STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
P.O. Box 30763, Lansing, MI 48909
(877) 833-0870; Fax: (517) 373-4147

IN THE MATTER OF:

Docket No. 15-004065 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 a hearing.

After due notice, a telephone hearing was held on ██████████. Appellant appeared and testified. ██████████, Appeals Review Officer, represented the Department of Health and Human Services (MDCH or 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 a shower commode and bath chair?

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, born █████████████, who has been diagnosed with quadriplegia and quadri-paresis, complete, C5-C6 tetraplegia. (State's Exhibit A page 41)

2. On ██████████████, the Department received a prior authorization request for a shower chair commode and bath chair for Appellant.

3. On ████████████, the Department requested additional information.

4. On ██████████████, the Department received the resubmitted prior authorization request, with the requested additional information.

5. On [redacted], the Department issued a Notification of Denial to the Appellant and the medical supplier stating the prior authorization request was denied stating that medical necessity for positioning components in addition to tilt-in space was not substantiated in addition, there are more cost effective alternatives to the items that were requested.

6. On [redacted], the Michigan Administrative Hearing System received the hearing request filed on Appellant's behalf.

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 (MPH)
Medical Supplier Section 1.5
April 1, 2015, pages 4-5

Medicaid payment rates may not exceed those paid by Medicare, per MPH Section 1.7.H. Reimbursement Amounts, page 12. Items that are not covered by Medicaid include adaptive equipment and custom seating for secondary and/or transport chairs, MPH, Medical Supplier, Section 1.10 Noncovered Items, page 17.

MPH, Medical Supplier, page 31 states: A shower commode chair may be covered if required to enable the beneficiary to shower independently or with assistance in the home setting and there are no cost effective alternatives.

Appellant testified on the record that he needs the shower chair so that he can perform his own bowel program and shower. He needs the tilt for pressure relief so that he doesn't get sores and so that he his spasms don't throw him out of the chair or cause him to slip on wet surfaces. He needs the padded seat because he cannot feel his back, legs or bottom. He needs the laterals so that they hug his hips in the proper position so that his anus is over the chair seat opening. He needs the pelvic strap so that his hips don't slide forward in the chair. He needs the chest strap because he doesn't have trunk/core strength. He needs heel loops so that he can tilt back during a shower and not slip of the plates and hit the frame. He needs a flat and wide arm pad because he does not have enough strength in his arms to hold onto the narrow/curved styles during a shower.

The Provider Orders indicate that the RAZZ-AT Z300 tilt rehab shower commode chair has been prescribed for Appellant to assist with showering and bowel care. A rehab shower commode chair is recommended for long-term use over a separate commode and tub bench as it increases the number of overall transfers performed which decreases the overall stresses on caregivers and the patient. There are six transfers required daily when using separate shower commode chair and tub bench (bed to/from wheelchair, wheelchair to/from rehab shower commode chair). Due to his pre-morbid, high activity level and due to the fact that Appellant has only minimal use of his upper extremities, it is necessary for him to have a device that allows for appropriate positioning to avoid increased medical costs.

In the present case, the Department determined that the prior authorization request should be denied because the medical necessity for positioning components in addition to tilt-in-space was not substantiated and there are more cost effective alternatives available than the items that had been requested.

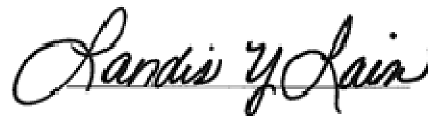
Based on the documentation submitted, Appellant did not meet the Medicaid standards of coverage and documentation requirements to establish medical necessity and or that the shower commode and bat chair requested are the most cost effective under Department policy.

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 a shower commode and bath chair because there are more cost effective alternatives available to the items that have been requested.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.



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

Date Signed: _

Date Mailed: _

LYL/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 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.