

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

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IN THE MATTER OF:

██████████

Appellant

_____ /

Docket No. 2011-4923 PA
Case No. 38612436

DECISION AND ORDER

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

After due notice, a hearing was held on ██████████. The Appellant's ██████████ appeared as the Appellant's representative. The Appellant's ██████████ and ██████████ appeared as the Appellant's witnesses. ██████████ and ██████████ represented the Department.

ISSUE

Did the Department properly deny the Appellant's prior-authorization request for pediatric power wheelchair accessories?

FINDINGS OF FACT

The Administrative Law Judge, based on the competent, material, and substantial evidence on the whole record, finds as material fact:

1. The Appellant is ██████████ Medicaid beneficiary, who has been diagnosed with a spinal cord injury.
2. The Appellant is non-ambulating and requires a power wheelchair for mobility.
3. On ██████████, the Department received a prior-approval request and supporting documentation for a pediatric power wheelchair with accessories for the Appellant. (See Docket No. 2010-54262 PA)
4. The Department denied the prior-authorization request on ██████████, asserting that the Appellant did not meet all of the standards of coverage

for the pediatric power wheelchair. (See Docket No. 2010-54262 PA)

5. A hearing was held on [REDACTED], and in light of additional medical documentation submitted on the Appellant's behalf, the Department's representative approved the prior-authorization request and the matter was dismissed. (See Docket No. 2010-54262 PA)
6. On [REDACTED], the Department sent the Appellant notice of a partial approval of her request. Specifically, her pediatric power wheelchair had been approved. However, two of the requested accessories were denied. (Exhibit 1, pages 23-31)
7. On [REDACTED], the State Office of Administrative Hearings and Rules received the hearing request filed on the Appellant's behalf, contesting the Department's denial of the requested accessories.

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 provides, in pertinent part, as follows:

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:

* * *

- Medically appropriate and necessary to treat a specific medical diagnosis or medical condition, or functional need.

* * *

2.47 WHEELCHAIRS, PEDIATRIC MOBILITY ITEMS AND SEATING SYSTEMS

Definition

A wheelchair has special construction consisting of a frame and wheels with many different options and includes, but is not limited to, standard, lightweight high strength, powered, etc.

A pediatric mobility item (wheelchair/stroller) has special lightweight construction consisting of a frame and wheels with many different options and includes, but is not limited to, transport chairs.

Seating systems are systems to facilitate positioning in a wheelchair. These include, but are not limited to:

- Standard or planar prefabricated components or components assembled by a supplier or ordered from a manufacturer who makes available special features, modifications or components.
- Contoured seating is shaped to fit a person's body to provide support to facilitate proper posture and/or pressure relief. Contoured seating is not considered custom-made.
- Custom seating is uniquely constructed or substantially modified to meet the specific needs of an individual beneficiary.

A standing wheelchair is a wheelchair that incorporates a standing mechanism that may be self-propelled by the user for mobility. It allows an individual to go from a seated position to a standing position with either a manual level or power switch.

Standards of Coverage –

Wheelchair Accessory may be covered if medically necessary to meet the functional needs of the beneficiary. Specific accessories are part of the initial purchase of a wheelchair and should not be billed separately. Other accessories/modifications are considered as upgrades and would require medical justification from physician, occupational or physical therapist. Specific wheelchair accessories requested solely to facilitate transport of a beneficiary within a vehicle are not covered.

The physician, occupational or physical therapist must address the status/condition of the current chair and include the brand, model, serial number and age of current chair.

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

Docket No. 2011-4923 PA
Decision and Order

- 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.

*MDCH Medicaid Provider Manual,
Medical Supplier Section,
April 1, 2010,¹ pages 3, 79-81.*

The Department denied the prior-authorization request for the accessories in this case because they are not medically necessary. The Department representative explained that the accessories requested—a multiplex box harness, a power tech vent power and power tech vent cable—are not necessary for the functioning of the pediatric power wheelchair.

The Appellant's representative disagreed with the Department's denial and explained that the Appellant needs the requested accessories to plug her ventilator into. The Appellant's witness stated that the Appellant's ventilator battery only lasts for approximately three hours and that these accessories would allow the wheelchair to power the ventilator. He further explained that while an external battery for the ventilator could be used, it is not ideal. However, he conceded that in his medical opinion, the requested accessories are not medically necessary for the Appellant.

While this Administrative Law Judge sympathizes with the Appellant's circumstances, the Department's denial of the prior-authorization request must be upheld. The Appellant's witness conceded that the requested accessories are not medically necessary. Therefore, they cannot be covered by the Department. This does not mean that the Appellant would not benefit from the accessories or that she is not deserving of them, but only that the Medicaid policy does not allow for coverage.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department's denial of the Appellant's request for prior-authorization of pediatric power wheelchair accessories was proper.

¹ This Administrative Law Judge acknowledges that the cited sections of policy were modified on July 1, 2010. However, the original denial in this matter was issued before that date and it appears the Department relied on the prior policy when it made its most recent decision. In addition, the policy changes that were implemented on July 1, 2010, do not impact the outcome of this case.

[REDACTED]
Docket No. 2011-4923 PA
Decision and Order

IT IS THEREFORE ORDERED that:

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

Kristin M. Heyse
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

cc: [REDACTED]

Date Mailed: 2/3/2011

***** 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.