

**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:

██████████ Case
Appellant

Docket No. 2012-42919 PA
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 the Appellant's behalf. ██████████ represented the Department.

██████████, appeared as a witness for the Department.

ISSUE

Did the Department properly deny the Appellant's prior authorization request for a Teekoz harness?

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 an ██████████ Medicaid beneficiary who has been diagnosed with 1p36 deletion syndrome. (Exhibit 1, pages 6-7)
2. On ██████████ the Department received a prior approval-request for a Teekoz harness for the Appellant. (Exhibit 1, pages 6-11)
3. On ██████████ the Department's consulting physician determined that the requested harness is considered exercise equipment and is not covered. (Exhibit 1, page 12)
4. On ██████████ a Notification of Denial was mailed to the Appellant stating the requested harness was denied because this is considered exercise equipment and is not covered based on Section 1.10 of the Medical Supplier chapter of the Medicaid Provider Manual. (Exhibit 1,

page 5)

5. On ██████████ the Michigan Administrative Hearing System received the hearing request filed on the Appellant's behalf. (Exhibit 1, page 4)

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:

1.10 NONCOVERED ITEMS

Items that are not covered by Medicaid include, but are not limited to:

- Adaptive equipment (e.g., rocker knife, swivel spoon, etc.)
- Air conditioner
- Air purifier
- Devices used for play, pre-mobility development, or exercise are not considered pediatric mobility devices for the purpose of reimbursement and are not covered (e.g., jet mobile, ready racer, creepster crawler)
- Enteral formula to accommodate psychological or behavioral conditions, food preferences, allergies, loss of appetite, or noncompliance with a specialized diet
- Environmental Control Units
- Equipment not used or not used properly by the beneficiary
- Equipment for social or recreational purposes
- Exam tables/massage tables
- Exercise equipment (e.g., tricycles, exercise bikes, weights, mat/mat tables, etc.)
- Generators
- Hand/body wash
- Heating pads
- Home modifications
- Hot tubs
- House/room humidifier
- Ice packs
- Items for a beneficiary who is non-compliant with a physician's plan of care (or) items ordered for the purpose of

- solving problems related to noncompliance (e.g., insulin pump)
- Items used solely for the purpose of restraining the beneficiary for behavioral or other reasons
- Lift chairs, reclining chairs, vibrating chairs
- More than one pair of shoes on the same date of service
- New equipment when current equipment can be modified to accommodate growth
- Nutritional formula representing only a liquid form of food
- Nutritional puddings/bars
- Over-the-counter shoe inserts
- Peri-wash
- Portable oxygen, when oxygen is ordered to be used at night only
- Power tilt-in-space or reclining wheelchairs for a long-term care resident because there is limited staffing
- Pressure gradient garments for maternity-related edema
- Prosthetic appliances for a beneficiary with a potential functional level of K0
- Regular or dietetic foods (e.g., Slimfast, Carnation instant breakfast, etc.)
- Room dehumidifiers
- School Items (e.g., computers, writing aids, book holder, mouse emulator, etc.)
- Second units for school use
- Second wheelchair for beneficiary preference or convenience
- Sensory Devices (e.g., games, toys, etc.)
- Sports drinks/juices
- Stair lifts
- Standard infant/toddler formula
- Therapy modalities (bolsters, physio-rolls, therapy balls, jett mobile)
- Thickeners for foods or liquids (e.g., Thick – it)
- Toothettes
- Transcutaneous Nerve Stimulator or when prescribed for headaches, visceral abdominal pain, pelvic pain, or temporal mandibular joint (TMJ) pain
- Ultrasonic osteogenesis stimulators
- UV lighting for Seasonal Affective Disorder
- Vacu-brush toothbrushes
- Weight loss or "light" products
- Wheelchair lifts or ramps for home or vehicle (all types)

██████████
Docket No. 2012-42919 PA
Decision and Order

- Wheelchair accessories (e.g., horns, lights, bags, special colors, etc.)
- Wigs for hair loss

For specific procedure codes that are not covered, refer to the MDCH Medical Supplier/DME/ Prosthetics and Orthotics Database on the MDCH website or the Coverage Conditions and Requirements Section of this chapter.

MDCH Medicaid Provider Manual,
Medical Supplier Section
January 1, 2012, pages 16-18.

The Administrative Manager of the Prior Authorization Division testified that the Appellant's prior authorization request for the Teekoz harness was reviewed with a consulting physician. The requested harness was considered a therapy modality or exercise equipment by the consulting physician, neither of which are covered under the Medicaid Provider Manual Policy. The Administrative Manager for the Prior Authorization Division stated that the Department does cover other items for the purpose of learning to walk, such as gait trainers or walkers. Strollers are also covered. (Administrative Manager Prior Authorization Division Testimony)

The ██████████ ██████████ disagreed with the denial and testified that the Appellant has a gait trainer and ankle devices have also been ordered. She explained that it is difficult to work with the Appellant to get correct foot placement with the current pony trainer due to how it wraps around him. Other gait trainers have been considered, but they also have the middle piece that interferes. The Appellant's mother described the current harness she put together for the Appellant and how much easier it is to work with him in this harness compared to the pony trainer. She explained that the Appellant has outgrown the current harness and that with his current size it would not be appropriate to make a new homemade harness. The requested harness would be used both at home, where it would attach to a single point from the ceiling, and at school, where it would be used with a track. The requested harness would give the Appellant full body support and allow easy access to work with him on walking and allow for standing time. The ██████████ stated that a stroller would not work for the Appellant for standing time because he does not tolerate being strapped in. (██████████)

The Department provided evidence that the consulting physician reviewed the Appellant's prior authorization request and determined the requested harness was a therapy modality or exercise equipment. The ██████████ testimony indicates the harness would be used, in part, with a track at school. The Medicaid Provider Manual policy does not allow for coverage of items that are exercise equipment, therapy modalities, or for school use. The ██████████ testimony confirmed that the Appellant has or is getting other equipment to assist with learning to walk, such as a gait


Docket No. 2012-42919 PA
Decision and Order

trainer and ankle foot orthoses (AFOs). Accordingly, the denial of the Appellant's prior authorization request for a Teeko harness must be upheld.

DECISION AND ORDER

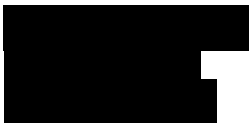
The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's request for a Teeko harness based on the available information.

IT IS THEREFORE ORDERED that:

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

Colleen Lack
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

cc:



Date Signed: _____

Date Mailed: _____

***** 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.