

**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. 2012-52690PA  
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. ██████████ appeared as the Appellant's representative. The ██████████ was present as a witness on behalf of ██████████. ██████████ represented the Department.

**ISSUE**

Did the Department properly deny the Appellant's prior authorization request for optional canopy for the approved 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 ██████████ Medicaid beneficiary who has been diagnosed with Down's Syndrome, Seizure Disorder and Atlanto axial instability. (uncontested).
2. The Appellant is not ambulatory. Her medical condition results in a need for a stroller styled pediatric wheelchair with some accessories. (uncontested)
3. On or about ██████████, the Department received a prior approval request for a Freedom Designs #NXT-30300 folding tilt-in-space pediatric manual wheelchair with multiple accessories. The accessories requested include: adjustable height armrests, ez-lite-exe seat with MOD-1 Y foam B-up, easy clamp 2 back with mod-21 curved back, dod-21A foam for curved back and MOD-2DD internal lumbar foam adj, EE5p-ST D lateral

supports, 7756 headrest, LSH lateral HWDR Swing-away and headrest HWDR re move, EE X6 shoulder support harness style, accessories construction #TCC-T300 custom cut tray, NXT-99998 Transport Package and stroller handles, NXT-38756 Canopy w/visor and EE51 7" tracks (for seating attach) and MOD-6A-1 Strap Risers. (uncontested)

4. On [REDACTED] the Department approved the prior authorization for the wheelchair and all accessories except the canopy. (uncontested)
5. The Department issued a Notice of Denial for the canopy on [REDACTED]. (uncontested)
6. On [REDACTED] the Michigan Administrative Hearing System received the hearing request filed on the Appellant's behalf.

### **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**

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.

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## **2.47 WHEELCHAIRS, PEDIATRIC MOBILITY AND POSITIONING MEDICAL DEVICES, AND SEATING SYSTEMS**

### **2.47.A. DEFINITIONS**

#### **Wheelchair**

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

#### **Pediatric Mobility Product**

Pediatric mobility products are pediatric-sized mobility and positioning medical devices (as defined by PDAC) that have a special light-weight construction consisting of a frame and

wheels/base with many different options. Pediatric mobility devices include pediatric wheelchairs, transport chairs, hi/low chairs with outdoor/indoor bases, and standing systems designed specifically for children with special needs. These products must meet the definition of Durable Medical Equipment (DME) (refer to the Program Overview section of this chapter) and are not available as a commercial product or for which a commercial product can be used as an economic alternative.

### **Licensed/Certified Medical Professional**

A licensed/certified medical professional is defined as an occupational or physical therapist or a rehabilitation RN who has at least two years' experience in rehabilitation seating and is not an employee of the medical supplier.

Medicaid policy requires that assessments must be performed by a licensed/certified medical professional. A physical therapy assistant (PTA) or a certified occupational therapy assistant (COTA) may not perform any part of the assessment or evaluation and may not complete or sign the MSA-1656.

### **Pediatric Subspecialist**

A pediatric subspecialist is a physician who is board-certified in a pediatric subspecialty (such as a physiatrist, neurologist, or orthopedist). A pediatrician is not considered a pediatric subspecialist relative to this policy.

### **Institutional Residential Setting**

An institutional residential setting refers to a nursing facility, hospital long-term care unit, or county medical care facility.

### **Community Residential Setting**

A community residential setting is defined as a non-institutional setting in the community, i.e., beneficiary's own home, Adult Foster Care (AFC), Assisted Living or Group Home.

## **2.47.B. STANDARDS OF COVERAGE**

### **Manual Wheelchair in Community Residential Setting**

May be covered if **all** of the following are met:

- Has a diagnosis/medical condition that indicates a lack of functional ambulatory status and ambulates less than

150 feet within one minute with or without an assistive medical device.

- Must be able to regularly use the wheelchair throughout the day.
- Must be able to be positioned in the chair safely and without aggravating any medical condition or causing injury.
- Purchase of a wheelchair is required for long-term use (greater than 10 months).
- Must have a method to propel wheelchair, which may include:
  - Ability to self-propel for at least 60 feet over hard, smooth, or carpeted surfaces.
  - The beneficiary has a willing and able caregiver to push the chair if needed.

In addition:

A **standard hemi-wheelchair** may be covered when a lower seat to the floor is required.

A **standard light-weight wheelchair** may be covered when the beneficiary is unable to propel a standard wheelchair due to decreased upper extremity strength or secondary to a medical condition that affects endurance.

A **heavy-duty standard wheelchair** may be covered if the beneficiary's weight is more than 250 pounds but does not exceed 300 pounds.

An **extra heavy-duty standard wheelchair** is covered if the beneficiary's weight exceeds 300 pounds.

A **high-strength light-weight or ultra-light standard wheelchair** may be covered when required for a specific functional need.

A **back-up or secondary standard manual wheelchair** may be considered when:

- The beneficiary is primarily a power wheelchair user but needs a manual wheelchair to have access to the community or independent living.
- The beneficiary's medical condition requires a power wheelchair that cannot accommodate public

transportation and, therefore, requires another transport device.

### **Manual Wheelchair in Institutional Residential Setting**

Coverage and reimbursement for all standard manual wheelchairs for an institutional residential setting is included in the per diem rate.

### **Manual Wheelchair with Custom-Fabricated Seating System in both Community Residential and Institutional Residential Settings**

May be covered if **all** of the following are met, in addition to the Standards of Coverage listed under Manual Wheelchair in Community Residential Setting:

- Medical documentation provides a clinical assessment of the specific functional/clinical need for a custom-fabricated seating system. Documentation must specifically rule out other standard seating systems. The seating system must also meet standards of coverage.
- Must accommodate growth and adjustments for custom-fabricated seating systems a minimum of 3" in depth and 2" in width.
- Is an integral part of the care regimen in the community residential setting or the daily nursing plan of care in an institutional residential setting.

### **Power Wheelchair or Power-Operated Vehicle (POV) in Both Community Residential and Institutional Residential Settings**

May be covered if the beneficiary meets **all** of the following:

- 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 with or without rest intervals.
- Requires use of a wheelchair for at least four hours throughout the day.
- Is able to safely operate, control and maneuver the wheelchair in their environmental setting, including through doorways and over thresholds up to 1½", as appropriate.

- Has a cognitive, functional level that permits safe operation of a power mobility device with or without training.
- Has visual acuity that permits safe operation of a power mobility device.
- For a three-wheeled power mobility device, has sufficient trunk control and balance.

### **Pediatric Mobility Devices and Wheelchairs**

May be covered if **all** of the following are met for each type of device. 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.

#### **For manual pediatric wheelchairs:**

- Has a diagnosis/medical condition that indicates a lack of functional ambulatory status with or without an assistive medical device or has a willing and able caregiver to push the chair **and** the wheelchair is required in a community residential setting.
- Is required for long-term use (greater than 10 months).
- Must accommodate growth and adjustments for seating systems a minimum of 3" in depth and 2" in width.
- Is designed to be transportable.
- Is the most economic alternative available to meet the beneficiary's mobility needs.

#### **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.

**For transport mobility medical devices (e.g., strollers):**

- Is over three years of age or has a medical condition that cannot be accommodated by commercial products.
- Will be the primary mobility device due to inability to self-propel a manual wheelchair or operate a power wheelchair.
- Is required as a transport device when the primary wheelchair cannot be designed to be transportable.
- Must accommodate growth and adjustments for seating systems a minimum of 3" in depth and 2" in width.
- Is the most economic alternative available to meet the beneficiary's mobility needs.
- Is required for use in the community residential setting.

**For pediatric standing systems with or without wheels:**

- Is able to utilize the product without being compromised medically or functionally.
- Has a plan of care that documents how the standing system will be used in the community residential setting.
- Documentation addresses economic alternatives, including dynamic vs. nondynamic factors.
- Other economic alternatives have been ineffective.
- Must accommodate growth and adjustments for seating systems a minimum of 3" in depth and 2" in width.

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.

**For pediatric hi/low chairs:**

- Positioning cannot be accommodated by use of other mobility devices or commercial products.
- Is required for independent transfers.
- All mobility products with interchangeable bases and seating systems have been ruled out as economic alternatives.

- Must accommodate growth and adjustments for seating systems a minimum of 3" in depth and 2" in width.

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### **Wheelchair Accessories**

Reimbursement may be made for separate wheelchair accessories that have designated HCPCS codes. Separate reimbursement may be considered for specific wheelchair accessory codes when provided in conjunction with the purchase of a manual wheelchair, power wheelchair, or an addition to an existing wheelchair if:

- It is required to provide safety.
- It is required for appropriate positioning.
- It is the most economic alternative.

For additions to an existing wheelchair, the physician or the occupational or physical therapist must address the status/condition of the current wheelchair and include the brand, model, serial number, and age of the current wheelchair. If MDCH did not purchase the wheelchair being modified, all documentation requirements must be provided as if the request is for a new or initial wheelchair. Refer to the Non-Covered Items section of this chapter for information on accessories that are not covered.

MDCH Medicaid Provider Manual,  
Medical Supplier Section  
April 1, 2011, pages 4-5 and 81-87.

In the present case, the Department authorized the requested pediatric mobility device and all of the requested accessories except the canopy. The Department denied the canopy because the information submitted did not establish medical necessity for a canopy. The submitted Letter of Medical Necessity stated that the canopy is for the purpose of blocking light. The R.N. Analyst testified that the canopy cannot be covered for this reason. She further stated there are after market accessories which serve this purpose and are more economic alternatives to the one requested.

The hearing request and the Appellant's ██████████ indicate the canopy is needed to block light and sunlight. He brought attention to the fact that the Appellant has cognitive limitations as well as physical limitations which make it so that she cannot move away from the sunlight. Additionally, light can exacerbate her seizure condition and cause additional seizure activity. It is asserted this renders the requested canopy medically necessary. He further stated he has been using the after market umbrellas

for [REDACTED]. They are not durable and are burdensome. He also stated that having to deal with the after market umbrella style covering uses energy that they should be able to devote to her other needs. If they had the integrated, custom canopy designed to be used with this model of wheelchair/stroller, the burden of adapting for a special needs child would be reduced and they would not have to use their attention and energy in this manner.

The reason for the canopy is not in dispute. Blocking light is medically appropriate and necessary for this Appellant. However, this does not establish Medicaid must provide coverage for the item. It is possible to block the light without use of a specially designed and customized item. It is not the most economic alternative to accomplish the purpose. The restrictions on use of Medicaid dollars require that more economic alternatives be used before expending money, even for a medical purpose. This restriction is not limited to coverage of pediatric mobility devices and accessories associated with them. It is the standard all throughout the Medicaid program and considered for coverage for other medical needs such as medications, surgery and medical tests.

Based on the documentation submitted, the Appellant did not meet the Medicaid standards of coverage for the requested canopy for the authorized 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 the optional canopy for the approved wheelchair based on the submitted documentation.

**IT IS THEREFORE ORDERED** that:

The Department's decision is AFFIRMED.

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Jennifer Isiogu  
Administrative Law Judge  
for Olga Dazzo, Director  
Michigan Department of Community Health

cc: [REDACTED]

[REDACTED]  
Docket No. 2011-52690 PA  
Decision and Order

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.