

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
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. 2011-26285 PA

Case No. ██████████

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 ██████████. ██████████ appeared on behalf of the Appellant. She had no witnesses. ██████████, ██████████, represented the Department. She had no witnesses.

ISSUE

Did the Department properly deny Appellant's request for prior authorization (PA) of a Q600 power wheelchair?

FINDINGS OF FACT

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

1. The Appellant is a ██████-year old Medicaid beneficiary. Appellant's Exhibit #1.
2. The Appellant is afflicted with the residuals of left-sided CVA, and is post craniopharyngioma. Appellant's Exhibit #1 and Department's Exhibit A, p. 29.
3. The Appellant has to "slump" in order to utilize her right leg to assist in propulsion of her existing manual wheelchair. She fatigues quickly. Department's Exhibit A, pp. 6, 13 and See Testimony.

4. The Appellant is capable of self-ambulation with a “large quad-cane.” Department’s Exhibit A, p. 15.
5. On a ██████████ test operation of a *Permobil C300*¹ power wheelchair the Appellant was able to operate briefly within a “busy clinic setting...required a few reminders ... to pay attention.” Department’s Exhibit A, p. 18.
6. On ██████████, the Department received a PA request [second request] for a Pride Quantum Q600 PTO power wheelchair. Department’s Exhibit A, pp. 2, 25.
7. Following review - the request for PA was denied on ██████████, and ██████████. Her further appeal rights were contained therein. Department’s Exhibit A, pp. 2, 3, 4.
8. Additional consultations took place as provided by MSA physicians on ██████████, and ██████████ – again confirming denial of PA. Department’s Exhibit A, p. 2 and See Testimony of ██████████
9. On ██████████, the Michigan Administrative Hearing System received the hearing request filed on the Appellant’s behalf.² (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 provides, in pertinent part, as follows:

MEDICAL NECESSITY

Medical devices 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.

¹ Not the DME item requested on PA.

² The Appellant’s petition is not late based on the ██████████, action by the Department.

The medical record must contain sufficient documentation of the beneficiary's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement. The information should include the beneficiary's diagnosis, medical condition, and other pertinent information including, but not limited to, duration of the condition, clinical course, prognosis, nature and extent of functional limitations, other therapeutic interventions and results, and past experience with related items. Neither a physician's order nor a certificate of medical necessity by itself provides sufficient documentation of medical necessity, even though it is signed by the treating physician. Information in the medical record must support the item's medical necessity and substantiate that the medical device needed is the most appropriate economic alternative that meets MDCH standards of coverage.

Medical equipment may be determined to be medically necessary when all of the following apply:

- 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, and is an integral part of the nursing facility daily plan of care or is required for the community residential setting.
- 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 nonmedical item.
- The most cost effective treatment available.
- It is ordered by the treating physician, and clinical documentation from the medical record supports the medical necessity for the request (as described above) and substantiates the physician's order.
- It meets the standards of coverage published by MDCH.
- It meets the definition of Durable Medical Equipment (DME), as defined in the Program Overview section of this chapter.
- Its use meets FDA and manufacturer indications.

* * *

2.47 WHEELCHAIRS ...

[STANDARDS OF COVERAGE]

For power wheelchairs:

- Lacks ability to propel a manual wheelchair, or has a medical condition that would be compromised by propelling a manual wheelchair, for at least 60 feet over hard, smooth, or carpeted surfaces (this includes the need to rest at intervals).
- Is able to safely control the wheelchair through doorways and over thresholds up to 1½".
- Has a cognitive, functional level that is adequate for power wheelchair mobility.
- Has visual acuity that permits safe operation of a power mobility device.
- Must accommodate growth and adjustments for custom-fabricated seating systems a minimum of 3" in depth and 2" in width.
- For a three-wheeled power mobility device, has sufficient trunk control and balance. (Emphasis supplied)

The Medicaid Utilization Analyst (Program Review Division) is the authorized Medicaid representative who determines if the service requested falls within the standards of coverage. A prior authorization request may be returned or denied if the documentation is incomplete and not specific to the beneficiary and device requested.

MDCH reserves the right to request additional documentation to determine medical necessity. For CSHCS beneficiaries, a medical referral from an appropriate board certified pediatric subspecialist or an Office of Medical Affairs (OMA)-approved physician is required. MDCH also reserves the right to require a medical referral from an appropriate board-certified pediatric subspecialist for Medicaid beneficiaries.

Prior authorization is required for:

- All adult wheelchairs, power-operated vehicles, seating, and accessories.

- Rental of a standard wheelchair beyond three months for hospital discharge waiver.
- New and replacement custom-fabricated seating systems, and the addition of functions for tilt-in-space and/or recline (power or manual).
- Diagnosis/medical conditions that are not listed as approved to bypass prior authorization for pediatric mobility items.
- Replacement of standard wheelchairs beyond established timeframes.

MPM, Medical Supplier, §2.47B, §2.47C
October 1, 2010, pp. 4-5 and 81-88.

The Department witness, ██████████, testified that on serial review of the Appellant's request for a power wheelchair the PA was denied because the Appellant failed to demonstrate medical necessity for a power wheelchair beyond being a convenience item. She said that owing to the Appellant's operative history her level of fatigue or poor endurance would continue and would not be ameliorated by use of a power wheelchair. To support her position she referred to comments made on the PA documents by the requestors. See Department's Exhibit A, at pages 10-38.

The Appellant's representative said that her daughter has improved cognitively and is "mainstreamed" at ██████████ – and while she requires medications "she has come a long way" and has no ability to propel a wheelchair on a carpeted surface.

██████████ reiterated that the Appellant's PT revised Department reviewers that a lack of a power wheelchair made caring for the Appellant difficult for home help providers and the mother – as opposed to being a necessity for the Appellant.

At hearing it was discovered that the Appellant had a cognitive evaluation conducted in 2005 – but no current "neuro-psych evaluation." [She said she would submit that to Souder for further review.]

Based on the documentation submitted the Appellant did not meet Medicaid standard of coverage for a power wheelchair as of the date of hearing. Accordingly, the Department's denial must be upheld – even though they have agreed to review further material. If they have not already done so, the Appellant should submit the additional information to the Department.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's request for a power wheelchair.


Docket No. 2011-26285 PA
Decision and Order

IT IS THEREFORE ORDERED that:

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

Dale Malewska
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

cc: 

Date Mailed: 6/28/2011

***** NOTICE *****

The Michigan Administrative Hearing System 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 Michigan Administrative Hearing System 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.