

**STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

P.O. Box 30763, Lansing, MI 48909
(877) 833-0870; Fax: (517) 334-9505

IN THE MATTER OF:

██████████

Appellant

_____ /

Docket No. 2010-43941 PA

██████████

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████ and continued until ██████████. ██████████ appeared on behalf of the Appellant. ██████████, RN, Medicaid Analyst represented the Department.

ISSUE

Did the Department properly deny Appellant's prior authorization request for a Convaid EZ Rider 12" stroller with transit option?

FINDINGS OF FACT

Based upon the competent, material, and substantial evidence, the Administrative Law Judge finds as material fact:

1. Appellant is a ██████████ Medicaid beneficiary with diagnoses of Hydrocephalus, Obstructive; Cerebral Palsy and Seizure Disorder. Department's Exhibit A, pp. 2, 4 and Appellant's Exhibit #1, p. 2.
2. On ██████████, the Appellant requested a Convaid EZ Rider on prior authorization. Department's Exhibit A, p. 2.
3. The prior authorization request was reviewed and denied on ██████████ stating, "Pediatric mobility item may be covered for children ages 3 and over." At the time of review the Appellant had not attained the necessary age for eligibility. Appellant's Exhibit #1, p. 1.

4. The Department witness said they notified the Appellant of the denial on ██████████
██████████ See Testimony of ██████████
5. On ██████████, the Appellant filed her Request for Hearing with the State Office of Administrative Hearings and Rules for the Department of Community Health. Appellant's Exhibit #1.

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 statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

The Medicaid Provider manual requires the satisfaction of preliminary requirements under prior authorization and establishes certain age thresholds:

PRIOR AUTHORIZATION

Medicaid requires prior authorization (PA) to cover certain services before those services are rendered to the beneficiary. The purpose of PA is to review the medical need for certain services. It does not serve as an authorization of fees or beneficiary eligibility. Different types of services requiring PA include:

- Procedures identified as requiring PA on the procedure code databases on the MDCH website;
- Procedures/items that are normally noncovered but may be medically necessary for select beneficiaries (e.g., surgery normally cosmetic in nature, obesity surgery, off-label use drugs, etc.); and
- Referrals for elective services by out-of-state nonenrolled providers.

Medicaid Provider Manual (MPM), Practitioner, §1.10, p. 4
April 1, 2010¹

¹ This edition of the MPM at §1.10 [in place at the time of PA request and service denial] is substantially different than the version in place on ██████████.

AGE LIMITATIONS

Coverage may be different based on the beneficiary's age. For specifics of HCPCS codes and age parameters, refer to the Coverage Conditions and Requirements Section of this chapter and the MDCH Medical Supplier Database on the MDCH website.

MEDICAL NECESSITY

Services are covered if they are the most cost-effective treatment available and meet the Standards of Coverage stated in the Coverage Conditions and Requirements Section of this chapter.

A service is determined to be medically necessary if prescribed by a physician and it is:

- Within applicable federal and state laws, rules, regulations, and MDCH promulgated policies.
- Medically appropriate and necessary to treat a specific medical diagnosis or medical condition, or functional need.
- Within accepted medical standards; practice guidelines related to type, frequency, and duration of treatment; and within scope of current medical practice.
- Inappropriate to use a non-medical item.
- The most cost effective treatment available.


A **pediatric mobility item (wheelchair/stroller)** may be covered for children ages three and over when:

- The requested item will be the primary mobility device for a child who cannot self-propel a manual wheelchair or operate a power wheelchair.
- Diagnosis or medical condition effects resulting in the ability to ambulate.
- It is required as a transport device when primary wheelchair is not portable and cannot be transported. (Emphasis supplied)

MPM; Medical Supplier, §§1.4, 1.5, 2.47 pp. 3, 4, 81, April 1, 2010²

² At the time PA and service denial the April version of the MPM was in effect. This edition varies substantially from the July 1, 2010 version. This decision and order is based on the policy in effect at the time of PA request.

A Medicaid beneficiary bears the burden of proving he or she was denied a medically necessary and appropriate service.

The preponderance of the evidence presented supports the Department's denial. The evidence establishes that the Appellant had not yet attained  at the time of request. [See Appellant's Exhibit 1 – throughout] Absent satisfaction of that threshold requirement or some recognized policy exception the Department's decision was correct when made. The Appellant therefore is not entitled to pediatric mobility equipment that, by policy, is limited to "children" ages three and over.

The Department witness further explained that a resubmitted request should direct attention to the Appellant's ability to access therapy utilizing the requested DME.

DECISION AND ORDER

Based on the above findings of fact and conclusions of law, I find that the Department's denial of Appellant's prior authorization request for the requested equipment was proper when made.

IT IS THEREFORE ORDERED that:

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

Dale Malewska
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

cc: 

Date Mailed: 10/20/2010

***** NOTICE *****

The State Office of Administrative Hearings and Rules may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The State Office of Administrative Hearings and Rules will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.



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