



Date Mailed: December 22, 2025
Docket No.: 25-040172
Case No.: [REDACTED]
Petitioner: [REDACTED]

[REDACTED]
MI [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.

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Docket No.: 25-040172

Case No.: [REDACTED]

Petitioner: [REDACTED]

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 by Petitioner [REDACTED] (Petitioner).

After due notice, a telephone hearing was held on December 16, 2025. Bridget Krueger, a Patient Advocate with PRIA Healthcare, appeared and testified on Petitioner's behalf. Katie Feher, Senior Manager of Denials and Appeals, appeared and testified on behalf of the Respondent Meridian (Respondent).

During the hearing, Respondent submitted an evidence packet that was admitted into the record without objection as Exhibit A, pages 1-239. No other proposed exhibits were submitted.

ISSUE

Did Respondent properly deny Petitioner's prior authorization request for a cardiac contractility modulation (CCM) system?

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 enrolled with Respondent. (Exhibit A, page 21; Testimony of Respondent's representative).
2. On October 21, 2025, a medical provider submitted a prior authorization to Respondent on Petitioner's behalf seeking an optimizer system implantable pulse generator for Petitioner for the purpose of CCM therapy. (Exhibit A, pages 21-59).
3. The Current Procedural Terminology (CPT) code for the requested CCM system was identified as 0480T. (Exhibit A, pages 21-59).
4. The requested item is not covered under the Michigan Medicaid Program. (Exhibit A, pages 228, 239; Testimony of Respondent's representative).

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5. On October 28, 2025, Respondent sent Petitioner written notice that his prior authorization request for a CCM system had been denied on the basis that the requested code was not a covered service. (Exhibit A, pages 60-68).
 6. On November 3, 2025, Petitioner filed an Internal Appeal, as well as supporting documentation, with Respondent regarding that denial, arguing that the requested CCM system was medically necessary. (Exhibit A, pages 69-203).
 7. On November 6, 2025, Respondent sent Petitioner written notice that his Internal Appeal had been denied. (Exhibit A, pages 204-214).
 8. With respect to the reason for that denial, the notice stated in part:

We received the request for insertion of a special device to help pump your blood and strengthen your heartbeat. The notes show you have heart failure. The notes show you are requesting a service that is not covered by your health plan. Per the Michigan Department of Health and Human Services October 2025 Medicaid Fee Schedule code 0408T is not a covered benefit/service.

Exhibit A, page 205

9. On November 13, 2025, MOAHR received the request for hearing filed in this matter by Petitioner and his representative. (Exhibit A, pages 1-14).

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:

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

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

In appealing that denial, Petitioner has the burden of proving by a preponderance of the evidence that the Respondent erred in denying his 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 his burden of proof and Respondent's decision must therefore 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

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required to provide services consistent with all applicable Medicaid coverage and limitation policies.

Here, as explained by Respondent's witness and demonstrated by its exhibit, Respondent has limited coverage to what is covered by MDHHS/Medicaid, and it determined that the requested service in this case is not covered given the CPT code requested by Petitioner and the limitations found in the applicable policies and guidelines issued by the MDHHS.

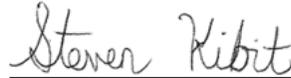
Moreover, while Petitioner's representative argues that the requested CCM system is medically necessary, that argument is premature and unpersuasive where the requested code is not covered by Petitioner's Medicaid plan through MDHHS.

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:

Authorized Hearing Representative

[REDACTED]

[REDACTED] CT [REDACTED]

[REDACTED]

Authorized Hearing Representative

[REDACTED]

[REDACTED] CT [REDACTED]

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