



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS
DIRECTOR

[REDACTED]
[REDACTED]
[REDACTED] MI [REDACTED]

Date Mailed: December 22, 2020
MOAHR Docket No.: 20-006745
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 December 9, 2020. Petitioner appeared and testified on his own behalf. Kaitlynn Schwab, Supervisor, appeared on behalf of Respondent, Meridian Health (Department). Dr. Cynthia Sanders, Medical Director, appeared as a witness for the Department. Peter Chuna interpreted the hearing.

Exhibits

Petitioner	None
Department	A – Hearing Summary

ISSUE

Did the Department properly deny the Petitioner's prior-authorization request for an MRI of his lower back?

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 a Medicaid beneficiary enrolled with Department. (Exhibit A, Testimony.)
2. On June 22, 2020, Petitioner's physician sought prior approval for an MRI of Petitioner's lower back. (Exhibit A; Testimony.)
3. On July 4, 2020, Department sent Petitioner a Notice of Adverse Determination. The notice indicated the action was based on the following:

Based on eviCore Spine Imaging Guidelines Section: SP 15.1 Greater than Six Months Post-Operative, we cannot approve this request. Your records show that you have had a repair (surgery) to treat a problem with your spine. The reason this request cannot be approved is because:

Your records do not show results of an x-ray taken after your symptoms started or changed that failed to provide all of the details needed.

Your records do not show that you had follow up contact with your doctor to look at your progress after a six week trial of doctor prescribed treatment. Follow up contact may be done by phone, mail, or messaging.

Your records do not show that you failed to improve following a recent (within three months) six week trial of doctor prescribed treatment. We have told your doctor about this. Please talk to your doctor if you have questions. (Exhibit A.)

4. On July 7, 2020, Petitioner requested an internal appeal. (Exhibit A; Testimony.)
5. On July 9, 2020, Department sent Petitioner a Notice of Internal Appeal Decision – Denial. The notice indicated the internal appeal was denied as the request failed to meet the requirements of eviCore Spine Imaging Guidelines Section: SP 15.1. (Exhibit A; Testimony.)
6. On November 2, 2020, the Michigan Office of Administrative Hearings and Rules, received from Petitioner, a request for hearing. (Exhibit A.)

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.

The Department 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.¹

The contract provisions allow prior approval procedures for utilization management purposes. The MHP reviewed this prior authorization request under their guidelines for MRI's of the lumbar spine and denied the request because the documentation presented with the PA request did not meet their guidelines for an MRI greater than six months post-operative.

Specifically, the Department's medical director indicated Petitioner's PA request did not include a recent x-ray of Petitioner's back, or that Petitioner had completed a 6-week trial of treatment prescribed by Petitioner's doctor.

Petitioner did not present any evidence that his PA request met the criteria outlined by the Department.

¹ MPM, Medicaid Health Plans, July 1, 2020, p 1.

Based on the evidence presented, the Department properly denied Petitioner's request for an MRI of his lower back based on their criteria. As such, based on the information submitted with the prior authorization request, the denial was proper.

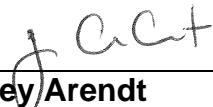
DECISION AND ORDER

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

IT IS THEREFORE ORDERED that:

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

CA/dh



Corey Arendt
Administrative Law Judge
for Robert Gordon, 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

DHHS -Dept Contact

Managed Care Plan Division
CCC, 7th Floor
Lansing, MI 48919

Petitioner

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Community Health Rep

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