



Date Mailed: July 24, 2025

Docket No.: 25-020725

Case No.: [REDACTED]

Petitioner: [REDACTED]

[REDACTED]
MI [REDACTED]

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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 Petitioner's request for a hearing.

After due notice, a hearing was held on July 22, 2025. [REDACTED] Petitioner, appeared and testified on her own behalf. [REDACTED] Petitioner's spouse, appeared as a witness. Lana Karadsheh, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (Respondent, MDHHS or Department). Jacob Disley-Cielen, Departmental Analyst, appeared as a witness for the Department.

ISSUE

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

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. (Exhibit A; Testimony).
2. On April 23, 2025, the Department received a prior authorization request for genetic testing for Petitioner. (Exhibit A, pp 14-21; Testimony).
3. On May 2, 2025, the Department sent Petitioner a Request for Additional Information. (Exhibit A, p 22; Testimony.) The request indicated, in relevant part:
 - Please resubmit this request and include documentation from the ordering clinician that explains the rationale for this testing and how the results of this testing will alter treatment, prognosis, and diagnosis for this individual. (*Id.*)
4. The Department's witness testified that the same prior authorization request was then resubmitted without any additional documentation. (Testimony.)

5. On May 15, 2025, the Department sent Petitioner a Notification of Denial indicating that the request for genetic testing was denied. Specifically, the notice indicated:

- Policy: Michigan Medicaid for Providers Manual, Laboratory Chapter, Section 5.8.
- Specifically: Screening or carrier testing for the sole purpose of family planning or counseling and/or infertility services is not a covered benefit.

(Exhibit A, p 23; Testimony).

6. On June 4, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's request for hearing. (Exhibit A, pp 7-13).

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.

Medicaid covered benefits are addressed for practitioners and beneficiaries in the Medicaid Provider Manual (MPM). Regarding the specific request in this case, the applicable version of the MPM states in part:

SECTION 5 – GENETIC AND MOLECULAR TESTING

5.1 GENERAL INFORMATION

A genetic test or molecular test as defined in §17001 of Public Act 368 of 1978 means the analysis of human deoxyribonucleic acid (DNA), ribonucleic acid (RNA), chromosomes, and those proteins and metabolites used to detect inheritable or somatic disease related genotypes or karyotypes. These specialized diagnostic laboratory tests may identify increased risks of health problems, help choose treatments, or assess patient responses to treatments.

Medicaid covers genetic and molecular tests when clinically indicated by one or more of the following:

- The test is necessary to confirm a suspected genetic disease/condition when a definitive diagnosis remains uncertain,

and the results will directly impact the beneficiary's treatment or management.

- The test will guide treatment and management of a beneficiary already diagnosed with a disease/condition by one or more of the following:
 - Predicting progression, aggressiveness, or recurrence.
 - Selecting specific medications, treatments, and interventions.
- The test will predict a risk of a genetic disease/condition or is necessary to detect an undiagnosed health condition in an asymptomatic beneficiary and the results will directly impact the beneficiary's treatment or management. Coverage of these screening tests is limited to tests recommended as Grade A or B by the United States Preventive Services Task Force (USPSTF) or tests specially identified in Medicaid policy (e.g., screening for fetal trisomy 13, trisomy 18, or trisomy 21 using noninvasive prenatal testing [NIPT]).

5.8 NON-COVERED SERVICES

Genetic and molecular testing is **not** a covered service for:

- Criteria other than those outlined above.
- Establishing a diagnosis or condition that can be diagnosed by conventional diagnostic methods unless conventional testing is not required by Medicaid, or the genetic test is identified as a Grade A or B recommendation by the USPSTF.
- Confirming a diagnosis or condition that was previously diagnosed by another testing method (e.g., conventional testing).
- When the need for the test is not clinically indicated for the beneficiary's condition.
- Purposes where the test results would not directly influence the management or treatment of the disease or condition.
- Informational purposes or management of a beneficiary's family member.

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- Testing performed by a second, independent laboratory solely to validate or confirm the beneficiary's previous test results using a methodology designed to detect the same genetic or molecular alteration as the original test.
 - Screening or carrier testing for the sole purpose of family planning counseling and/or infertility services.
 - Screening for medical research purposes.
 - Minors under the age of 18 for adult-onset conditions that have no preventative or therapeutic treatments.
 - Testing performed in a non-Clinical Laboratory Improvement Amendments (CLIA) certified laboratory.

*Medicaid Provider Manual
Laboratory Chapter
April 1, 2025, pp 15,
Emphasis added*

Here, the Department's witness testified that the genetic testing was ordered for "[a]ntenatal screening / ICD-10; Z36.0; Encounter for antenatal screening for chromosomal anomalies." The Department's witness indicated that this appeared to be carrier testing, which would not be covered per policy, so he requested additional information from the provider. The Department's witness indicated that when he did not receive any new information from the provider, the request was denied.

Petitioner testified that she became pregnant with twins in 2025 with a high risk pregnancy so the doctor ordered this testing. Petitioner indicated that the testing was not for family planning as she was already pregnant.

Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred in denying the prior authorization request in this case. Moreover, the undersigned Administrative Law Judge is limited to reviewing the Department's decision in light of the information that was available at the time the decision was made.

Given the record and available information in this case, the undersigned Administrative Law Judge finds that Petitioner has failed to meet this burden of proof and that the Department's decision must therefore be affirmed. Policy clearly states that carrier testing is not covered per policy and the test here, to check for abnormalities in her fetuses, would be considered carrier testing. Therefore, based on the information provided, the denial was proper and must be upheld.

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DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly denied Petitioner's prior authorization request for genetic testing.

IT IS THEREFORE ORDERED THAT:

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



ROBERT J. MEADE
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.



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