



Date Mailed: November 5, 2025
Docket No.: 25-032831
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED]
MI [REDACTED]

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Docket No.: 25-032831

Case No.: [REDACTED]

Petitioner: [REDACTED]

DECISION AND ORDER

This matter is before the Michigan Office of Administrative Hearings and Rules (MOAHR) and the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon a request for hearing filed by Petitioner [REDACTED] (Petitioner).

After due notice, a telephone hearing was held on October 28, 2025. Petitioner, through the use of an interpreter, appeared and testified on her own behalf. Emily Piggott, Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). Jacob Disley-Cielen, Nurse Reviewer, testified as a witness for the Department.

During the hearing, the Department submitted an evidence packet that was admitted into the record without objection as Exhibit A, pages 1-27. No other proposed exhibits were submitted.

ISSUE

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

FINDINGS OF FACT

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

1. Petitioner is a Medicaid beneficiary with Emergency Services Only (ESO) Medicaid coverage. (Exhibit A, page 12).
2. On September 8, 2025, the Department received a request submitted on Petitioner's behalf for genetic testing. (Exhibit A, pages 12-25).
3. In that request, the provider indicated that Petitioner had been diagnosed with cancer. (Exhibit A, pages 15, 18-22; Testimony of Nurse Reviewer).
4. On September 8, 2025, the Department sent Petitioner written notice that her request had been denied. (Exhibit A, pages 9-11).

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5. With respect to the reason for the denial, the notice stated:

The policy this denial is based on is Section 3 of the Emergency Services Only Medicaid chapter of the Medicaid Provider Manual. Specifically:

- Policy: Section 3 of the Emergency Services Only Medicaid chapter of the Medicaid Provider Manual.
- Based on the information reviewed, your request for genetic testing has been denied by Michigan Medicaid. The Michigan Department of Health and Human Services' records indicate that this beneficiary has Emergency Services Only (ESO) Medicaid coverage. ESO Medicaid coverage is limited to labor and delivery services, and those services necessary to treat emergency conditions.

Exhibit A, page 19

6. On September 18, 2025, MOAHR received the request for hearing filed in this matter regarding that denial. (Exhibit A, pages 4-8).

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).

As provided in the notice of denial sent to Petitioner, the Department's decision in this case was based on Section 3 of the ESO chapter of the MPM. Specifically, that section states in part:

SECTION 3 – COVERAGE [CHANGE MADE 7/1/2025]

ESO Medicaid coverage is limited to labor and delivery services, and those services necessary to treat emergency

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conditions. The following services are not covered under this benefit:

- preventive services
- follow-up services related to emergency treatment (e.g., removal of case, follow-up laboratory studies, etc.)
- treatment of chronic conditions (e.g., chemotherapy, etc.)
- sterilizations performed in conjunction with delivery
- organ transplants
- pre-scheduled surgery

*MPM, July 1, 2025 version
ESO Medicaid Chapter, page 3
(internal highlighting omitted)*

Here, the Department denied Petitioner's request for genetic testing pursuant to the above policies and on the basis that the requested testing is not included as part of Petitioner's Medicaid coverage.

In appealing that decision, Petitioner bears the burden of proving by a preponderance of the evidence that the Department erred. Moreover, the undersigned ALJ is limited to reviewing the Department's decision in light of the information available at the time the decision was made.

Given the record and applicable policies in this case, Petitioner has failed to meet her burden of proof, and the Department's decision must, therefore, be affirmed.

It is undisputed that Petitioner has been diagnosed with a serious medical condition, *i.e.* cancer, but her Medicaid coverage is limited to emergency services and nothing in the record identifies any need for the genetic testing as a necessary service to treat that condition as an emergency. Petitioner has received her diagnosis already and neither follow-up services related to emergency treatment, such as follow-up laboratory studies, nor treatment of chronic conditions are covered as part of her Medicaid coverage. Moreover, Petitioner's testimony was limited to a need to treat her cancer, which, while understandable, did not address the need for this specific test or why it was an emergency.

Accordingly, the Department'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 the Department properly denied Petitioner's request for genetic testing.

IT IS, THEREFORE, ORDERED that:

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

Steven Kibit

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.

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