



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
SUZANNE SONNEBORN
EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA
ACTING DIRECTOR



Date Mailed: February 2, 2024
MOAHR Docket No.: 23-009644
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Corey Arendt

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, following Petitioner's request for a hearing.

After due notice, a hearing was held January 31, 2024. Petitioner appeared on her own behalf. Chelsea Texter, Nurse Practitioner, appeared as a witness for Petitioner. Joanna Novack, General Counsel, appeared on behalf of Respondent Upper Peninsula Health Plan (Department).

Exhibits:

Petitioner	None
Department	A – Hearing Summary

ISSUE

Did the Department properly deny the Petitioner's prior-authorization request for psychotropic testing?

FINDINGS OF FACT

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

1. Petitioner is Medicaid beneficiary enrolled with Department. (Exhibit A; Testimony.)
2. On August 22, 2023, Petitioner's provider sought prior approval for psychotropic testing using code 81418. (Exhibit A; Testimony.)

3. On or around September 13, 2023, the Department determined Petitioner's provider had used the wrong billing code when they requested the psychotropic testing and concluded the appropriate billing code should be 0345U as a result of the number of genes being looked at. (Exhibit A; Testimony.)
4. At all times relevant to this hearing, billing code 0345U is not on the Medicaid Fee Schedule. (Exhibit A; Testimony.)
5. On September 13, 2023, the Department issued Petitioner a Notice of Adverse Benefit Determination. The notice indicated Petitioner's request for Genesight Psychotropic testing was denied. The notice stated specifically:

The Upper Peninsula Health Plan (UPHP) Healthy Michigan Certificate of Coverage, Section 7: Exclusions from coverage page 15, item number 23 states: Not on Fee Schedule. Any service, device, supply, or other item for which there is no code on the Michigan Medicaid Fee Schedule.

The billing code for the GeneSight Psychotropic testing is 0345U. This code is not on the Michigan Medicaid Fee schedule and is not a covered benefit.¹

6. On November 6, 2023, the Department received from Petitioner, a request for internal appeal. (Exhibit A.)
7. On November 20, 2023, the Department issued a decision upholding the denial. (Exhibit A.)
8. On December 27, 2023, the Michigan Administrative Hearing System received Petitioner's hearing request.

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.

On May 30, 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.

¹ Exhibit A, p 10.

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 Health and Human Services (MDHHS) 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 MDHHS 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.²

Section 7 of UPHP's Healthy Michigan Certificate of Coverage, "Exclusions of Coverage," page 15, paragraph 25 states, "any service, device, supply, or other item for which there is no code on the Michigan Medicaid Fee Schedule" is not a covered benefit.³

The Department denied Petitioner's request for psychotropic testing as a result of the billing code not being found on the Michigan Medicaid Fee Schedule. And in accordance with the applicable Medicaid policy, this specific code is not a covered Medicaid service.

² MPM, Medicaid Health Plan, July 1, 2023, p 1.

³ The billing code for the GeneSight Psychotropic test is 0345U. This code is not on the Michigan Medicaid Fee schedule. (Testimony.)

Petitioner argued the requested test was a necessary service but failed to show the service was an approved Medicaid service. Petitioner did not identify an alternative billing code or address Respondent's argument regarding the number of genes being looked at. Petitioner only put forth the argument that this service had been approved in the past.

Past approvals do not indicate future approvals. Policies may have changed or like in this case, the Department identified an error in the codes being billed; and thus, the correction led to this specific denial.

Based on the evidence presented, the Department properly denied Petitioner's request as such; and based on the information submitted with the prior authorization request, the denial was proper.

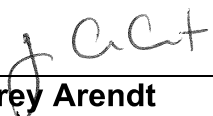
DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the denial of Petitioner's request for prior authorization for genetic testing was supported by Medicaid Policy.

IT IS THEREFORE ORDERED that:

The Department's decision is **AFFIRMED**

CA/pe



Corey Arendt
Administrative Law Judge
for Elizabeth Hertel, Director
Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules
Reconsideration/Rehearing Request
P.O. Box 30763
Lansing, Michigan 48909-8139

Via Electronic Mail:

Community Health Representative

Upper Peninsula Health Plan
Maureen Tyrrell
853 W. Washington Street
Marquette, MI 49855
Mtyrrell@uphp.com
ClinicalAppeals@uphp.com

DHHS Department Contact

MDHHS Managed Care Plan Division
400 S. Pine St., 7th Floor
Lansing, MI 48933
MDHHS-MCPD@michigan.gov

Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]