

**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:**

██████████,

Appellant.

\_\_\_\_\_ /

**Docket No.** 14-010551 MHP

██████████

██████████

**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 Appellant.

After due notice, a hearing was held on ██████████ ██████████, Appellant's mother and legal guardian, appeared and testified on Appellant's behalf. ██████████, attorney, represented ██████████ the Respondent Medicaid Health Plan ("MHP"). ██████████, Member Satisfaction Coordinator, testified as a witness for the MHP.

**ISSUE**

Did the MHP properly deny Appellant's request for a custom tricycle frame and components?

**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 female who has been diagnosed with CHARGE syndrome and diabetes mellitus. (Respondent's Exhibit B, pages 1, 6).
2. Since ██████████, Appellant has been enrolled in the MHP. (Petitioner's Exhibit 1, page 9).
3. On or about ██████████, the MHP received a prior authorization request submitted on Appellant's behalf by ██████████, a nurse practitioner, and requesting a custom tricycle frame and components. (Respondent's Exhibit B, pages 1-11).

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4. Documentation attached to that request indicated that Appellant was using such a tricycle during her physical therapy at her school and that it was helping her improve. (Respondent's Exhibit B, pages 3-4).
5. The documentation further discussed why a regular tricycle would be unsafe and inappropriate for Appellant. (Respondent's Exhibit B, pages 5-8).
6. A letter from Appellant's school's physical therapist was also attached to the prior authorization request and, in that letter, the physical therapist wrote in part:

██████████ is currently using an adaptive tricycle on a regular basis at school. The adaptive bike assists ██████████ in her leg strength, circulation, muscle endurance and range of motion. ██████████ has been diagnosed with diabetes, a disease that is influenced by exercise. Exercise has been recommended by her doctor to help control the diabetes. Due to ██████████ impaired judgment and restrictions with mobility, sitting exercise in an adaptive bike is the safest method that can carry over activity from school to home. Mobility related activities of daily living (MRADL's) can be performed with the use of this adaptive bike mobility through the house, recreational activities with her family outside, through a store or at a park.

*Respondent's Exhibit B, page 5*

7. The prior authorization request included a letter from ██████████ as well, in which the nurse practitioner stated:

By riding the tricycle, ██████████ can improve her circulation, increase her leg strength and range of motion, and improve her endurance. Due to her condition, she cannot safely ride a regular tricycle. He [sic] can gain many medical benefits by riding this specialized tricycle. Being newly diagnosed with diabetes, the physical activity is essential. There will be numerous medical benefits.

*Respondent's Exhibit B, page 6*

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8. On ██████████, the MHP sent Appellant, ██████████, and the company that was to supply the requested equipment written notice that the request for a custom tricycle frame and components was denied. (Respondent's Exhibit C, pages 1-9).
9. Regarding the basis for the denial, those notices each stated:

This decision is based on available information and the Michigan Department of Community Health (MDCH) Provider Manual that shows exercise equipment (e.g., tricycles, exercise bikes, etc.) are not a covered benefit. The requested item, is not covered

*Respondent's Exhibit C, pages 1, 4, 7*

10. On ██████████, the Michigan Administrative Hearing System (MAHS) received the request for hearing filed on behalf of Appellant in this matter. (Petitioner's Exhibit 1, pages 1-11).

**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.

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 one of those MHPs and Appellant is enrolled as a member in it.

As provided in the Medicaid Provider Manual (MPM), the MHP is responsible for providing covered services pursuant to its contract with the Department and the provisions of the MPM:

The Michigan Department of Community Health (MDCH) contracts with Medicaid Health Plans (MHPs), selected through a competitive bid process, to provide services to Medicaid beneficiaries. The selection process is described in a Request for Proposal (RFP) released by the Office of Purchasing, Michigan Department of Technology, Management & Budget. The MHP contract, referred to in this chapter as the Contract, specifies the beneficiaries to be

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served, scope of the benefits, and contract provisions with which the MHP must comply. Nothing in this chapter should be construed as requiring MHPs to cover services that are not included in the Contract. A copy of the MHP contract is available on the MDCH website. (Refer to the Directory Appendix for website information.)

MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies. (Refer to the General Information for Providers and the Beneficiary Eligibility chapters of this manual for additional information.) Although MHPs must provide the full range of covered services listed below, MHPs may also choose to provide services over and above those specified. MHPs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Medicaid requirements. The following subsections describe covered services, excluded services, and prohibited services as set forth in the Contract.

*MPM, April 1, 2014 version  
Medicaid Health Plans Chapter, page 1  
(Emphasis added)*

Moreover, with respect to items not covered by Medicaid, the MPM also states:

**1.10 NONCOVERED ITEMS**

Items that are not covered by Medicaid include, but are not limited to:

\* \* \*

- Exercise equipment (e.g., tricycles, exercise bikes, weights, mat/mat tables, etc.)

*MPM, April 1, 2014 version  
Medical Supplier Chapter, pages 17-18*

Pursuant to the above policies, the MHP denied the prior authorization request for a custom tricycle frame and components in this case. As testified to by the MHP's witness, the above policy clearly provides that exercise equipment is not covered by Medicaid and it specifically identifies tricycles as an example of such noncovered equipment. Respondent's witness also testified that the tricycle/exercise equipment was all that was requested in this case and, accordingly, the request was denied.

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Appellant and her representative have the burden of proving by a preponderance of the evidence that the MHP erred in denying the prior authorization request. Moreover, the undersigned 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.

Here, given the information submitted to the MHP, Appellant and her representative have failed to meet their burden of proof and the MHP's decision must be affirmed. The documentation attached to the prior authorization request from Appellant's physical therapist, nurse practitioner and representative all indicate that Appellant needs the tricycle to safely exercise and engage in physical activity. The documentation also indicated that such exercise is being recommended in part because of Appellant's recent diagnosis of diabetes.

In response, Appellant's representative argues that the tricycle is not being requested as exercise equipment and, instead, it is essential to maintain Appellant's health and quality of life. However, even assuming what Appellant's representative refers to is different from exercise, this Administrative Law Judge must review the MHP's decision in light of the information it had at the time it made that decision and, in this case, the submitted documentation indicated that the tricycle was being requested so that Appellant could exercise at home as recommended by her doctors. Exercise equipment such as tricycles is noncovered under the applicable policies and Appellant's request was therefore properly denied.

To the extent Appellant's representative believes there are additional reasons for requesting the tricycle, she is free to resubmit the prior authorization request to the MHP with new or updated information. With respect to the decision at issue in this case however, the MHP's denial must be affirmed given the information available at the 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 request for a custom tricycle frame and components.

**IT IS THEREFORE ORDERED** that:


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



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

Date Signed: [REDACTED]  
Date Mailed: [REDACTED]

  
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SK/db

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 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.