

5. The Appellant is unable to sit in a standard high chair or booster seat. (Department A page 7)
6. The Department sought and received additional information pertaining to the medical necessity for the item on three (3) occasions.
7. The Department cites to Medicaid provider manual section 2.47 pediatric mobility items (wheelchair/stroller) as a reason for denial.
8. The requested stroller, bases and accompanying accessories are necessary for safe transportation, proper positioning and safety during activities of daily living, such as eating. (Department exhibit A pages 7-10)
9. The Department denied the request following the third submission on [REDACTED].
10. The Appellant requested a formal, administrative hearing [REDACTED]

APPLICABLE LAW AND POLICY

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.

1.5 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.

The Medicaid Provider manual addresses the item requested in section 2.7 of the Medical Supplier section, Children’s Products.

In reviewing the Medicaid policy and submitted material, I find the request meets the definition and standards of coverage under Section 2.7, Children’s Products, of the Medical Supplier Chapter of the Medicaid Provider Manual.

2.7 CHILDREN'S PRODUCTS

Definition	Children's products that may be considered for coverage include, but are not limited to, equipment that is used in the home or vehicle by children under age 21 for the purposes of positioning, safety during activities of daily living, or assisted mobility. Examples of these items include: bath supports, specialized car seats, corner chairs, dynamic standers, feeder seats, gait trainers, pediatric walkers, positioning commodes, side layers, standers, and toileting supports.
Standards of Coverage	Children's products are covered if one or more of the following applies: <ul style="list-style-type: none"> • Beneficiary is unable to independently maintain a seated position. • Beneficiary cannot stand and/or ambulate without the aid of an assistive device. • Beneficiary has physical anomalies that require support to allow a functional position or prevent further disability.
Documentation	Documentation must be less than 180 days old and include all of the following: <ul style="list-style-type: none"> • Diagnosis appropriate for the equipment requested. • Any adaptive or assistive devices currently used in the home. • Reason economic alternatives cannot be used, if applicable. • Statement of functional need from an appropriate pediatric subspecialist, occupational or physical therapist.
PA Requirements	PA is required for all requests.
Payment Rules	All children's products are considered purchase only items.

The requested product will be used in the home by a child under the age of 21 for the purpose of positioning during an activity of daily living, specifically eating. It will further be used to facilitate safe transportation to and from school, doctors appointments and other outings. She is non-ambulatory at this time. It is not being designated for use as a mobility device, thus was not analyzed under section 2.47 of the MA Provider manual for pediatric mobility devices. The uncontested testimony establishes the Appellant is unable to be seated for the purpose of eating without use of the equipment requested. Without it she must be cradled by her mother in her arms for feeding. She is unable to maintain an upright position while seated. Eating is an activity of daily living. Clearly, the specialized equipment requested is being used to facility the activity of daily living.

The Department analyst attached documentation pertaining to standard high chairs in an effort to assert a less costly alternative was available. This is actually a challenge to the medical necessity of the item requested. If the standard high chair were medically appropriate for this child, the pediatrician would not have written the prescription for the specialized chair and seating system. It is uncontested she suffers cerebral palsy and serious brain deformities (closed lip schizencephaly). Additionally, the Department is not being asked to absorb the entire cost of the item, merely the uncovered portion of the co-pay remaining after the private insurance has been used. The Department cites no authority for failure to pay the remaining co-payment of an otherwise covered item where private insurance has already paid the bulk of the expense. Both the definition and standards of coverage criteria for Section 2.7-Children's Products have been met. I also do not find any evidence that the Sunrise Medical Kidkart express stroller with feeding base and accessories is being used as a mobility device, therefore Section 2.47 does not apply.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department improperly denied the Appellant's request for PA of the stroller, feeding base and accessories.

IT IS THEREFORE ORDERED that:

The Department's decision is REVERSED. The Department is hereby ordered to approve the prior authorization request submitted by the Appellant.

Jennifer Isiogu
Administrative Law Judge
for Janet Olszewski, Director
Michigan Department of Community Health

[REDACTED]
Docket No: 2010-13193 PA
Decision and Order

cc:

[REDACTED]

Date Mailed: 3/3/2010

***** NOTICE *****

The State Office of Administrative Hearings and Rules for the Department of Community Health 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 for the Department of Community Health 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 mailing date of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the mailing date of the rehearing decision.