

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

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IN THE MATTER OF:

██████████,

Appellant

_____ /

MAHS Docket No. 15-020970 MHP
Agency 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.*, and upon Appellant's request for hearing.

After due notice, a telephone hearing was held on ██████████. Appellant appeared and testified on her own behalf. ██████████, Appeals Coordinator, represented ██████████, the Respondent Medicaid Health Plan (MHP).

ISSUE

Did the MHP properly deny Appellant's prior authorization request for right and left leg vein ligation, division, and stripping of the long saphenous vein with stab phlebectomy?

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 who is enrolled in the Respondent MHP and who has been diagnosed with varicose veins of bilateral lower extremities with other complications (I83.893) and venous insufficiency (I87.20). (Exhibit A, p. 4)
2. On ██████████, the MHP received a prior authorization request for right and left leg vein ligation, division, and stripping of the long saphenous vein with stab phlebectomy. (Exhibit A, pp. 4-11)
3. Medical records submitted for this prior authorization request included copies of a ██████████ Venous Duplex Ultrasound, which showed the right great saphenous vein range between 2.7 to 4.7 mm, the left great saphenous vein range between 2.0 mm to 5.3 mm, and the left anterior thigh vein as 4.3 mm. (Exhibit A, p. 11; Exhibit B, p. 16)

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4. On [REDACTED], the MHP sent Appellant and her doctor written notice that the prior authorization request was denied. The denial was based on the documented measurements that do not meet the Apollo criteria for the requested procedures. (Exhibit D, pp. 33-35; Appeals Coordinator Testimony)
5. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received the request for hearing filed in this matter. (Exhibit E, page 37).

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 statutes, 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 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, October 1, 2015 version
Medicaid Health Plan Chapter, p. 1
(Emphasis added)*

Pursuant to the above policy and its contract with the Department, the MHP has developed prior authorization requirements and utilization management and review criteria. Specifically, in this case the MHP utilized the Apollo Medical Review Criteria Guidelines for Managing Care (Apollo criteria) for cardiovascular and peripheral vascular surgery. (Exhibit C, pp. 21-32) In part, the Apollo criteria states:

Operative excision of varicose veins in the leg(s) is commonly reserved for those that are >6m and extensive in distribution. Stripping of the saphenous veins, performed in conjunction with ligation and division, is indicated when the saphenous veins show varicose changes, usually >1cm in diameter.

Exhibit C, pp. 22-23

The MHP's utilization review criteria is consistent with the Department's policy found in the Medicaid Provider Manual (MPM):

SECTION 11 – SURGERY – GENERAL

Medicaid covers medically necessary surgical procedures.

*MPM, October 1, 2015 version
Practitioner Chapter, p. 43.*

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Pursuant to the above policies, the MHP denied Appellant's prior authorization request for right and left leg vein ligation, division, and stripping of the long saphenous vein with stab phlebectomy. Specifically, the medical documentation did not establish measurements that met the Apollo criteria. Per the Apollo criteria, operative excision of varicose veins in the legs is commonly reserved for those that are >6m and extensive in distribution. Stripping of the saphenous veins, performed in conjunction with ligation and division, is indicated when the saphenous veins show varicose changes, usually >1cm in diameter. (Exhibit C pp. 22-23) Appellant's [REDACTED], Venous Duplex Ultrasound showed the right great saphenous vein range between 2.7 to 4.7 mm, the left great saphenous vein range between 2.0 mm to 5.3 mm, and the left anterior thigh vein as 4.3 mm. (Exhibit A, p. 11; Exhibit B, p. 16) Appellant's prior authorization request was denied because the medical documentation showed measurements that do not meet the Apollo criteria for the procedures. (Exhibit D, pp. 33-35; Appeals Coordinator Testimony)

In response, Appellant noted that what the MHP relied upon was only measurements and the MHP did not see her or what her legs look like. The Appellant testified the surgery was scheduled about a month in advance, she had already taken the day off work, and then it was canceled the day before because of the MHP's denial. The Appellant indicated there had been an approval, but a code had been put in wrong so it was all denied and canceled the day before the surgery. (Appellant Testimony)

The Appeals Coordinator testified that the MHP received the prior authorization request on [REDACTED], and they have 14 days to review and respond. The written denial notices were issued [REDACTED]. The Appeals coordinator confirmed that the MHP is not involved in the scheduling process and there was no record of a prior submission of the prior authorization request or an earlier approval for this prior authorization request. (Exhibit D, pp. 33-35; Appeals Coordinator Testimony)

Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in denying her prior authorization request.

Given the record in this case, the undersigned Administrative Law Judge finds that Appellant has failed to meet her burden of proof and that the MHP's decision must therefore be affirmed. The MHP is permitted by Department policy and its contract to develop review criteria. The Apollo criteria utilized by the MHP are consistent with the MPM policy to cover medically necessary surgery. The medical records do not establish that Appellant met the requirements for the requested right and left leg vein ligation, division, and stripping of the long saphenous vein with stab phlebectomy.

[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 MHP properly denied the prior authorization request for right and left leg vein ligation, division, and stripping of the long saphenous vein with stab phlebectomy.

IT IS THEREFORE ORDERED that:

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



Colleen Lack
Administrative Law Judge
for Director, Nick Lyon
Michigan Department of
Health and Human Services

Date Mailed: [REDACTED]

CL/cg

cc: [REDACTED]

***** NOTICE *****

The Michigan Administrative Hearing System 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.