

**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:

Docket No. 2011-51887 PA  
Case No. [REDACTED]

[REDACTED],

Appellant

\_\_\_\_\_ /

**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 [REDACTED] [REDACTED] appeared on behalf of the Appellant. She had no witnesses. [REDACTED], R.N., Medicaid Analyst, 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 [REDACTED] disabled, Medicaid beneficiary. (Appellant's Exhibit #1)
2. The Appellant is afflicted with developmental delay NOS, infantile cerebral palsy NOS, metabolic encephalopathy. (Department's Exhibit A, p. 19)
3. The Appellant has never owned a power wheelchair - she utilizes a manual wheelchair at school where she has "pushers" who will not be available on entry to High School. (See Testimony)
4. Owing to her cognitive state she requires a power wheelchair with limited options. (See Testimony of Souder)
5. On [REDACTED], the Department received a PA request for a Pride

Quantum Q6 3SP-SS power wheelchair which was denied by ██████████  
██████████ on ██████████; resubmitted on ██████████, and  
was again denied on ██████████ – by ██████████.  
(Department's Exhibit A, p. 1)

6. Following review - the request for PA was denied in writing for lack of information supporting medical necessity. The beneficiary does not meet the standard of coverage according to the data presented for review. (Department's Exhibit A, p. 1)
7. The Department advised the Appellant's mother that she did not meet the standard of coverage for a power wheelchair in that she must be independent with power wheelchair mobility, without help or oversight and that she must be able to consistently, safely, and independently maneuver a power wheelchair within her environments. The requested wheelchair is too complex to assure Appellant's independence and is a convenience item for school personnel – not the beneficiary. (Department's Exhibit A, pp. 7, 8, 11, and 13 and See Testimony of ██████████, R.N.)
8. On ██████████, the Michigan Administrative Hearing System for the Department of Community Health 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.

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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. (Emphasis supplied)

MPM, Medical Supplier, §2.47B, §2.47C  
October 1, 2011, pages 83 and 87.

The Department witness, ██████████, testified that on review of the Appellant's request for a power wheelchair, described above, 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 requested unit was too complex for a child with the Appellant's cognitive function and was actually more of a convenience item for school personnel, instead of the Appellant. She added that the second PA assessment contained contradictory statements about observed independence versus necessary supervision.

██████████ testified that the Appellant can be adequately trained for independent power wheelchair operation when optional add-ons are eliminated to avoid Appellant confusion. ██████████ added that neither PA request demonstrated what the Appellant was capable doing, but rather focused on what she could not do. She said the proposed model was not a cost efficient product.

The Appellant's mother said that she understood the Department's explanation. She said she desired the power wheelchair because their home is too small and she must carry the Appellant on her back from room to room. She said she observed the Appellant during training and observed that she had to have somebody with her to assist in the operation of the chair.

Based on the documentation submitted the Appellant did not meet Medicaid standard of coverage for a power wheelchair. 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.

**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: 11/23/2011

**\*\*\* 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.