



Date Mailed: June 17, 2025

Docket No.: 25-017215

Case No.: [REDACTED]

Petitioner: [REDACTED]

This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

这是一份重要的法律文件。请让别人翻译文件。

Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

[REDACTED]
[REDACTED] MI [REDACTED]

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DECISION AND ORDER

This matter is before Michigan Office of Administrative Hearings and Rules (MOAHR) and the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and upon a request for hearing filed on behalf of Petitioner [REDACTED] (Petitioner).

After due notice, a telephone hearing was held on June 11, 2025. [REDACTED] the [REDACTED] Petitioner's mother, appeared and testified on Petitioner's behalf. Kristin Piotrowicz, Senior Appeal Analyst, appeared and testified on behalf of Respondent Priority Health Choice, Inc, a Medicaid Health Plan (MHP).

During the hearing, Petitioner's request for hearing was admitted into the record without objection as Exhibit #1. Respondent also submitted four proposed exhibits that were admitted into the record without objection as Exhibits A-D.

ISSUE

Did Respondent properly deny Petitioner's prior authorization request for orthopedic shoes and inserts?

FINDINGS OF FACT

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

1. Petitioner is a Medicaid beneficiary enrolled with Respondent. (Exhibit C, page 1).
2. On January 8, 2025, Respondent received a prior authorization submitted on Petitioner's behalf and seeking orthopedic shoes and inserts for Petitioner. (Exhibit C, pages 1-10).
3. In that request and its supporting documentation, the medical supplier identified Petitioner's diagnoses as congenital pes cavus, left foot; congenital pes cavus, right foot; and other abnormalities of gait and mobility. (Exhibit C, page 1).

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4. The attached Clinical Summary also provided:

Patient's chief complaint/issues: Pt has extreme pes cavus foot deformity. She was braced as a child. It sounds like she wore afo's when she was younger. There has been no surgery for either foot. She rolls both ankles laterally on a daily basis. She is unsteady on her feet for a ■■■ y/o. When walking her heel and met heads touch the ground. Her toes point up and there is nothing under her arch to support it.

Exhibit C, page 7

5. On January 13, 2025, Respondent sent Petitioner written notice that the prior authorization request had been denied. (Exhibit C, pages 11-12).
6. With respect to the reason for the denial, the notice stated in part:

After medical director review of the information submitted by your provider using The Michigan Department of Health and Human Services Medicaid Provider Manual, Medical Supplier Section 2.23 Orthopedic Footwear; it was determined you do not meet the criteria for a custom shoe insert because these are only covered for certain conditions. You do not have any of these conditions.

Exhibit C, page 11

7. On February 4, 2025, Petitioner filed an Internal Appeal with Respondent regarding that denial. (Exhibit B, pages 1, 5).
8. On February 28, 2025, Respondent sent Petitioner written notice that her Internal Appeal had been denied on the basis that Petitioner did not meet the coverage requirements for orthopedic shoes and inserts. (Exhibit B, pages 4-14).
9. On May 5, 2025, MOAHR received the request for hearing filed in this matter with respect to that decision. (Exhibit A, pages 1-26).

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR).

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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.

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 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 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, January 1, 2025 version
Medicaid Health Plan Chapter, page 1
(Underline added for emphasis)

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Moreover, regarding orthopedic footwear specifically, the MPM provides:

2.23 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	<p>Orthopedic shoes and inserts may be covered if any of the following applies:</p> <ul style="list-style-type: none">▪ 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). <p>Surgical Boots or Shoes may be covered to facilitate healing following foot surgery, trauma or a fracture.</p>
Noncovered Items	<p>Shoes and inserts are noncovered for the conditions of:</p> <ul style="list-style-type: none">▪ Pes Planus or Talipes Planus (flat foot)▪ Adductus metatarsus▪ Calcaneus Valgus▪ Hallux Valgus <p>Standard shoes are also noncovered.</p>
Documentation	Documentation must be less than 60

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	<p>days old and include the following:</p> <ul style="list-style-type: none">▪ 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. <p>CSHCS requires a prescription from an appropriate pediatric subspecialist.</p>
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*MPM, January 1, 2015 version
Medical Supplier Chapter, page 78*

Here, Respondent denied Petitioner's prior authorization request pursuant to the above policies.

In appealing that denial, Petitioner has the burden of proving by a preponderance of the evidence that the MHP erred in denying her authorization request. Moreover, the undersigned ALJ is limited to reviewing Respondent's decision in light of the information that was available at the time the decision was made.

Given the above policy and evidence in this case, Petitioner has failed to satisfy her burden of proof, and Respondent's decision must be affirmed.

While, pursuant to both its contract and the MPM, Respondent is allowed to provide services over and above those provided by MDHHS/Medicaid, Respondent is only required to provide services consistent with all applicable Medicaid coverage and limitation policies.

Additionally, as explained by Respondent's witness and demonstrated by its exhibit, Respondent has limited coverage of orthopedic footwear to what is covered by MDHHS/Medicaid, and it determined that the requested service in this case is not covered given the applicable policy.

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Specifically, as correctly found by Respondent in this case, the identified diagnoses and basis for requesting orthopedic shoes and inserts for Petitioner, *i.e.*, congenital pes cavus in both feet, did not meet the clear standards of coverage outlined above.

Moreover, while Petitioner's representative testified and provided a letter from a physical therapist stating that the orthopedic shoes and inserts are being requested because Petitioner's leg length discrepancy of ¼ inch or greater; which would fall within the applicable standards of coverage, that was not the basis identified in the actual prior authorization request and undersigned ALJ is limited to reviewing Respondent's decision in light of the information that was available at the time the decision was made.

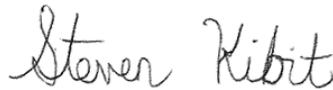
To the extent Petitioner has additional or updated information to provide, or she wants to clarify what is being requested and why, then Petitioner can always have another prior authorization request submitted again in the future along with that information. With respect to the decision at issue in this case however, Respondent's decision must be affirmed given the available information and applicable policies.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that Respondent properly denied Petitioner's prior authorization request.

IT IS, THEREFORE, ORDERED that:

- Respondent's decision is **AFFIRMED**



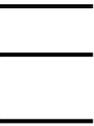
STEVEN KIBIT
ADMINISTRATIVE LAW JUDGE

APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://rs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to LARA-MOAHR-DCH@michigan.gov, **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to
Michigan Office of Administrative Hearings and Rules
Rehearing/Reconsideration Request
P.O. Box 30639
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.



Via Electronic Mail:

Department Contact

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Via First Class Mail:

Petitioner

[REDACTED]
[REDACTED] MI [REDACTED]