

**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. 2013-8031 PAC**

**Case No. ██████████**

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.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. The Appellant was represented by his guardian, ██████████. He had no witnesses. The Department was represented by ██████████, R.N., prior authorization analyst, MDCH. She had no witnesses.

**ISSUE**

Did the Department properly deny Appellant's request for prior authorization of a SNUG SEAT NANDU?

**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 ██████████ year old Medicaid beneficiary. (Appellant's Exhibit 1)
2. The Appellant is afflicted with Cerebral Palsy, dystonia, DD, microcephaly, hemiparalysis, feeding issues post Nissen fundoplication and G-tube placement, VP shunt and impaired vision. (Appellant's Exhibit 1, and Department's Exhibit A, p. 7)
3. The Appellant has decreased tone proximally with increased tone in her extremities. She has weakness and dystonia in all four extremities. (Department's Exhibit A, p. 7)
4. The Appellant has difficulty sitting and had requested a Snug Seat Nandu chair size 3 for her social and recreational development. (Appellant's

Exhibit I and Department's Exhibit A, pp. 7 through 13)

5. On ██████████ the Department requested additional information from the supplier (Department's Exhibit A, pp. 13-15)
6. That information was returned on ██████████. It was reviewed by the PRD and denied. (Department's Exhibit A, pp. 26 – 31)
7. The Department representative said the PA was denied because social and recreational needs and caregiver convenience are not covered under policy. (See Testimony and Department's Exhibit A, pp. 26 through 31)
8. The Appellant's representative said that the Appellant "...has one at school and that it would be a great benefit at home." (See Testimony)
9. The Department's denial was reviewed and concurred by the Dr. Donovan MDCH/MSA. (Department's Exhibit A, p. 27)
10. At hearing the Department's representative recommended X-based DME alternatives and the Appellant's representative stated his understanding – but did not withdraw his appeal. (See Testimony)
11. The instant request for hearing was received by the Michigan Administrative Hearing System (MAHS) for the Department of Community Health on ██████████. (Appellant's Exhibit 1)

### **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.

It is axiomatic that the Medicaid program exists to ensure that medically necessary services and equipment are made available to those who would not otherwise have the resources to purchase them. It is also fundamental that Medicaid is payor of last resort and always covers the least costly alternative that meets the beneficiary's medical need.

The Medicaid Provider Manual (MPM) provides, in pertinent part, as follows:

#### **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. MPM, Medical Supplier, §1.5, April 1, 2012, pages 4, 5.

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## 2.47 WHEELCHAIRS ...

### [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.

### **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.<sup>1</sup>

....

*MPM supra*

In the present case, the Appellant's representative explained that his daughter needed a Snug Seat Nandu seating system for optimal home use to assist the Appellant in her recreational and social development. He said the Appellant has now outgrown regular commercial child seating products, such as Fisher Price products.

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<sup>1</sup> Furthermore, under MPM policy the item is "Noncovered..." as a device for play, pre-mobility development or exercise ... not considered pediatric mobility devices for the purpose of reimbursement..." See *generally* MPM §1.10 Medical Supplier.

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The Appellant's representative added that such a product is in use at the Appellant's school – and that it would have significant utility in their home as she “outgrows” other products. He added that for now her “seating” at home is limited to lying on the floor – until picked up by a caregiver. However, he did not reference the Appellant's wheelchair.

The Department's witness, ██████████, testified that on review of the PA she denied the request for lack of demonstrating medical necessity, she referred to pages 14 through 25 of the Department's Exhibit A as an example of such conflict.

The Department representative said that the Appellant's existing Convaid Cruiser<sup>2</sup> is adequate seating for the present. She reminded the Appellant's representative that the school system is responsible for transportation and therapy – while at school. At hearing the parties briefly discussed non-appeal related “X-based” seating products.

On review, the Appellant failed to preponderate her burden of proof to establish that the Department improperly denied her request for a Snug Seat Nandu seating system. The Department correctly observed in its evidence and at hearing that the requested item was Non-covered under current policy.

**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 Snug Seat Nandu seating system.

**IT IS THEREFORE ORDERED** that:

The Department decision is AFFIRMED.

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|s|  
Dale Malewska  
Administrative Law Judge  
for James K. Haveman, Director  
Michigan Department of Community Health

██████████  
Date Signed: 6/5/2013

Date Mailed: 6/6/2013

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<sup>2</sup> Equipped with accessories and special Tomato Soft Touch positioning chair for use in their home. Department's Exhibit A, page 26.

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CC:



**\*\*\* 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.