

**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. 2014-20606 PA

██████████

██████████

██████████

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 Appellant's request for hearing.

After due notice, a hearing was held on ██████████. Appellant appeared and testified. ██████████ Physical Therapist, and ██████████ ██████████ Rehabilitation Technician, testified as witnesses on Appellant's behalf. ██████████ Appeals Review Officer, represented the Department. ██████████ Medicaid Utilization Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny the Appellant's prior authorization request for an attendant control with multiple box harness, padded footplate, removable cover with pattern, and Pride Accu-Trac motor technology and mount brackets for the power wheelchair that he was approved for?

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, who has a primary diagnosis of spinal muscular dystrophy since birth and a secondary diagnosis of scoliosis. (Exhibit A, p. 26)
2. On or about ██████████ and ██████████, the Department received a prior authorization (PA) request from Appellant's medical doctor who requested that Appellant have a power wheelchair with numerous specialty components, including: an Accu-Trac motor for independent and safer driving; attendant control with multiple box harness; mount brackets for

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attendant controls; removable cover with pattern; and padded foot plates as it was reported that Appellant is at high risk for injury or skin breakdown if his feet rest on the metal footplates all day, and this padding offers skin protection and prevents wounds from forming. (Exhibit A, pp 38-42)

3. According to the Medical Justification letter completed on Appellant's behalf: Appellant has extremely limited function, however, he is able to move his right thumb and right index finger, and left middle finger to operate the requested power wheelchair with complex seating systems and mobility devices. (Exhibit A, pp 26-29)
4. On [REDACTED], the Department sent a Request For Additional Information which requested the following:
 - Please note attendant control with its components, and accu trac motor are not covered. Will beneficiary be able to drive the power wheelchair safely without these components?
 - Please submit a letter from [REDACTED] addressing stability of beneficiary's medical condition. Will attempts to drive the power wheelchair have any negative effects on beneficiary's medical condition?
 - Please document beneficiary's capability for sustained driving ability. Per phone conversations beneficiary is able to activate the switches, however is he able to maintain the finger position and make adjustments as required in driving.
 - Please submit a video of beneficiary's driving ability as would be required within his apartment including backing up.
 - Would prism glasses be an economical alternative to anterior tilt? (Exhibit A, p 17)
5. According to a Certification from Appellant's physical therapist and [REDACTED], dated [REDACTED], in response to the request for additional information: Appellant would benefit from an Accu-Trac motor technology because he can use alternative drive controls for redirection of the chair when it has been pushed off course by obstacles; without this motor, frequent redirection can become frustrating and fatiguing; it was reported that reducing the number of corrections can increase driving safety, independence, and time; it was reported that the requested power wheelchair can be operated with the Accu-Trac component, however, it is much safer to drive with it; and the physical therapist and medical doctor certified that Appellant is fully capable of sustained driving ability using his limited hand function. (Exhibit A, pp 19 & 20)
6. According to a letter dated [REDACTED] [REDACTED], from [REDACTED]: Appellant

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is a [REDACTED] year old gentleman with a diagnosis where driving the requested power wheelchair is not detrimental to his health; and his health status has been stable with no recent hospitalizations. (Exhibit A, p 22)

7. On [REDACTED], Appellant was approved for a power wheelchair with several components; however, the Accu-Trac motor, attendant control with multiple box harness, mount brackets for attendant controls, removable cover with pattern, and padded foot plates for the wheelchair were denied. (Exhibit A, pp 7-9)
8. On [REDACTED], the Department received a letter from a physical therapist dated [REDACTED], stating additional justification for the Accu-Trac motor and padded footplates. (Exhibit A, pp 10-12)
9. On [REDACTED] the Michigan Administrative Hearing System (MAHS) received Appellant's hearing request, protesting the denial of the padded foot plates and the Accu-Trac motor for the requested power wheelchair. (Exhibit A, p 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.

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

SECTION 1 – PROGRAM OVERVIEW

This chapter applies to Medical Suppliers/Durable Medical Equipment and Orthotists/Prosthetists.

Providers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) must be enrolled as a Medicare provider effective September 30, 2009. (Refer to the General Information for Providers chapter for additional information.)

The primary objective of the Medicaid Program is to ensure that medically necessary services are made available to those who would not otherwise have the financial resources to purchase them.

The primary objective of the Children's Special Health Care Services (CSHCS) Program is to ensure that CSHCS beneficiaries receive medically necessary services that relate to the CSHCS qualifying diagnosis.

This chapter describes policy coverage for the Medicaid Fee-for-Service (FFS) population and the CSHCS population. Throughout the chapter, use of the terms Medicaid and MDCH includes both the Medicaid and CSHCS Programs unless otherwise noted.

Medicaid covers the least costly alternative that meets the beneficiary's medical need for medical supplies, durable medical equipment or orthotics/prosthetics.

* * * *

1.5 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:

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- 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.

* * * *

1.10 NONCOVERED ITEMS

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

* * * *

- **Padded footplates**

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

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2.48.B. STANDARDS OF COVERAGE

Power Wheelchair or Power-Operated Vehicle (POV)

May be covered if the beneficiary meets **all** of the following:

- Lacks ability to propel a manual wheelchair or has a medical condition that would be compromised by propelling manual wheelchair, for at least 60 feet over hard, smooth, or carpeted surfaces with or without rest intervals.
- Requires the 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 1 ½ “ as appropriate.
- Has a cognitive, functional level that permits safe operation of a power mobility device with or without training.
- For a three-wheeled power mobility device, has sufficient trunk control and balance.

MDCH Medicaid Provider Manual
Medical Supplier Section
January 1, 2014

In the present case, Appellant was approved for a power wheelchair with multiple components; however, the Department denied the request for and Accu-Trac motor, attendant control with multiple box harness, mount brackets for attendant controls, removable cover with pattern, and padded foot plates for the wheelchair. Appellant requested a hearing, protesting the denial of the Accu-Trac motor and padded footplates, specifically.

The Medicaid Utilization Analyst testified that the Accu-Trac motor is not a covered option, and a standard motor is included in the base price of all power wheelchairs. (Exhibit A, p 85) She provided a copy of Medical Services Administration (MSA) Policy Bulletin 12-53, Section 1.5, which requires that the Department only cover DME or supplies based upon the beneficiary's basic medical/functional needs, the ability to use the equipment, and the least costly alternative that meets those needs. Medicaid will not authorize coverage of items because the item(s) are the most recent advancement in technology, when the beneficiary's current equipment can meet the beneficiary's

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basic medical/functional needs. Equipment comprised of features not medical in nature is not covered by Medicaid. (Exhibit A, pp 58 & 59) Lastly, [REDACTED] testified that padded footplates are not a covered item.

Appellant's witness, [REDACTED], testified that the Accu-Trac motor requested for the power wheelchair is not recent technology or recent advancement. He testified that this motor will make the power wheelchair more efficient and safe for Appellant. [REDACTED] testified that there is a good chance that Appellant will not be able to operate a power wheelchair without the requested specialty motor. The physical therapist testified that Appellant will be able to operate a power wheelchair without the requested motor; however, the Accu-Trac motor will result in more efficient and safer operation of the wheelchair; and Appellant will become less fatigue since he will be able to avoid frequent redirections or corrections if the chair is pushed off course by obstacles.

Appellant failed to meet his burden of establishing that he met the eligibility criteria for the Accu-Trac motor and padded footplates. The wheelchair policy cited above states clearly that Medicaid does not cover padded footplates. The Accu-Trac motor for the requested wheelchair has been determined to be more convenient for Appellant as it reportedly will increase driving safety, independence, and time. However, the evidence on the record fails to establish that Appellant meets the medical necessity criteria for it. Appellant was approved for a power wheelchair because it was reported by his medical doctor and physical therapist that he is able to safely operate, control and maneuver a power wheelchair, without the Accu-Trac motor, in his environmental setting, including through doorways and over thresholds up to 1 ½" as appropriate. Further, Appellant's medical doctor and physical therapist certified that Appellant is able to operate a power wheelchair without the Accu-Trac motor.

Based on the evidence on the record and the applicable Medicaid policy, Appellant failed to meet his burden of proving by a preponderance of the evidence that the Department erred in denying his request for the additional components for his wheelchair, which include the Accu-Trac motor and padded footplates. Appellant has not shown that he meets the Medicaid standards of coverage for the requested components. Therefore, the Department's decision must be upheld.

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 an attendant control with multiple box harness, padded footplate, removable cover with pattern, and Pride Accu-Trac motor technology and mount brackets for the power wheelchair that he was approved for?

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IT IS THEREFORE ORDERED that:

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

Marya A. Nelson-Davis
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

Date Signed: [REDACTED]

Date Mailed: [REDACTED]

MAND/db

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 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.