

██████████
Docket No. 2014-32099 PA
Decision and Order

3. That wheelchair contains both a power elevating footrest and a power seat with tilt-in-space and recline functions. (Testimony of Appellant; Testimony of ██████████).
4. However, that wheelchair was not provided through the Department or Medicaid. (Testimony of ██████████).
5. On or about ██████████ the Department received a prior authorization request from Appellant's medical provider for a new power wheelchair and accessories for Appellant. (Respondent's Exhibit A, page 12).
6. In response to that prior authorization request, the Department sent the provider a Request for Additional Information. (Respondent's Exhibit A, pages 12-13).
7. That request for additional information stated in part:

In order to process this request, the Department needs the following information:

- Submit estimate for repair of current power wheelchair as required by policy
- Specify seat size of requested wheelchair.
- Medical necessity for both tilt and recline function is not substantiated. If resubmitting, submit for either tilt or recline.
- E2374 is a replacement code and cannot be approved at initial issue.
- What is the medical necessity for the power foot platform?

Respondent's Exhibit A, page 12

8. On or about ██████████, Appellant's medical provider submitted a new prior authorization request with additional information. (Respondent's Exhibit A, pages 14-32).

9. As part of that request, ██████████ an occupational therapist, wrote:

Response to request for more information:

Power Tilt in space function: This feature is necessary for independent pressure relief. ██████████ currently uses this feature to independently change her position to assist with redistribution of weight/pressure while seated in the seating system throughout the day. Without this feature, she will develop decubitus ulcers and require surgery due to her inability to weight shift.

Power Recline Function: This feature is recommended for independent pressure relief, as well as to alleviate substantial back pain when ██████████ spends too much time in a seated, upright position with a closed hip angle. Since her tolerance of this position varies, it is possible that she have a closed hip angle in the morning that opens as the day progresses. This feature will allow her to independently change her hip angle to accommodate for those changes. It eliminates the situation of her hip angle being fixed into the seating system causing her pain or contributing further to her pelvic deformities.

Power Center mount, articulating foot platform: This feature is being recommended to eliminate edema in her lower extremities, as well as to assist with lower leg positioning. ██████████ can independently utilize this feature as needed when she notices her feet are swelling (a daily occurrence). She can also utilize this feature to change her knee flexion throughout the day. The amount of knee flexion directly contributes to her back pain due to her tight hamstrings. This feature can decrease the amount and frequency she experiences pain due to over stretched hamstrings.

Respondent's Exhibit A, page 18

10. ██████████ also wrote in the prior authorization request that Appellant resides in a home; she does not live alone; she has a caregiver; the caregiver is a

family member; and that Appellant also has in-home staff █ to █ hours a day. (Respondent's Exhibit A, page 20).

11. That information regarding Appellant's home environment was based solely on what Appellant reported to ██████████ (Testimony of ██████████).
12. On ██████████, the Department sent Appellant both a Notice of Denial and a Notice of Amended Authorization. (Respondent's Exhibit A, pages 6-11).
13. As provided in those notices, while the requested power wheelchair and some accessories were approved, other accessories, including a power elevating footrest and a power seat with tilt-in-space and recline functions, were denied. (Respondent's Exhibit A, pages 6-11).
14. Regarding the reason for the partial denial, the Notice of Denial stated in part:

The policy this denial is based on is Section 1, 1.5, 1.10, and 2.48 of the Medical Supplier chapter of the Medicaid Provider Manual.

Medical necessity for both tilt and recline, and power elevating legrests [sic] is not substantiated. Provider may resubmit on a separate PA for either tilt or recline and manual elevating legrests [sic] for a most cost effective alternative . . .

Respondent's Exhibit A, pages 6-7

15. On ██████████, the Michigan Administrative Hearing System received the request for hearing filed by Appellant and her representative in this matter. (Respondent's Exhibit A, pages 4-5).

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, January 1, 2014 version, Medical Supplier Chapter, page 1.

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, January 1, 2014 version
Medical Supplier Chapter, page 3*

Regarding medical necessity, the MPM also states in part:

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:

- 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.

Medicaid will not authorize coverage of items because the item(s) is the most recent advancement in technology when the beneficiary's current equipment can meet the beneficiary's basic medical/functional needs.

MDCH reserves the right to request additional documentation from a specialist for any beneficiary and related service on a case-by-case basis if necessary to determine coverage of the service.

1.5.C. DOCUMENTATION

The Coverage Conditions and Requirements Section of this chapter specifies the documentation requirements for individual service areas. Additional information other than what is required on the prescription may be required. To provide this information, Medicaid accepts a certificate of medical necessity (CMNs will be mandatory for electronic PA), a letter or a copy of applicable medical record. The prescribing physician must sign all documentation and the documentation (if a letter or applicable medical records) must state the beneficiary's name, DOB and ID number (if known) or SSN (if known).

1.5.D. CERTIFICATE OF MEDICAL NECESSITY REQUIREMENTS

A CMN must contain all of the following:

- Beneficiary's name and address;
- Beneficiary's date of birth (DOB);
- Beneficiary ID number (if initiated by the provider) or SSN;
- Prescribing physician's signature, date of signature, telephone number;
- The suppliers' name and address;
- The expected start date of the service (if different from the prescription date);
- A complete description of the item;
- The amount and length of time the item is needed;
- Beneficiary's diagnosis; and
- The medical necessity of the item.

For specifics, refer to the Coverage Conditions and Requirements Section of this chapter.

MDCH will accept a CMN initiated by a medical supplier, orthotist or prosthetist. However, only the beneficiary identifier fields and the areas detailing the description of the item with applicable HCPCS procedure codes are to be completed by the provider. The physician must complete the CMN by writing the medical reason or necessity for the specific item being requested. A medical supplier, orthotist, or prosthetist may not alter or write the medical reason or necessity for the item requested.

Additional documentation (including the CMN) must be current and within the timeframe stated in the Coverage Conditions and Requirements Section of this chapter, under Documentation for each item.

*MPM, January 1, 2014 version
Medical Supplier Chapter, pages 4-7*

With respect to the durable medical equipment in dispute in this case, the MPM further states in part:

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

<p>Power Tilt-in-Space or Recline Function in Both Community Residential and Institutional Residential Settings</p>	<p>Power tilt-in-space or recline function may be covered if all of the following exist:</p> <ul style="list-style-type: none">▪An existing medical condition results in the inability to reposition self without the use of a power tilt or recline mechanism.▪The frequency of repositioning is clinically indicated and is an integral part of the nursing facility plan of care.▪Beneficiary requires assistance to use a manual tilt-in-space or recline system, and there are regular periods of time that the beneficiary is without assistance.▪Beneficiary requires assistance to use a manual tilt-in-space or recline system, and is able to independently care for himself when provided a power tilt-in-space or recline modification.
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	For CSHCS pediatric beneficiaries, a written order 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 written order from an appropriate board-certified pediatric subspecialist for Medicaid beneficiaries.
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*MPM, January 1, 2014 version
Medical Supplier Chapter, pages 83, 88*

Here, pursuant to the above policies, the Department denied the prior authorization request for a power elevating footrest and a power seat with tilt-in-space and recline functions as part of a new wheelchair. As stated in the notice of denial and testified to by the Department's witness, the Department made that decision because the submitted documentation did not demonstrate that the medical necessity for both tilt and recline functions or power elevating leg rests. The Department's witness particularly noted that the tilt and recline functions would be serving the same purpose and that Appellant is regularly provided with assistance, which could include repositioning and elevating, while in the home.

Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in making its decision. Moreover, the undersigned Administrative Law Judge's jurisdiction is limited to reviewing the Department's decision in light of the information it had at the time it made that decision.

In this case, ████████, the occupational therapist who assessed Appellant and completed much of the prior authorization request, testified that he found a medical need for both the power tilt-in-space and the power recline option because, while both address independent pressure relief, the recline function also addresses and alleviates Appellant's back pain. ████████ also noted that Appellant has been using all three of the requested features with her current wheelchair with great success and that, by giving her a power option on all three features, she will have greater independence.

Appellant also testified that she can operate her current wheelchair on her own and that she needs to stay as independent as possible because there may be long periods during the day, up to ██████ to ██████ hours per day, when she is alone in the home.

However, the submitted documentation does not support Appellant's testimony as it provides that Appellant has in-home staff ██████ to ██████ hours a day in addition to a family member/caregiver that Appellant lives with. Accordingly, the medical need for all power features is absent because, while Appellant requires assistance to use manual features, there are not regular periods of time where she is without assistance.

Similarly, Appellant's testimony regarding the use of her current wheelchair and all the functions it has is immaterial given that the current wheelchair was not approved through the Department and each prior authorization request must be decided on the submitted documentation.

Moreover, the above policy only provides for authorizing either the tilt-in-space function or the recline function and, while the resubmitted prior authorization request clearly described the basis for requesting both in this case, there does not appear to be need for both. Both functions are addressing pressure relief and, while the recline function would also alleviate back pain, there is no other identified need for the tilt-in-space other than what the recline function is already addressing.

To the extent Appellant has new or updated information to provide, she is free to submit a new prior authorization request for the requested accessories for a power wheelchair. With respect to the decision at issue in this case, however, the Department's denial must be affirmed given the information available the time.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly denied Appellant's prior authorization request for a power elevating footrest and a power seat with tilt-in-space and recline functions as part of her new wheelchair.

IT IS THEREFORE ORDERED THAT:

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

Steven Kibit

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

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

SK/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.