

**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. 2011-45511 PAC

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. ██████████ represented the Department. She had no witnesses.

**ISSUE**

Did the Department properly deny Appellant's request for prior authorization (PA) of a 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 MI Child, Children's Special Health Care Services recipient. (Appellant's Exhibit #1)
2. The Appellant is afflicted with holoprosencephaly, cerebral palsy with spastic quadriplegia, innocent heart murmur, static encephalopathy and dysarthria. He is wheelchair bound. (Department's Exhibit A, p. 10)
3. The Appellant has never owned a power wheelchair - he utilizes a manual wheelchair but is unable to keep up with peers at school. (Appellant's Exhibit #1 – throughout)
4. Owing to his physical habitus and surgeries he requires many options and assistive devices to any wheelchair. (Department's Exhibit A – throughout)

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5. On [REDACTED], the Department received a PA request for an Incare TDX SP power wheelchair and accessories (Department's Exhibit A, pp. 2, 8, 9)
6. Following review - the request for PA was denied in writing on [REDACTED]. His further appeal rights were contained therein. (Department's Exhibit A, pp. 2, 6, 7)
7. The Department advised the Appellant's parents that he did not meet the standard of coverage for a power wheelchair in that he must be independent with power wheelchair mobility, without help or oversight and that he must be able to consistently, safely, and independently maneuver a power wheelchair within his environments. (Department's Exhibit A, p. 7 and See Testimony of Souder, R.N.)
8. On [REDACTED], the Michigan Administrative Hearing System received the hearing request filed on the Appellant's behalf. (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 (MPM) 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.

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. MPM, Medical Supplier, §1.5, October 1, 2011, pages 4, 5.

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## **2.47 WHEELCHAIRS ...**

### **[STANDARDS OF COVERAGE ]**

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**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)

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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, pages 83 and 87.

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The Department witness, ██████████, testified that on 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 owing to inadequate information to support coverage. ██████████ added that the request failed to meet standards because it addressed learning and use in a supervised setting – two components of operation not covered under the policy.

██████████ testified that the Appellant needs prior training and that the Appellant did not demonstrate sufficient visual acuity or cognitive ability to qualify for a power wheelchair – although she did indicate and explain to the Appellant's mother that he would remain a good candidate once trained - after demonstrating independence.

The Appellant's mother said that the Appellant is "always supervised and that's just the way it is" as her explanation for PA comments relating to supervision. She added that since this assessment the Appellant has demonstrated increased functional mobility and the ability to talk.

Department witness ██████████ said there was no evidence that the request had been submitted to MI Child and that the evaluation criteria at sections 8 and 10 was inadequate to justify approval of the requested item without further training and reevaluation. She explained that the Department does not provide the power wheelchair training.

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.

### **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.

  
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**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.

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

cc:



Date Mailed: 10/19/2011

**\*\*\* 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.