

STATE HEARING DECISION

ODHS 4005 (Rev. 9/94)

County CUYAHOGA	District Hearings Section CLEVELAND	Assistance Group Name		Assistance Group Number
Place of Hearing HOME TELEPHONE	Initial Hearing Date 11/22/1999	Rescheduled Postponed to 12/21/1999	Rescheduled Postponed to	Rescheduled Postponed to

Appellant/Representative	Appellant Representation
	Local Agency Representation Rita Mulkey, appellant

Date Notice Mailed 12/30/1899	Date Received by Local Agency	Date Received by ODHS 11/04/1999	Date Appeal Summary Received	Date Scheduling Notice Mailed 12/10/1999
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Appeal Number(s)/Program(s) 9927245/MED

Notice to Appellant

This is the official report of your hearing and is to inform you of the decision and order in your case. All papers and materials introduced at the hearing or otherwise filed in the proceeding make up the hearing record. The hearing record will be available for examination at the local agency during normal office hours.

If you believe the state hearing decision is wrong, you may request an administrative appeal by writing to: Ohio Department of Human Services, Office of Legal Services, 30 East Broad Street, 31st Floor, Columbus, Ohio 43266-0423 or FAX (614) 752-8298. Your request should include a copy of this hearing decision and an explanation of why you think it is wrong. The department will respond to your request quickly, so any information, arguments, or documents you want considered must be sent with your request. Your written request must be received by the Office of Legal Services within 15 calendar days from the date this decision is issued. ***(If the 15th day falls on a weekend or holiday this deadline is extended to the next work day.)***

During the 15th day administrative appeal period, you may request a free copy of the tape recording of the hearing by contacting the district hearings section.

If you want information on free legal services, but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association, toll free, at 1-800-589-5888, for the local number.

ISSUE:

Appeal # 9927245 - Whether the agency's 11/3/99 denial of the 11/2/99 request for prior authorization for a ventolin inhaler is proper.

FINDING OF FACT:

The assistance group (AG) consists of a single individual in receipt of Medicaid (MA D) benefits. A prior authorization was submitted to Medical Operations Services (MOS) on 11/2/99 for a ventolin inhaler. The prior authorization request was denied 11/3/99. The state hearing request was filed 11/4/99.

MCK

Appeal(s) OVERRULED 9927245	Date Issue 01/03/2000	Compliance
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Distribution: Original to appellant, one copy to local agency; one copy to district Hearing section; one copy to district office; two copies to State Hearings. (Photocopy to appellant's authorized representative, if any, and to ODHS units as appropriate.)

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Agency Testimony:

MOS received a request for prior authorization for a ventolin inhaler 11/2/99, for dates of service 11/1/99 to 1/30/00. The request was denied 11/3/99 by the Ohio Medicaid program as a duplicate request (Exhibit A).

The original request for the same dates of services was approved 10/29/99, prior authorization number 844047. The provider was sent a facsimile approval at 2:32 p.m. (Exhibit B).

No medical necessity documentation was provided as to why a second inhaler was requested for same dates of service. The denial conforms to the Ohio Medicaid program rules and regulations.

MOS explained appellant is required to have prior authorization for the ventolin inhaler because she is unable to use the generic prescription for the inhaler. The physician must forward a request every time the prescription is renewed in order to ensure the physician sees the patient prior to requesting the authorization.

Appellant Testimony:

Appellant does not understand why she must have prior authorization for the ventolin inhaler. She does not understand why the physician must write a new statement every two or three months when the prescription is renewed.

Appellant agreed she is receiving the ventolin inhaler pursuant to the original 10/29/99 request. Appellant believes the pharmacist requested the second prior authorization in error.

EXHIBITS:

Agency:

Exhibit A: 10/29/99 prior authorization approval

Exhibit B: 11/2/99 prior authorization request

CONCLUSIONS OF FACT:

1.) MOS received a prior authorization request for a ventolin inhaler with dates of service 11/1/99 through 1/30/00 was requested 10/29/99 and again 11/2/99. The 10/29/99 request was authorized (Exhibit A).

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- 2.) The 11/2/99 prior authorization request was denied 11/3/99 due to lack of medical necessity and duplicate request for the same dates of service.
- 3.) Medical necessity for the second inhaler request was not provided by either the physician or pharmacist.
- 4.) Appellant is receiving the ventolin inhaler based on the 10/29/99 prior authorization request and approval.

CONCLUSIONS OF POLICY:

Ohio Administrative Code (OAC) 5101:3-1-01 defines medical necessity as the fundamental concept underlying the Medicaid program. Medicaid. To be medically necessary, a service must "(1) meet accepted standards of medical practice; (2) be appropriate to the illness or injury for which it is performed as to types of service and expected outcome; (3) be appropriate to the intensity of service and level of setting; and (4) provide unique, essential, and appropriate information when used for diagnostic purposes." OAC 5101"3-1-31 requires prior authorization of the services identified in OAC 5101:3-2 to 5101:3-59.

The findings indicate a prior authorization request was received and authorized 10/29/99 by MOS for the time period 1/1/99 to 1/31/00. A prior authorization request was received by MOS 11/2/99 for the same dates of service and without verification of medical necessity for the second request. MOS correctly denied the 11/2/99 request 11/3/99.

HEARING OFFICER'S RECOMMENDATIONS:

Appeal # 9927245 - The appeal should be OVERRULED. The 11/3/99 denial of the 11/2/99 request for prior authorization of a ventolin inhaler, due to a duplicate request and lack of medical necessity, is proper and affirmed.

FINAL ADMINISTRATIVE DECISION AND ORDER:

The Hearing Officer's recommendations are adopted. Appeal #9927245 is OVERRULED.

Date Issued: 01/03/2000

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