

one to one watch solely because of flight concerns.¹¹

The hospital billed Medicaid for a one day of inpatient care.¹² The only diagnosis listed on patient review report is cannabis use, continuous.¹³ On April 24, 2014, the Division mailed a denial notice.¹⁴ The Division denied the billing because the services rendered could have been provided at a lower level of care and did not require acute inpatient services.¹⁵ On May 2, 2014, Ms. Q requested a fair hearing, explaining that he has multiple diagnoses, not just cannabis abuse.¹⁶ The fair hearing request also explained that J was held for transport to No Name and that he has had issues for many years.¹⁷

A hearing was originally scheduled for June 10, 2014. At that time, the parties agreed to a continuance in order to attempt to resolve the claim. During the July 16, 2014, hearing, the Division explained that it was not challenging the fact that J needed to be at NNH.¹⁸ It was simply challenging the billing code submitted by NNH.¹⁹ Ms. LaRue explained that an observation billing code is more appropriate for a less than 24 hour hold with no medical intervention than the acute inpatient billing code submitted by NNH.²⁰ Ms. LaRue contacted NNH staff multiple times and asked NNH to resubmit under an outpatient observation billing code.²¹ NNH explained to Ms. LaRue that the doctor wrote it up as an inpatient service, and NNH staff was not going to change the code.²²

III. Discussion

The Division's denial notice states, "[y]our current medical condition and/or the requested treatment (indicated above) can be treated and/or provided at a lower level of care and does not require the acute inpatient hospital services that were requested."²³ Medicaid covers

¹⁰ NNH Mental Health evaluation by E. Weeks, LCSW.

¹¹ NNH ER record, p. 4 of 4; Ms. Q testimony.

¹² Ex. D; LaRue testimony.

¹³ Ex. E, p. 1.

¹⁴ Ex. 7.

¹⁵ Ex. D; LaRue testimony.

¹⁶ Ex. C.

¹⁷ Ex. C.

¹⁸ Ms. Ybarra hearing presentation. Ms. Ybarra also stated that unless Ms. Q agreed at the time of treatment to remit payment to NNH, she would not be responsible for these charges.

¹⁹ Ms. LaRue testimony.

²⁰ Ms. LaRue testimony.

²¹ Ms. LaRue testimony.

²² Ms. LaRue testimony.

²³ Ex. D.

medically necessary services that have received prior authorization (if needed).²⁴ Inpatient and outpatient procedures or diagnosis require prior authorization.²⁵ Inpatient admission is only covered if the, “the recipient requires an acute care hospital level of care or meets the requirements of an administrative-wait bed or swing-bed status, and the department gives prior authorization.”²⁶ The department will not pay for, “services and procedures that do not require hospital care, including recipients who do not require or who no longer require acute inpatient care....”²⁷

J was “medically cleared” and received no medical or mental health services once admitted to NNH. Ms. Q testified credibly that there was nowhere else for J to go while awaiting transport to No Name. Although true, this circumstance does not satisfy the level of care requirement for inpatient billing. Ms. Q testified that hospital staff explained it would be like J was on a suicide watch, with someone from NNH with J the whole time he was awaiting transport. But J was not on suicide watch. His mental health evaluation states no suicidal ideation and low risk.²⁸ The medical records support a finding that at the time of his admission, J did not require “an acute hospital level of care,” as required for Medicaid coverage.²⁹

IV. Conclusion

Because the services provided should have been billed at a lower level of care, the Division’s decision to deny coverage for J Q’s inpatient admission is affirmed.

Dated: August 27, 2014

Signed

Bride A. Seifert
Administrative Law Judge

²⁴ 7 AAC 105.100(5)-(6).

²⁵ 7 AAC 105.130(11).

²⁶ 7 AAC 140.305(2)-(3). The record contains no evidence of administrative wait or swing-bed status.

²⁷ 7 AAC 140.315(b)(5)(D).

²⁸ NNH Mental Health Evaluation. There is not a “no risk” category.

²⁹ See 7 AAC 140.305(2)-(3); 7 AAC 140.315(b)(5)(D).

Adoption

The undersigned, by delegation from of the Commissioner of Health and Social Services, adopts this Decision, under the authority of AS 44.64.060(e)(1), as the final administrative determination in this matter.

Judicial review of this decision may be obtained by filing an appeal in the Alaska Superior Court in accordance with Alaska R. App. P. 602(a)(2) within 30 days after the date of this decision.

DATED this 17th day of September, 2014.

By: Signed
Signature
William J. Streur
Name
Commissioner
Title

[This document has been modified to conform to the technical standards for publication.]

Non-Adoption Options

A. The undersigned, by delegation from the Commissioner of Health and Social Services and in accordance with AS 44.64.060(e)(2), declines to adopt this Decision, and instead orders under AS 44.64.060(e)(2) that the case be returned to the administrative law judge to

take additional evidence about _____;

make additional findings about _____;

conduct the following specific proceedings: _____.

DATED this _____ day of _____, 2014.

By: _____

Name:

Title:

B. The undersigned, by delegation from the Commissioner of Health and Social Services and in accordance with AS 44.64.060(e)(3), revises the enforcement action, determination of best interest, order, award, remedy, sanction, penalty, or other disposition of the case as set forth below, and adopts the proposed decision as revised:

Judicial review of this decision may be obtained by filing an appeal in the Alaska Superior Court in accordance with Alaska R. App. P. 602(a)(2) within 30 days after the date of this decision.

DATED this _____ day of _____, 2014.

By: _____

Name:

Title:

C. The undersigned, by delegation from the Commissioner of Health and Social Services and in accordance with AS 44.64.060(e)(4), rejects, modifies or amends one or more factual findings as follows, based on the specific evidence in the record described below:

Judicial review of this decision may be obtained by filing an appeal in the Alaska Superior Court in accordance with Alaska R. App. P. 602(a)(2) within 30 days after the date of this decision.

DATED this _____ day of _____, 2014.

By: _____

Name:

Title:

D. The undersigned, by delegation from the Commissioner of Health and Social Services and in accordance with AS 44.64.060(e)(5), rejects, modifies or amends the interpretation or application of a statute or regulation in the decision as follows and for these reasons:

Judicial review of this decision may be obtained by filing an appeal in the Alaska Superior Court in accordance with Alaska R. App. P. 602(a)(2) within 30 days after the date of this decision.

DATED this _____ day of _____, 2014.

By: _____

Name:

Title:
