

**STATE OF MICHIGAN**  
**MICHIGAN ADMINISTRATIVE HEARING SYSTEM**  
**FOR THE DEPARTMENT OF COMMUNITY HEALTH**  
P.O. Box 30763, Lansing, MI 48909  
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**IN THE MATTER OF:**

██████████,

Appellant

Docket No. 2013-4564 PA  
Case No. ██████████

**DECISION AND ORDER**

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and MCL 400.37, and upon the Appellant's request for a hearing.

After due notice, a hearing was held ██████████. ██████████, Appellant's ██████████ appeared and testified on Appellant's behalf. ██████████ Registered Nurse and Medical Analyst, represented the Department of Community Health.

**ISSUE**

Did the Department properly deny Appellant's Prior Authorization request for a semi-recline option on the Convoid Rodeo stroller approved by the Department?

**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 is an ██████████ year-old female (DOB ██████████) who has been diagnosed with cerebral palsy and chronic lung disease. (Exhibit A, p. 15).
2. On ██████████, the Department reviewed a Prior Authorization request from ██████████ – Grand Rapids on behalf of Appellant for a Convoid Rodeo stroller with a wheel chair head rest extension, height adjustment armrests, w/c shoulder harness/straps, and a semi-recline option. (Exhibit A pp. 14-31).
3. On ██████████, the Department sent written notice to Appellant and the requesting medical provider stating that Appellant's Prior Authorization request for a semi-recline option on the Convoid Rodeo stroller was being denied because the information provided did not substantiate Medical

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necessity. The notice further provided that the requested and authorized Convoid Rodeo is a tilt-in-space stroller-style manual wheelchair that meets the beneficiary's mobility needs as a second and a transport chair. (Exhibit A, pp. 6-13).

4. On [REDACTED], the Michigan Administrative Hearing System (MAHS) received a request for hearing filed on behalf of the Appellant by the Appellant's mother. The Request for Hearing states that Appellant needs the semi-recline option on the approved wheelchair, because the Appellant needs to be able to recline which opens up her body to a more comfortable and safe position. The Request for Hearing further indicates that Appellant has respiratory distress and abdominal pain due to intestinal failure, and reclining the chair would make it much easier to use. (Exhibit A, pp. 2-4).

**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.

Medicaid covered benefits are addressed for the practitioners and beneficiaries in the Medicaid Provider Manual (MPM). With respect to Prior Authorization requests, the MPM states:

**1.10 PRIOR AUTHORIZATION**

Medicaid requires Prior Authorization (PA) to cover certain services before those services are rendered to the beneficiary. The purpose of PA is to review the medical need for certain services. It does not serve as an authorization of fees or beneficiary eligibility. Different types of services requiring PA include:

- Procedures identified as requiring PA on the procedure code databases on the MDCH website;
- Procedures/items that are normally non-covered but may be medically necessary for select beneficiaries (e.g., surgery normally cosmetic in nature, obesity surgery, off-label use drugs, etc.); and

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- Referrals for elective services by out-of-state non-enrolled providers. [*Medicaid Provider Manual, Practitioner Chapter, April 1, 2012, Section 1.10, p.4*]

In this case, the Department's representative emphasized that Appellant's Prior Authorization request for a semi-recline function on the Convaid Rodeo stroller was denied because the information provided did not substantiate Medical necessity. The Department's representative further stated that the requested and authorized Convaid Rodeo is a tilt-in-space stroller-style manual wheelchair that meets the beneficiary's medical needs, as well as, her mobility needs as a secondary and a transport chair. The Department's representative identified the reasons why Appellant's request for the semi-recline option was denied. For the reasons discussed below, this Administrative Law Judge finds that the Department's decision should be sustained.

As stated in the *Medicaid Provider Manual, Medical Supplier Chapter, [REDACTED], Section 1 – Program Overview, p. 1*, the primary objective of the Medicaid and Children's Special Health Care Services (CSHCS) programs is to ensure that medically necessary services are made available to those who would not otherwise have the financial resources to purchase them and that relate to the CSHCS qualifying diagnosis. Medicaid covers the least costly alternative that meets the beneficiary's medical need for medical durable medical equipment, such as the Convaid Rodeo, a tilt-in-space stroller-style manual wheelchair, approved by the Department in this case.

The *Medicaid Provider Manual, Medical Supplier Chapter, [REDACTED], Section 1.3 Place of Service, p. 3*, provides "Medicaid covers medical supplies, durable medical equipment (DME), orthotics, and prosthetics for use in the beneficiary's place of residence except for skilled nursing or nursing facilities." (Emphasis added).

The *Medicaid Provider Manual, Medical Supplier Chapter, [REDACTED], Section 1.5 Medical Necessity*, provides in the pertinent part:

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

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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 most cost effective treatment available.

\* \* \*

- It meets the standards of coverage published by MDCH. [pp. 4-5].

The *Medicaid Provider Manual, Medical Supplier Chapter*, [REDACTED], *Section 1.10 Noncovered Items*, lists items that are not covered by Medicaid as including, but not limited to:

\* \* \*

- Second wheelchair for beneficiary preference or convenience
- Wheelchair accessories (e.g., horns, lights, bags, special colors, etc.) [pp. 17-18].

The *Medicaid Provider Manual, Medical Supplier Chapter*, [REDACTED], *Section 2.47* covers wheelchairs, pediatric mobility and positioning medical devices, and seating systems. *Subsection 2.47.A* provides definitions including the definition of: Community Residential Setting, which 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."

In *Subsection 2.47.B. Standards of Coverage*, the manual states in pertinent part:

**Pediatric Mobility Devices and Wheelchairs**

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

\* \* \*

**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. [pp. 82-83].

\* \* \*

**Manual or Power Recline Feature**

May be covered when needed for relief of pressure on the seat and/or back, and **one** of the following applies:

- History of skin breakdown or current indication of imminent skin breakdown that cannot be controlled (or has not in the past) by less costly modalities (such as pressure relief cushions or manual pressure relief techniques).
- Has ability to tolerate a 90-135 degree range of motion at the hip, needed for reclining without triggering excessive abnormal tone.
- Is unable to tolerate an upright position in a wheelchair for long periods of time due to fatigue, shortness of breath, increased tone, or discomfort related to pressure that cannot be manually relieved.

A low shear recline back is covered when the beneficiary does not have the ability to reposition themselves in the wheelchair following reclining and the shearing would result in skin breakdown. [pp. 84-85].

### **Manual Tilt-in Space or Recline Function in Community Residential Setting**

\* \* \*

Coverage of both a **manual tilt-in-space and recline function** for a wheelchair requires medical need (such as high probability of the development of hip contractures) if only a tilt-in-space without recline is used. Also, there is a medical contraindication to using recline-only without the tilt-in-space function. [p. 85].

\* \* \*

### **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. [pp. 85-86].

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In *Subsection 2.47.C. Prior Authorization For Purchase, Rentals, Repairs, And/Or Replacement Of Mobility Devices*, the manual states:

**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, or power-operated vehicles, seating, and accessories.
- Rental of a standard wheel chair 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.

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- Replacement of standard wheelchairs beyond established timeframes. [p. 86].

The Respondent's representative [REDACTED] stated the Appellant's request did not demonstrate medical necessity for the semi-recline option which she denied. [REDACTED] emphasized that this chair was only authorized as a secondary chair. Appellant's primary chair where she spends most of her day is a power wheelchair. [REDACTED] pointed out that the secondary chair could only be authorized because Appellant's home was described as not being wheelchair accessible; Appellant's parents could not transport the power chair and the "stroller" was needed for transport purposes; and, now Appellant's vision is very impaired such that she is not always able to use her power chair like she once could.

[REDACTED] stated that in her professional opinion as a trained registered nurse, the Convoid Rodeo stroller is a tilt-in-space style stroller/manual wheelchair, which meets Appellant's medical needs. [REDACTED] agreed with the therapist's opinion in the request for Prior Authorization that the Appellant needed the tilt function as it would allow her to extend her trunk which would improve her respiration. [REDACTED] stated the tilt would allow Appellant to improve her respiration without having to change her leg and hip angle. [REDACTED] stated if Appellant has respiratory problems and intestinal pressure she needs to be tilted back, you don't want to lay the Appellant down with a recline function. [REDACTED] also emphasized that the request was only for a semi-recline option, from 90 degrees to 110 degrees, which does not make a lot of difference.

[REDACTED] stated she disagreed with the therapist opinion that the semi-recline option was needed for the Appellant's medical condition. [REDACTED] stated that adding the semi-recline option was not cost effective, (i.e., not the most economical alternative needed to meet the Appellant's medical needs). Since the Convoid stroller was only being approved as a secondary chair to allow for transportation and increased mobility where Appellant's primary chair could not be used, the added semi-recline option could not be approved according to the policy contained in the Medicaid Provider Manual.

Appellant's [REDACTED] stated they were requesting the additional semi-recline function because the description for the option contained in the request for Prior Authorization, (see Exhibit A, p. 57), indicates that the option opens the seat-to-back angle for better digestion, improved respiration and pressure relief. Appellant's [REDACTED] stated that the Appellant has problems with digestion and intestinal pain and she felt the semi-recline option would help with these issues by opening up the Appellant's hip angle. She did not believe that the tilt function could do this. Appellant's [REDACTED] believes the semi-recline option is medically necessary and that it would be cost effective to add it now rather than later when Appellant was in need of a new chair.

Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in denying her Prior Authorization request. Here, Appellant has failed to meet that burden. As described above, the Department's representative, a registered

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nurse and trained medical professional, properly identified the reasons why Appellant's request was denied and these reasons establish a sufficient basis for the denial in this case. Accordingly, the Department's decision must be affirmed.

**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 Prior Authorization request for a semi-recline option on the Convoid Rodeo stroller approved by the Department.

**IT IS THEREFORE ORDERED** that:

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

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William D. Bond  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

cc:



Date Mailed: January 17, 2013

**\*\*\* 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 60 days of the mailing date of the Decision and Order or, if a timely request for rehearing was made, within 60 days of the mailing date of the rehearing decision.