



**Date Mailed:** December 22, 2025  
**Docket No.:** 25-040153  
**Case No.:** [REDACTED]  
**Petitioner:** [REDACTED]

[REDACTED]  
MI [REDACTED]

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

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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.

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**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 upon a request for hearing filed by Petitioner [REDACTED] (Petitioner).

After due notice, a telephone hearing was held on December 11, 2025. Petitioner appeared and testified on her own behalf. Katie Feher, Senior Manager of Denials and Appeals, appeared and testified on behalf of Respondent Merdian (Respondent). Dr. Indira Onwuzurike, M.D., also testified as a witness for Respondent.

During the hearing, Respondent submitted an evidence packet that was admitted into the record without objection as Exhibit A, pages 1-62. No other proposed exhibits were submitted.

### **ISSUE**

Did Respondent properly deny Petitioner's prior authorization request for a surgical procedure?

### **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 [REDACTED] year-old Medicaid beneficiary who is enrolled with Respondent, a Medicaid Health Plan (MHP). (Exhibit A, page 9; Testimony of Respondent's representative).
2. On [REDACTED] 2004, Petitioner successfully underwent a panniculectomy. (Exhibit A, page 9; Testimony of Petitioner).
3. In 2025, Petitioner's provider submitted a prior authorization request on Petitioner's behalf to Respondent for approval of a procedure to remove excess skin. (Exhibit A, page 27; Testimony of Petitioner).
4. Medical documentation from Petitioner's plastic surgeon dated August 19, 2025 submitted along with that request stated in part:

She underwent panniculectomy on 09/12/2024. Overall, She [sic] is doing well and making good progress. All of her incisions are now healed.

Her only concern is her bilateral flanks standing cutaneous deformity which is more noticeable on the left side.

\* \* \*

**Abdomen:** Soft, nontender, distended. All incisions are clean/dry/intact. There is a small area of contracted scar on the right medial portion of the incision. She does have bilateral flanks standing cutaneous deformity which is more noticeable on the left side. No evidence of hematoma or seroma.

\* \* \*

-Plan is to proceed with excision of bilateral flanks standing cutaneous deformity. I discussed all the risks and benefits associated with the procedure as well.

*Exhibit A, pages 9-10*

5. On September 4, 2025, Respondent sent Petitioner a Notice of Adverse Benefit Determination stating that her prior authorization request was denied. (Exhibit A, pages 26-34).
6. With respect to the reason for the denial, the notice stated in part:

**This action is based on the following:**

Diagnosis: After procedure

Requested Procedure: Removal of excess skin code 15839

The notes sent to us did not show:

- Skin lesion (any kind of growth on the skin) due to cancer
- Skin lesion causing pain, irritation or bleeding

The request is denied. Please talk to your doctor about this.

Criterion used to make this decision: Health Plan Clinical Policy .31 Cosmetic and Reconstructive Procedures: Revised date: 08/31/2024 .

*Exhibit A, page 27*

7. On September 23, 2025, Petitioner filed an Internal Appeal with  
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Respondent with respect to that denial. (Exhibit A, pages 35-38).

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8. In that appeal, Petitioner wrote in part that, while her past surgery cured a number of issues she was having, it left her with a pucker on the left side and Petitioner does not want to have to endure infections related to it. (Exhibit A, page 37).
9. On October 20, 2025, Respondent sent Petitioner a Notice of Internal Appeal Decision – Denial stating that her Internal Appeal had been denied. (Exhibit A, pages 39-50).
10. With respect to the reason for that decision, the notice stated in part:

We denied your Internal Appeal for the service/item listed above because:

You stated you would like to appeal the service because you have extra skin/lump near your incision. You said it is uncomfortable when lying on your left side. The notes show you had surgery on 09/12/2024 to remove excess skin (panniculectomy) from weight loss. The notes sent do not show this (skin/lump near your incision) is causing you limitations in function, range of motion, or infection risk. The notes show no recurrent infections, ulcers, and hygiene issues from excess skin. The exam notes and photos sent do not show these things. The notes show you are concerned with the extra skin being more noticeable on the left side. Per the Health Plan Clinical Policy .31 Cosmetic and Reconstructive Procedures: Revised date: 08/31/2024, the notes must show:

- You have growth on your skin due to cancer.
- The extra skin is causing pain, irritation or bleeding.

Also, per the rules, the notes may show:

- Doctor notes showing you are having issues (complications, infections, hygiene issues, or restricted mobility).
- Removal of excessive skin in the absence of doctor notes showing functional impairment or complications is not a covered benefit as it is considered cosmetic.

The notes did not show this. Therefore, the request remains denied.

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(Recommendations: Non-surgical options include the use of compression garments, which can provide physical support and improve comfort, particularly if the excess tissue causes mild mechanical discomfort. If there is minor skin irritation or friction in redundant folds, topical treatments such as antifungal creams or barrier ointments may be used. Physical therapy or targeted exercise programs may also help improve muscle tone and overall contour of the affected areas, even though they will not remove excess skin).

Your appeal was reviewed by a consultant. The reviewer is an M.D., who is board certified in Plastic Surgery.

Your appeal and all clinical information were reviewed by a Meridian Medical Director. The reviewer is a(n) M.D., who is board certified in Obstetrics and Gynecology. The reviewer was not involved in the original decision. Meridian is keeping the first denial decision after this review.

*Exhibit A, pages 40-41*

11. On November 10, 2025, MOAHR received a request for hearing filed by Petitioner in this matter. (Exhibit A, pages 1-2).

### **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). 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

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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.

\* \* \*

### **1.3 SERVICES THAT MHPS ARE PROHIBITED FROM COVERING**

- Elective therapeutic abortions and related services. Abortions and related services are covered when medically necessary to save the life of the mother or if the pregnancy is a result of rape or incest;
- Experimental/Investigational drugs, procedures or equipment;
- *Elective cosmetic surgery; and*
- Services for treatment of infertility.

*MPM, July 1, 2025 version  
Medicaid Health Plan Chapter, pages 1, 4  
(italics added for emphasis)*

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Similarly, pursuant to that language in the MPM, Respondent also had its own policy prohibiting coverage of elective cosmetic surgery. (Exhibit A, page 25).

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 Respondent erred in denying her authorization request. Moreover, the undersigned Administrative Law Judge 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.

Respondent is expressly prohibited from covering elective cosmetic surgery and, based on the record, that is what is sought in this case.

The medical documentation submitted along with the prior authorization request identified Petitioner's concerns with Petitioner's noticeable bilateral flanks standing cutaneous deformity, but Petitioner's doctor did not identify any medical reason for removal of the excess skin. The doctor testifying as a witness for Respondent also credibly explained why the procedure was deemed cosmetic.

Similarly, while Petitioner alluded to some discomfort, she likewise failed to identify any medical reason for the procedure. Instead, her primary argument, which she put forth in both the Internal Appeal and during her testimony at the hearing, was that she was worried about getting infections and that she wanted the procedure in order to prevent them; and, while that is understandable, the doctor did not identify such concerns as the basis for the request and there are no recent documented infections.

Moreover, while Petitioner also testified that she thought the procedure would be covered as revision of her earlier panniculectomy, which was approved by Respondent as medically necessary, there is no basis for that assumption in the record and the procedures are separate.

Accordingly, for the reasons discussed above, the denial in this case must be affirmed.

### **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*

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**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](https://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://lrs.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](mailto: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**

MDHHS-MANAGED CARE PLAN  
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