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) 373-4147

IN THE MATTER OF:

[redacted]

Docket No. 2013-36546 PA
Case No. [redacted]

Appellant.[1]
_____/

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon Appellant's request for a hearing.

After due notice, a hearing was held on [redacted]. [redacted], Appellant's mother/legal guardian, appeared and testified on Appellant's behalf. [redacted], Appeals Review Officer, represented the Department of Community Health. [redacted], Medicaid Utilization Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny Appellant's prior authorization request for a Superstand wheelchair and accessories?

FINDINGS OF FACT

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

1. Appellant was born on [redacted] and has been diagnosed with hypotonic cerebral palsy. (Respondent's Exhibit A, page 10).

2. On or about [redacted], the Department received a prior authorization request filed on behalf of Appellant and requesting a Superstand wheelchair and accessories. (Respondent's Exhibit A, page 35).

3. In Section 13 of that form, regarding Goals and Equipment Trials, the form was blank in response to the directive to "State the specific economic alternatives considered and provide model and brand". (Respondent's Exhibit A, page 18).

[1] The Notice of Hearing incorrectly identified the Appellant as [redacted], Appellant's mother/guardian, but it is clear that she is filing the request for hearing on behalf of her son [redacted] and he is the Appellant in this case.

4. Section 13 does provide that "Trial model and brand: Stand-up Wheelchair" and "State why other equipment was unsuccessful: Unable to stand". (Respondent's Exhibit A, page 18).

5. Additionally, when asked to describe the trial in the prescribed wheelchair, the form states: "When patient stands, he holds his hand in a better posture, improves posture . . . with less drooling. Patient also appears more alert with better breathing pattern." (Respondent's Exhibit A, page 18).

6. A letter of medical necessity was submitted along with the prior authorization request. (Respondent's Exhibit A, pages 29-30). In that letter of medical necessity, dated [redacted], [redacted] wrote:

> This is a letter of medical necessity recommending that Alex Popp obtain a new standing wheelchair to assist him functionally, improve his physical condition, and assist with efficient mobility throughout his home and at school.
>
> Alec is a 29 year old male who has been patient of mine for almost 15 years. He has hypotonic cerebral palsy, epilepsy and hydrocephaly along with cognitive impairment. As most males do between the ages of 16 and 19, he has undergone some major growth spurts and no longer fits the chair that he's had since 2009. It has been expanded as much as possible, but constricts his hips making it difficult for him to get in and out safely.
>
> It is recommended that Alec purchase the Manual Superstand Wheelchair made by the Standing Wheelchair Company. A standing wheelchair will allow Alec, who now weighs 150 pounds, to transfer him from sitting to standing frequently and safely. Frequent changes of position have many medical benefits, as described below.
>
> - Flexibility is supported by regularly changing positions, such as standing up and sitting down. This improves circulation, increases blood supply, increases energy and improves mental functioning.

- Breathing is improved by movement and good posture. Remaining seated for long periods of time reduces movement to a minimum, and posture while seated does not allow for complete chest expansion and deep breaths. Upright posture allows for greater range of motion and motion excursion at the costovertebral and sternocostal joints of the rib cage, allowing for greater available thoracic room and lung expansion. It also allows for an improved cough mechanism, leading to decreased susceptibility to pneumonia.

- Muscles must be regularly contacted and relaxed to remain elastic. Without movement, muscles will shorten and joints and lost their mobility, eventually leading to contractures. Contractures or chronic loss of joint motion are commonly found in individuals who are wheelchair bound, especially in the hip and knee joint due to continuous flexion while sitting.

- To prevent pressure sores, great care must be taken to protect tissue against pressure. The skin tissue most at risk of damage is relieved of pressure in standing position. The resulting pressure relief while standing allows an increase in circulation while encourages the affected areas to heal.

- In male patients, standing ensures an optimal posture for bladder drainage. Standing can normalize bladder muscle tone and decrease blood calcium. Research has shown reduced incidence of UTIs in individuals who stand and ambulate versus those who do not.

- Individuals with cerebral palsy are predisposed to reduce bone density due to immobility and reduced weight-bearing opportunities, which places

> them at increased risk for fracture of deformity. There is research evidence that load bearing is very important, if not the most important, functional influence on bone mass and architecture. With Alec's history of decreased done density, frequent and consistent load bearing is especially important.
>
> A regular program of standing (30-40 times a day) can help prevent, or at least minimize, many problems associated with wheelchair confinement; i.e. skin breakdown, urinary tract infections, bone demineralization, spasticity, cractures in hip flexors, knee joints and heel chords, and shoulder and neck pain. For this reason, it is recommended that the Manual Superstand Wheelchair is medically necessary for Alec Popp. [Respondent's Exhibit A, pages 29-30.]

7. In response to that request, the Department sent Appellant a Request for Additional Information. (Respondent's Exhibit A, page 12).

8. The Department's letter stated that it needed the additional information "[i]n order to process this request" (Respondent's Exhibit A, page 35) while also specifically providing:

> ● Incomplete MSA-1656 provided. Need sections 8, 11, and 13 completed. Please clarify what mobility device this Superstand manual wheelchair is to replace, and current status of this beneficiary's current stander. Need this beneficiary's current standing program explained. [Respondent's Exhibit A, page 35.]

9. In response, two of Appellant's doctors and his physical therapist signed and provided a letter to the Department. (Respondent's Exhibit A, pages 36-37).

10. As stated in that letter,

> This letter is in response to your request dated December 13, 2012 asking for written clarification of section 8, 11 and 13
>
> Section 8: Alec has always used a manual

> wheelchair. He does not have the UE or LE strength or endurance to propel any chair 60 feet: He is also never without adult supervision. A responsible adult will always push his wheelchair.
>
> Section 11: Alec's current wheelchair is manual and without tilt. It is a Quickie, and approximately 3.5 years old. Due to frequent use, washing and disinfecting, the serial number is illegible. The chair has been expanded as much as possible, but it still rubs against each hip upon sitting and removal. No part of it is reusable for this reason.
>
> Section 13: Seats width = 16", seat depth = 19", seating system height 46" floor to top of back; frame growth adaptability = none. It has been expanded as much as the frame will allow.
>
> The superstand manual wheelchair is to replace the outgrown Quickie wheelchair described above. Alec's current stander requires two strong adults to safety place him in, and remove him. For this reason, he is able to use it once every one or two days for approximately 30 minutes. This is not sufficient to meet his physical and medical needs as described on the MSA-1656. The Superstand Manual Wheelchair will allow Alec to stand very frequently and easily, multiple times each day. [Respondent's Exhibit A, page 36.]

11. On or about [redacted], the Department received a resubmission of Appellant's earlier prior authorization request along with the later letter. (Respondent's Exhibit A, pages 10-33).

12. Section 13 of the prior authorization request form remained the same as described earlier. (Respondent's Exhibit A, page 18).

13. On [redacted], the Department sent Appellant written notice that the prior authorization request was being denied based on sections 1, 1.10, 1.5, 1.7, 2.7 and 2.47 on the Medical Supplier chapter of the Medicaid Provider Manual (MPM). (Respondent's Exhibit A, pages 8-9).

14. Regarding the reason for the denial, the notification states:

> Requested information not received. Medical Necessity for a stander is not met. Beneficiary is within height and weight of previously approved stander. Economical alternatives not ruled out. Provider may resubmit for an economical alternative meeting beneficiary's mobility needs. [Respondent's Exhibit A, page 9.]

15. On [redacted], the Michigan Administrative Hearing System (MAHS) received a request for hearing filed on behalf of Appellant. (Respondent's Exhibit A, pages 4-6).

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.

Medicaid covered benefits are addressed for the practitioners and beneficiaries in the Medicaid Provider Manual (MPM). Regarding prior authorization requests, the MPM provides:

> **1.7 PRIOR AUTHORIZATION**
>
> Prior authorization (PA) is required for certain items before the item is provided to the beneficiary or, in the case of custom-fabricated DME or prosthetic/orthotic appliances, before the item is ordered. To determine if a specific service requires PA, refer to the Coverage Conditions and Requirements Section of this chapter and/or the MDCH Medical Supplier/DME/Prosthetics and Orthotics Database on the MDCH website.
>
> PA will be required in the following situations:
>
> - Services that exceed quantity/frequency limits or established fee screens.
> - Medical need for an item beyond MDCH's Standards of Coverage.
> - Use of a Not Otherwise Classified (NOC) code.

- More costly service for which a less costly alternative may exist.

- Procedures indicating PA is required as noted on the MDCH Medical Supplier DME/Prosthetics and Orthotics Database.

1.7.A. PRIOR AUTHORIZATION FORM

Requests for PA must be submitted on the Special Services Prior Approval- Request/Authorization form (MSA-1653-B) or, for mobility and custom seating items, submit the Complex Seating and Mobility Device Prior Approval-Request/Authorization form (MSA-1653-D). (Refer to the Forms Appendix for a copy of the PA form and completion instructions.) In addition, the medical documentation specific to each type of device requested must accompany the form. The information on the PA request form must be:

- Typed – All information must be clearly typed in the designated boxes of the form.

- Complete – The provider must use the specific HCPCS code and the code description. A NOC code may not be used unless the use of a NOC code for the item has been approved by the PDAC. The brand, model, product or part number must be stated on MSA-1653-B or MSA-1653-D with the appropriate HCPCS code and description. The prescription and medical documentation must be submitted with the request. (Refer to the Coverage Conditions and Requirements section of this chapter for additional information regarding standards of coverage and payment rule requirements.)

PA request forms and attached documentation may be mailed or faxed to the MDCH Program Review Division. (Refer to Directory Appendix for contact information.) Instructions for the electronic submission of PA requests and the HIPAA 278 transaction code set are available on the MDCH website. (Refer to the Directory Appendix for website information.) [MPM, January 1, 2013 version, Medical Supplier Chapter, pages 8-9.]

Regarding the medical necessity requirement, the MPM also provides:

> **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:
>
> - The service/device meets applicable federal and state laws, rules, regulations, and MDCH promulgated policies.
>
> - It is medically appropriate and necessary to treat a specific medical diagnosis, 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.
>
> - The function of the service/device:
>
> - meets accepted medical standards;
>
> - practices guidelines related to type, frequency, and duration of treatment; and

- is within scope of current medical practice.

- It is inappropriate to use a nonmedical item.
- It is the most cost effective treatment available.
- The service/device 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.
- The service/device 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.

Medicaid will not authorize coverage of items because the item(s) is the most recent advancement in technology when the beneficiary's current equipment can meet the beneficiary's basic medical/functional needs. [MPM, January 1, 2013 version, Medical Supplier Chapter, pages 4-5.]

Additionally, regarding the type of equipment requested in this case, the MPM specifically provides:

2.7 CHILDREN'S PRODUCTS

Definition

Children's products that may be considered for coverage include, but are not limited to, equipment that is used in the home or vehicle by children under age 21 for the purposes of positioning, safety during activities of daily living, or assisted mobility. Examples of these items include: bath supports, specialized car seats, corner chairs, dynamic standers, feeder seats, gait trainers, pediatric walkers, positioning commodes, side lyers, standers, and toileting supports.

Standards of Coverage

Children's products are covered if one or more of the following applies:

- Beneficiary is unable to independently maintain a seated position.
- Beneficiary cannot stand and/or ambulate without the aid of an assistive device.
- Beneficiary has physical anomalies that require support to allow a functional position or prevent further disability.

Documentation

Documentation must be less than 180 days old and include all of the following:

- Diagnosis appropriate for the equipment requested.
- Any adaptive or assistive devices currently used in the home.
- Reason economic alternatives cannot be used, if applicable.
- Statement of functional need from an appropriate pediatric subspecialist, occupational or physical therapist.

PA Requirements

PA is required for all requests.

Payment Rules

All children's products are considered purchase only items.

* * *

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 be able to use the wheelchair in the home environment (e.g., wheelchair must be able to fit through doorways and cross thresholds)

- Must identify other economic alternatives considered.

- 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 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.

* * *

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.

* * *

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 economical 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.

2.47.C. PRIOR AUTHORIZATION FOR PURCHASE, RENTALS, REPAIRS, AND/OR REPLACEMENT OF MOBILITY DEVICES

Prior Authorization

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.

For beneficiaries in the community residential setting, the decision notice is sent to the medical supplier with a copy to the beneficiary. For beneficiaries in the institutional residential setting, the decision notice is sent to the institutional residence with a copy to the beneficiary.

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.

Clinical Documentation

The evaluation and clinical documentation (MSA-1656) must be submitted within 90 days of the date the form is completed.

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.

* * *

> **Rentals, Repairs and Replacement**
> A wheelchair can be considered a **capped rental** or a **purchase** item.
>
> **Repairs** for beneficiary-owned mobility devices are covered only after the manufacturer's warranty has been exhausted. It is the responsibility of the provider to supply loaner equipment while the original item is being serviced. If repair of a wheelchair not purchased by MDCH is requested, the item must be medically necessary and meet the basic standards of coverage. The repair of a second (older) manual or power wheelchair used as a back-up wheelchair is not covered. Repair of a wheelchair involving the replacement of a component part includes the cost of the part and the labor associated with its removal, replacement, and finishing.
>
> **Replacement** of a mobility device is subject to the manufacturer's warranty and/or cost of repairs. The replacement may also be considered when a significant change in the beneficiary's condition has occurred or the item cannot be restored to a serviceable condition. Replacement of wheelchairs for youth will be evaluated on an individual basis due to the expected growth pattern. Based on these conditions, a wheelchair may be considered for replacement every five years for adults and every two years for children.
>
> Medicaid will not authorize coverage of replacement of any DME item or accessory that is requested solely because new technology is available. Replacement or modifications must be medically necessary and required as a result of a change in the medical condition that makes the covered service unusable or contraindicated. [MPM, January 1, 2013 version, Medical Supplier Chapter, pages 82-89; Respondent's Exhibit A, pages 54-62.]

Here, the written notification of denial states, in part, that

> **Medical Necessity for a stander is not met.** Beneficiary is within height and weight of previously approved stander. **Economical alternatives not ruled out.** Provider may resubmit for an economical alternative meeting beneficiary's

> mobility needs. [Respondent's Exhibit A, page 9 (emphasis added).]

Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in denying his prior authorization request on the basis that medical necessity for a stander was not met and that economic alternatives were not ruled out. For the reasons discussed below, this Administrative Law Judge finds that Appellant has failed to meet that burden of proof.

With respect to medical necessity, Appellant's submitted documentation discusses the medical reasons forming the basis for the prior authorization request. For example, the letter of medical necessity signed by [redacted] in [redacted] discussed how Appellant has outgrown his wheelchair and the subsequent problems that have occurred because of that growth. [redacted] also discussed how Appellant would benefit from frequent changes of position and a regular program of standing, both of which the Superstand wheelchair and accessories could provide. Later, the letter submitted in response to the Department's request for additional information reiterated that Appellant has outgrown his current wheelchair, while also describing safety concerns caused by use of Appellant's current stander. Appellant's representative also testified regarding the problems Appellant has with both his current wheelchair and his current stander.

However, as testified to [redacted], it is not clear that a standing wheelchair is medically necessary at all given Appellant's previously approved stander, for which Appellant still falls within the height and weight standards, and the Department's willingness to approve a new, non-standing wheelchair. Similarly, even assuming for the sake of argument that Appellant would require a new stander in addition to a new wheelchair, it is still not clear that a Superstand wheelchair and accessories are medically necessary rather than just a new stander and a new wheelchair.

Moreover, even if the standing wheelchair is medically necessary, the above cited policies indicate that only the least costly alternative to meet the medically necessary needs in the primary place of residence is covered. Here, submitted documentation fails to identify the Superstand wheelchair and accessories as the least costly option or to even identify other, more economical alternatives considered and rejected.

As described above, in Section 13 of the prior authorization request, regarding Goals and Equipment Trials, the form was left blank in response to the directive to "State the specific economic alternatives considered and provide model and brand". (Respondent's Exhibit A, page 18). Likewise, the letters accompanying the request failed to address other alternatives considered and rejected. The denial letter and [redacted] testimony suggest that some combination of a stander, wheelchair and other equipment may be medically sufficient and more economical than a Superstand wheelchair and accessories, but it is not clear that such an alternative exists. Nevertheless, the burden is on Appellant to show what other alternatives have been considered and ruled out. The submitted documentation clearly failed to meet that burden in this case.

Based on the documentation submitted, the Department's decision must be affirmed as Appellant has failed to demonstrate that a Superstand wheelchair and accessories are both medically necessary and the least costly alternative.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly denied Appellant's prior authorization request for a Superstand wheelchair and accessories.

IT IS THEREFORE ORDERED THAT:

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

Steven Kibit
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

Date Signed: 6/19/2013

Date Mailed: 6/19/2013

[redacted]

cc: [redacted]

***** 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.