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. 15-000175 PA

[redacted] [redacted]

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 a hearing.

After due notice, a hearing was held on [redacted] Appellant is a minor child and did not appear to testify at the hearing. Appellant appeared and testified on Appellant's behalf. [redacted] Appeals Review Officer, represented the Department of Community Health (MDCH or the department). [redacted], Medicaid Utilization Analyst, appeared as a witness for the Department.

States Exhibits A1-A97 were admitted as evidence without objection.

ISSUE

Did the Department properly deny the Appellant's prior authorization request for a Permobil C300 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 a [redacted] year old Medicaid beneficiary, born [redacted], who has been diagnosed with 342.2 spastic quadriplegia/C5-C6 tetraplegia. (State's Exhibit 35; Testimony)

2. On or about [redacted], the Department received a prior authorization request for a Permobil wheelchair and accessories for Appellant. (State's Exhibit 5).

3. On [redacted], the Department approved claimant for the wheelchair but denied the prior authorization for the Power tilt and recline (E1007), and seat elevator (E2300). (State's Exhibit 36).

4. On [redacted], the Department issued a Notification of Denial to the Appellant and the medical supplier stating the prior authorization request was denied for the power seat elevation system, and a power seat combo with shear. The reasons for the denial are noted as "medical necessity for both tilt and recline is not substantiated."

5. On [redacted], the Michigan Administrative Hearing System received the hearing request filed on Appellant's behalf stating that the elevator was necessary for transitions and hopefully to continue to work with horses. The recline was needed for circulation and helping with bladder flow. (State's Exhibit 4)

6. On [redacted], the department sent a Notice of Amended Authorization. The components that had been previously denied continued to be denied.

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.

* * *

1.3 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.

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.

* * *

MDCH Medicaid Provider Manual,
Medical Supplier Section
January 1, 2014, pages 1, 3-5, 26 and 81-83

The Medicaid Provider Manual 2.48.A, page 89 states that reimbursements may be made for separate wheelchair accessories that have been designated HCPCS codes. Separate reimbursement may be considered for specific wheelchair accessory codes when provided in conjunction with the purchase of a manual wheelchair, power wheel chair, or an addition to an existing wheelchair if:

- It is required to provide safety.
- It is required for appropriate positioning
- It is the most economical alternative.

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In the present case, the Department determined that the prior authorization request should be denied because the medical necessity for both tilt and recline is not substantiated. The Provider may resubmit for a power wheelchair component with either tilt or recline component which the department will cover as most cost effective. The requested components including power tilt and reline (E1007); and seat elevator

(E2300) remain denied. The department may only approve equipment for the home but not outside the home. The department may only approve requests based upon submitted information.

Medical documentation in the file indicates that Appellant desires to continue education in order to pursue his dreams related to equine health, management and riding in any capacity he is able. Providing Appellant with a seat elevator will allow him to better negotiate classrooms and rise to a higher level to work with horses and other individuals at closer to eye level. State's Exhibit 27.

The department appropriately determined that medical necessity for the seat elevator was not established by this documentation. In addition, the Medicaid Provider Manual Section 1.10, page 17 indicates that adaptive equipment and equipment for social or recreational purposes are not items covered by Medicaid. Exercise equipment, lift chairs, reclining chairs and therapy modalities as well as wheelchair accessories like horns, lights, bags and special colors are not items covered by Medicaid, pages 18-19.

Appellant testified that he needs the tilt and recline option so that he can avoid pressure sores. Appellant stated that he is alone for much of the day and needs to be able to reposition himself. He stated that he only has seven hours of care during the day. Appellant states that the request is required for safety. Appellant testified that he currently uses a wheelchair with tilt and recline options.

Medical documentation in the record indicates that a combination of power tilt and recline provides the best pressure relief and postural changes. In addition, the recline allows Appellant to independently open up his hip angle to help maintain range, help with respiration, and allow for postural changes for functional activities. State's Exhibit 28. Medicaid Provider Manual 2.48.A, page 89 indicates that power tilt or recline function may be covered if all of the following exist:

- 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.

The department properly denied the request for a tilt and recline accessory (E1007). The department witness testified on the record that the department will approve either a tilt **or** recline accessory but not both. Appellant should have his treating physician submit documentation for one or the other and the department would approve the request.

Based on the documentation submitted, Appellant did not meet the Medicaid standards of coverage and documentation requirements to establish medical necessity for the seat elevator (E2300), and the power tilt and recline (E1007) accessories.

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 the requested wheelchair accessories based on the submitted documentation.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Landis Y. Lain
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Community Health

Date Signed: [redacted]

Date Mailed: [redacted]

LYL/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.