

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:

Docket No. 2013-61717 QHP

██████████

██████████

██████████

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.*, and upon a Request for Hearing filed by Appellant.

After due notice, a hearing was held on ██████████. Appellant appeared and testified on his own behalf. ██████████ Appeals Coordinator, represented ██████████, the Respondent Medicaid Health Plan ("MHP"). ██████████, a Medical Director at the MHP, testified as a witness for Respondent.

ISSUE

Did the MHP properly deny Appellant's requests for a transfer bench and motorized scooter?

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 a ██████-year-old Medicaid beneficiary enrolled in the Respondent MHP and who has been diagnosed with osteoarthritis. (Respondent's Exhibit A, pages 10, 23).
2. On or about ██████████, the MHP received a prior authorization request for a tub transfer bench for Appellant. (Respondent's Exhibit A, pages 22-24).
3. That same day, the MHP sent Appellant a written notice that the request was being denied. (Respondent's Exhibit A, pages 27-28).

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4. Specifically, the denial stated that “the requested transfer bench is not a covered benefit for greater than █ years of age.” (Respondent’s Exhibit A, page 27).
5. On or about ██████████ the MHP received a prior authorization request for a motorized scooter for Appellant. (Respondent’s Exhibit A, pages 9-21).
6. That same day, the MHP sent Appellant written notice that the request for a scooter was being denied. (Respondent’s Exhibit A, pages 25-26).
7. Specifically, the denial stated:

Per the Michigan Department of Community Health Medicaid Provider Manual, 2.48 Wheelchairs, Positioning Medical Devices, and Seating Systems [Re-Numbered ██████], a motorized scooter is indicated (needed) if there is documentation that the member has a method to propel a wheelchair (manual) for at least █ feet. The information sent shows the member lacks functional ambulation (to walk from place to place) of less than █ feet, but there is no documentation showing the member is unable to propel a manual wheelchair for at least █ feet. Therefore the requested motorized scooter (K0801) is denied.

Respondent’s Exhibit A, page 25

8. On ██████████ the Michigan Administrative Hearing System (MAHS) received a Request for Hearing filed by Appellant with respect to the denials of the prior authorization requests. (Petitioner’s Exhibit 1, pages 1-2).

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.

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In 1997, the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans. The Respondent is in one of those Medicaid Health Plans.

The Respondent is one of those MHPs. With respect to such MHPs, their contract with the Michigan Department of Community Health ("MDCH" or "Department") provides:

The covered services that the Contractor has available for enrollees must include, at a minimum, the covered services listed below. The Contractor may limit services to those which are medically necessary and appropriate, and which conform to professionally accepted standards of care. The Contractor must operate consistent with all applicable Medicaid provider manuals and publications for coverages and limitations. If new services are added to the Michigan Medicaid Program, or if services are expanded, eliminated, or otherwise changed, the Contractor must implement the changes consistent with State direction in accordance with the provisions of Contract Section 2.024.

Although the Contractor must provide the full range of covered services listed below they may choose to provide services over and above those specified. The covered services provided to enrollees under this Contract include, but are not limited to, the following:

- Ambulance and other emergency medical transportation
- Blood lead testing in accordance with Medicaid Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) policy
- Certified nurse midwife services
- Certified pediatric and family nurse practitioner services
- Chiropractic services
- Diagnostic lab, x-ray and other imaging services
- Durable medical equipment (DME) and supplies
- Emergency services
- End Stage Renal Disease services
- Family planning services (e.g., examination, sterilization procedures, limited infertility screening, and diagnosis)

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- Health education
- Hearing and speech services
- Hearing aids
- Home Health services
- Hospice services (if requested by the enrollee)
- Immunizations
- Inpatient and outpatient hospital services
- Intermittent or short-term restorative or rehabilitative services (in a nursing facility), up to 45 days
- Restorative or rehabilitative services (in a place of service other than a nursing facility)
- Medically necessary weight reduction services
- Mental health care – maximum of 20 outpatient visits per calendar year
- Out-of-state services authorized by the Contractor
- Outreach for included services, especially pregnancy-related and Well child care
- Parenting and birthing classes
- Pharmacy services
- Podiatry services
- Practitioners' services (such as those provided by physicians, optometrists and dentists enrolled as a Medicaid Provider Type 10)
- Prosthetics and orthotics
- Tobacco cessation treatment including pharmaceutical and behavioral support
- Therapies (speech, language, physical, occupational) excluding services provided to persons with development disabilities which are billed through Community Mental Health Services Program (CMHSP) providers or Intermediate School Districts.
- Transplant services
- Transportation for medically necessary covered services
- Treatment for sexually transmitted disease (STD)
- Vision services
- Well child/EPSTD for persons under age 21

*Section 1.022(E)(1), Covered Services.
MDCH contract (Contract) with the Medicaid Health Plans,
October 1, 2009.*

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As stated in the Department-MHP contract language above, a MHP, “must operate consistent with all applicable Medicaid Provider Manuals and publications for coverages and limitations.”

Transfer Bench

As discussed above, the MHP denied Appellant’s request for a transfer bench on the basis that “the requested transfer bench is not a covered benefit for greater than █ years of age.” (Respondent’s Exhibit A, page 27).

With respect to age parameters, the Medicaid Provider Manual (MPM) states:

1.7.G. AGE PARAMETERS

Some services are only covered if the beneficiary is under the age of 21. For specifics regarding PA requirements and coverage, 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.

*MPM, April 1, 2013 version
Medical Supplier Chapter*

Here, the MDCH Medical Supplier, ██████████, on the MDCH website provides that a transfer bench is only covered for ages █. See Respondent’s Exhibit A, page 2.

Appellant is █ years-old (Respondent’s Exhibit A, page 10) and the transfer bench is therefore not covered under the applicable policy. Accordingly, the denial of the prior authorization request for a transfer bench must be affirmed.

Motorized Scooter

In this case, the MHP denied Appellant’s request for a motorized scooter on the basis that the submitted documentation did not meet the criteria required for such a device.

With respect to power-operated vehicles, including motorized scooters, the MPM states:

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:

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- 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.

MPM, July 1, 2013 version
Medical Supplier Chapter, page 85

Here, as noted by the MHP, the prior authorization request and supporting documentation failed to demonstrate that Appellant meets all the criteria for a motorized school as it failed to provide that Appellant lacks the ability to propel a manual wheelchair, or has a medical condition that would be compromised by propelling a manual wheelchair, for at least █ feet without rest intervals. Instead, the physician expressly marked "N/A" in the section of the form regarding Appellant's ability to propel a manual wheelchair. (Respondent's Exhibit A, page 18).

In response, Appellant testified that he is unable to propel a manual wheelchair for at least █ feet. Appellant did not offer any documentation or other evidence in support of his testimony.

This Administrative Law Judge's jurisdiction is limited to reviewing the MHP's decision in light of the information it had at the time it made that decision. In this case, the information submitted failed to demonstrate that Appellant met all the criteria for a motorized scooter and the MHP properly denied Appellant's request.

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To the extent Appellant has new or updated information to provide, he is free to submit another prior authorization request at any time.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the MHP properly denied Appellant's requests for a transfer bench and motorized scooter.

IT IS THEREFORE ORDERED that:

The Medicaid Health Plan's decision is **AFFIRMED**.



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

SK/skb

Date Signed: [REDACTED]

Date Mailed: 1 [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 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.