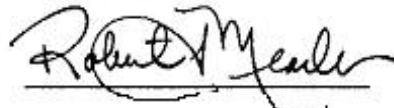
Appellant can resubmit a new prior authorization request for consideration as indicated above.

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 Custom Molded Depth Inlay Shoes based on the submitted documentation.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.



Robert J. Meade
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of
Health and Human Services

cc:



Acuna, Nancy
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RJM/cg

Date Signed: January 8, 2016

Date Mailed: January 8, 2016

***** 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.