

**STATE OF MICHIGAN**  
**MICHIGAN ADMINISTRATIVE HEARING SYSTEM**  
**FOR THE DEPARTMENT OF COMMUNITY HEALTH**  
P.O. Box 30763, Lansing, MI 48909  
(517) 335-2484; Fax: (517) 373-4147

**IN THE MATTER OF:**

**Docket No.** 14-006375 PAC

██████████

██████████

██████████

Appellant

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**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 a hearing filed on behalf of the minor Appellant.

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

**ISSUE**

Did the Department properly deny Appellant's prior authorization request for a Quickie 2 SE, Sunrise Medical ("Quickie 2") manual 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 is an █ year-old Medicaid beneficiary who has been diagnosed with spina bifida and caudal regression syndrome. (Respondent's Exhibit A, pages 11, 19, 23).
2. Due to his medical conditions, Appellant requires the use of a wheelchair and the Department previously provided both a power wheelchair and a manual wheelchair for him. (Respondent's Exhibit A, page 19; Testimony of Appellant's representative).
3. Appellant subsequently outgrew his manual wheelchair and his representative gave it away to another handicapped child. (Respondent's Exhibit A, page 13; Testimony of Appellant's representative).

4. On or about ██████████, the Department received a prior authorization request submitted on Appellant's behalf and requesting a Quickie 2 manual wheelchair and accessories. (Respondent's Exhibit A, pages 11-30).
5. That request indicated that the wheelchair would be used as a backup device for family outings, doctor's appointments, and other trips. (Respondent's Exhibit A, page 23)
6. A letter of medical necessity attached to the request also indicated that the family cannot transport Appellant's power wheelchair. (Respondent's Exhibit A, page 23).
7. The letter of medical necessity further stated that the manual wheelchair was necessary for Appellant to be independently mobile in his home. (Respondent's Exhibit A, page 23).
8. Regarding the type of wheelchair requested, the letter of medical necessity also stated:

The most economical wheelchair choice that meets ██████████ needs is the Quickie 2. This chair can accommodate his future growth since the seating can be expanded two inches in width and three inches in height. Some needed accessories include an adjustable tension back and depth adjustable back canes for positioning; seat belt; angle adjustable foot plates to accommodate for bracing; plastic coated hand rings for extra grip and control; ROHO Quatro seat cushion to prevent future skin issues; and a stroller handle extension to allow for dependent assistance when needed.

*Respondent's Exhibit A, page 23*

9. On ██████████, the Department sent Appellant and his representative written notice that the request for a Quickie 2 wheelchair and accessories was denied. (Respondent's Exhibit A, pages 7-8).
10. Regarding the reasons for the denial, that notice stated in part:

The policy this denial is based on is Section 1, 1.5, and 1.10 of the Medical Supplier chapter of the Medicaid Provider Manual, which indicates:

- The beneficiary's medical need for independent mobility previously met. The documentation submitted does not substantiate the medical need for a second mobility device to allow for independent mobility in addition to the previously provided powered wheelchair.
- A second wheelchair for beneficiary preference or convenience is not covered.
- The provider is welcome to submit for review a more economical mobility device to meet the beneficiary's transportation needs in the community.
- Please refer to the Medical Supplier Chapter sections: 1-Program Overview, 1.5-Medical Necessity, and 1.10 Non-Covered Items of the Medicaid Provider Manual.

The legal basis for this decision is 42CFR440.230(d).

*Respondent's Exhibit A, page 8*

11. On ██████████, the Michigan Administrative Hearing System (MAHS) received the request for hearing filed on Appellant's behalf in this case. (Respondent's Exhibit A, pages 5-6).
12. In that request, Appellant's representative states that the requested manual wheelchair is necessary as they cannot transport Appellant's power wheelchair; he is too old and big to sit in a grocery cart; it is embarrassing when he uses the grocery cart; a cheap transport chair they purchased hurts Appellant; and the loaner chair they have been using does not fit well. (Respondent's Exhibit A. page 6).
13. Appellant's representative also stated in the request that the Quickie 2 wheelchair was prescribed by Appellant's doctor and the Department has the responsibility of filling that prescription. (Respondent's Exhibit A. page 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). As stated in the MPM, “Medicaid covers the least costly alternative that meets the beneficiary's medical need for medical supplies, durable medical equipment or orthotics/prosthetics.” MPM, April 1, 2014 version, Medical Supplier Chapter, page 1 (emphasis added).

Moreover, with respect to the place of service, the MPM states in part:

### **1.3 PLACE OF SERVICE**

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.

*MPM, April 1, 2014 version, Medical Supplier Chapter, page 3*

Regarding medical necessity, the MPM also states in part:

### **1.5 MEDICAL NECESSITY [CHANGE MADE 4/1/14]**

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.

*MPM, April 1, 2014 version  
Medical Supplier Chapter, pages 4-5  
(Emphasis added)*

With respect to the durable medical equipment in dispute in this case, the MPM further states that second wheelchairs for beneficiary preference or convenience are not covered by Medicaid, see MPM, April 1, 2014 version, Medical Supplier Chapter, pages 17-18, but that manual wheelchairs may be approved in the following circumstances:

**2.48 WHEELCHAIRS, PEDIATRIC MOBILITY AND POSITIONING MEDICAL DEVICES, AND SEATING SYSTEMS**

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| <b>Manual Wheelchair in Community Residential Setting</b> | May be covered if <b>all</b> of the following are met: <ul style="list-style-type: none"><li>▪ 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.</li><li>▪ Must be able to regularly use the wheelchair throughout the day.</li><li>▪ Must be able to be positioned in the chair safely and without aggravating any medical condition or causing injury.</li><li>▪ Purchase of a wheelchair is required for long-term use (greater than 10 months).</li><li>▪ Must be able to use the wheelchair in the home environment (e.g., wheelchair must be able to fit through doorways and cross thresholds)</li><li>▪ <u>Must identify other economic alternatives considered.</u></li></ul> |
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|  | <ul style="list-style-type: none"><li>▪ Must have a method to propel wheelchair, which may include:</li><li>▪ Ability to self-propel for at least 60 feet over hard, smooth, or carpeted surfaces.</li><li>▪ The beneficiary has a willing and able caregiver to push the chair if needed. In addition:</li></ul> <p>A <b>standard hemi-wheelchair</b> may be covered when a lower seat to the floor is required.</p> <p>A <b>standard light-weight wheelchair</b> 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.</p> <p>A <b>heavy-duty standard wheelchair</b> may be covered if the beneficiary's weight is more than 250 pounds but does not exceed 300 pounds. (Include patient's weight in the beneficiary's file.)</p> <p>An <b>extra heavy-duty standard wheelchair</b> is covered if the beneficiary's weight exceeds 300 pounds. (Include patient's weight in the beneficiary's file.)</p> |
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|  | <p><b>A high-strength light-weight or ultra-light standard wheelchair</b> may be covered when required for a specific functional need.</p> <p><b>A back-up or secondary standard manual wheelchair</b> may be considered when:</p> <ul style="list-style-type: none"><li>▪ The beneficiary is primarily a power wheelchair user but needs a manual wheelchair to have access to the community or independent living.</li><li>▪ The beneficiary's medical condition requires a power wheelchair that cannot accommodate public transportation and, therefore, requires another transport device.</li></ul> |
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*MPM, April 1, 2014 version  
Medical Supplier Chapter, pages 83-84  
(Emphasis added)*

The Department denied Appellant's prior authorization request in this case pursuant to the above policy. Specifically, as stated in the notice of denial and testified to by the Department's witness during the hearing, it found that the requested wheelchair is not covered in this case because Appellant's medical need for independent mobility in the home has been previously met; a second wheelchair for beneficiary preference or convenience is not covered; and Appellant's transportation needs in the community could be met by a more economical mobility device.

Appellant and his representative bear the burden of proving by the preponderance of the evidence that the Department erred in denying the prior authorization request for a Quickie 2 wheelchair and accessories.

Here, while the letter of medical necessity briefly alludes to the manual wheelchair being necessary for independent mobility in the home, the submitted documentation and the testimony of Appellant's representative clearly provide that the manual wheelchair is being requested for use in the community, including doctor's appointments, because the

family cannot transport Appellant's power wheelchair. Moreover, the above policy does provide that 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/independent living and the beneficiary's medical condition requires a power wheelchair that cannot accommodate public transportation and, therefore, requires another transport device. See MPM, April 1, 2014 version, Medical Supplier Chapter, page 84.

However, even assuming that Appellant meets those requirements to consider a back-up or secondary standard manual wheelchair, the request must still meet all of the other criteria identified in above policy, including the requirement that the wheelchair is the least costly alternative and most cost-effective treatment that meets Appellant's needs. See MPM, April 1, 2014 version, Medical Supplier Chapter, pages 4-5, 84.

The request in this case does not meet that last requirement. While Appellant's doctor makes the blanket statement that the Quickie 2 is the most economical wheelchair choice that meets Appellant's needs, he fails to support that statement and his statement or prescription alone is insufficient to demonstrate that the wheelchair is the most appropriate economic alternative:

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.

*MPM, April 1, 2014 version  
Medical Supplier Chapter, page 4*

Additionally, the prior authorization must also identify other economic alternatives considered, see MPM, April 1, 2014 version, Medical Supplier Chapter, page 84, and there were no such alternatives identified in this case.

As provided in the notice of denial, the provider is welcome to submit for review a more economical mobility device to meet the beneficiary's transportation needs in the community. Similarly, to the extent Appellant has new or updated information regarding why the requested wheelchair is the least costly alternative for meeting his needs, he is free to submit that information along with a new prior authorization request.

With respect to the decision at issue in this case, however, Appellant and his representative have failed to demonstrate that the Department erred and the decision to deny the prior authorization request 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 Appellant's request for a Quickie 2 wheelchair and accessories.

**IT IS THEREFORE ORDERED THAT:**

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

*Steven Kibit*

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Steven Kibit  
Administrative Law Judge  
for Nick Lyon, Director  
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

SJK/db

cc: [REDACTED]

**\*\*\* NOTICE \*\*\***

The Michigan Administrative Hearing System for the Department of Community Health 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 for the Department of Community Health 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.