

**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:

██████████,

Appellant

\_\_\_\_\_ /

Docket No. 15-004871 PA

Case No. ██████████

**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 ██████████. Appellant appeared and testified. ██████████, Appeals Review Officer, represented the Department of Health and Human Services (formerly Department of Community Health) (the department). ██████████ Medicaid Utilization Analyst, appeared as a witness for the Department.

State's Exhibits A1-A44 were admitted as evidence without objection.

**ISSUE**

Did the Department properly deny the Appellant's prior authorization request for a Permobil C300 hand heater, heater core and hardware?

**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 Medicaid beneficiary, born ██████████, who has been diagnosed with muscular dystrophy; failure to thrive, adult; scoliosis, congenital spine and obstructive sleep apnea. (State's Exhibit A page 7)
2. On or about ██████████, the Department received a prior authorization request for a Permobil hand heater, heater core and hardware for a patient owned Permobil C300 power WC SN 2335005476 Wheelchair. (State's Exhibit A page 7)
3. On ██████████, the department denied the request stating that the hand heater for a power wheelchair is not a covered Medicaid benefit. (State's Exhibit A page 5).

4. On ██████████ the Department issued a Notification of Denial to the Appellant and the medical supplier stating the prior authorization request was denied because the hand heater for a power wheelchair is not covered.
5. On ██████████, the Michigan Administrative Hearing System received the hearing request filed on Appellant's behalf stating that the hand heater is needed to help Appellant operate the power wheelchair throughout the fall, winter and early spring. Appellant's hand gets too cold to hold the joystick. Gloves are not an option because they are too cumbersome for Appellant to use on his hands. (State's Exhibit A page 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.

\* \* \*

### **1.3 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.

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- 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 1.10 Non covered Items, pages 17-19 states that Items that are not covered by Medicaid include, but are not limited to:

- Adaptive equipment
- Environmental Control units
- Equipment for social or recreational purposes
- Wheelchair accessories (e.g., horns, lights, bags, special colors, etc.)

Appellant testified that he requested the payment for hand warmers for his wheelchair to help him operate the wheel chair in cold weather. Without the hand heater system, his extremities will get too cold and he will not be able to operate the power wheelchair. Without the ability to operate his wheelchair he cannot maintain independence. It is very difficult for a person to push his wheelchair because the chair weighs about 400 pounds.

Appellant has failed to satisfy his burden of proving by a preponderance of the evidence that the department improperly denied the requested medication. The denial is based upon Medicaid benefit exclusion. Unfortunately, the department does not have discretion to approve Appellant's request for items which are not covered Medicaid

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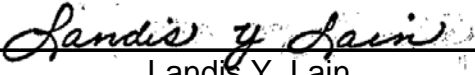
benefits. The decision to deny the request for authorization must be upheld under the circumstances.

**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 under the circumstances.

**IT IS THEREFORE ORDERED** that:

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

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

cc:



LYL/

Date Signed:



Date Mailed:



**\*\*\* 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.