

**STATE OF MICHIGAN
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES**

P.O. Box 30763, Lansing, MI 48909
(517) 335-2484; Fax: (517) 373-4147

IN THE MATTER OF:

██████████,

Appellant.

_____ /

Docket No. 15-023215 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.*, and upon a request for a hearing filed on the minor Appellant's behalf.

After due notice, a telephone hearing was held on ██████████, ██████████, Appellant's Father, appeared and testified on Appellant's behalf. ██████████, Appeals Review Officer, represented the Department of Health and Human Services (DHHS or Department). ██████████, Analyst, testified as a witness for the Department.

ISSUE

Did the Department properly deny Appellant's prior authorization request for a Convoid headrest cover and storage basket?

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 been diagnosed with batton disease. (Exhibit A, pp. 5, 10.)
2. On or about ██████████, the Department received a prior authorization request for a Convoid Rodeo wheelchair and accessories for Appellant. (Exhibit A, pp. 8-25.)
3. On ██████████, the Department sent the Appellant a notice of amended authorization. The notice indicated the prior authorization request for the Convoid Rodeo wheelchair was approved but the request for a Convoid headrest and storage basket was denied. The notice indicated the denial was because the documentation submitted did not

support the medical need for the requested items. (Exhibit A, pp. 5, 6.)

4. On ██████████, the Michigan Administrative Hearing System (MAHS) received the request for hearing regarding the ██████████ denial. (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 statutes, 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). Regarding the specific request in this case, *i.e.* a request for another wheelchair and accessories for a Medicaid beneficiary, the applicable version of the MPM 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, nurse practitioner (NP) or physician assistant (PA) order nor a certificate of medical necessity by itself provides sufficient documentation of medical necessity, even though it is signed by the treating/ordering physician, NP or PA. 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:

- It is inappropriate to use a nonmedical item.
- It is the most cost effective treatment available.

* * *

1.10 NONCOVERED ITEMS

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

- Wheelchair accessories (e.g., horns, lights, bags, special colors, etc.)

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Wheelchair Accessories	Reimbursement may be made for separate wheelchair accessories that have 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 wheelchair, or an addition to an existing wheelchair if: <ul style="list-style-type: none">▪ It is required to provide safety.▪ It is required for appropriate positioning.▪ It is the most economical alternative. For additions to an existing wheelchair, the physician or the occupational or physical therapist must address the status/condition of the current wheelchair and include the brand, model, serial number, and age of the current wheelchair. If MDHHS did not purchase the wheelchair being modified, all documentation requirements must be
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	provided as if the request is for a new or initial wheelchair. Refer to the Non-Covered Items section of this chapter for information on accessories that are not covered.
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MPM, January 1, 2016 version
Medical Supplier Chapter, pages 4, 19, 20, 97, 98.

Here, the Department sent Appellant written notice that the prior authorization request for wheelchair accessories was denied on the basis that, per the above policy, the accessories were not covered and there was no showing in the request of their medical necessity. Specifically, the documentation provided with the request did not indicate how the Appellant was affected by the sun and was not accompanied by any medical documentation to substantiate the condition being alleged. Additionally, there was no documentation to show what kinds of items needed to be stored in the requested storage basket. Also, there was no evidence that other commercial or non-medical items were ruled out for either of the items being denied.

In response, Appellant's Father testified that the Appellant suffers from heat intolerance and turns to ball of sweat when exposed. He also argued that due to the heat intolerance the Appellant needs to wear a cooling vest. Regarding the wheelchair storage basket, it was indicated that it is required to carry all of the Appellant's medical supplies.

The Appellant's Father agreed that other than mentioning heat intolerance, the documentation provided with the prior authorization request did not include documentation to substantiate the heat intolerance or documentation to indicate how the Appellant is affected by the sun. It was also agreed that the documentation provided did not include documentation supporting the need for the storage basket.

Appellant bears the burden of proving by a preponderance of the evidence that the Department erred in denying the prior authorization request in this case. Moreover, the undersigned Administrative Law Judge is limited to reviewing the Department's decision in light of the information that was available at the time the decision was made.

Given the record and available information in this case, the undersigned Administrative Law Judge finds that Appellant has failed to meet his burden of proof and that the Department's decision must therefore be affirmed. As indicated by the Department's witness, the prior authorization request did not show the medical necessity of the items being denied.

A discussion did take place on the record, informing the Appellant's Father of his ability to provide a new prior authorization with supporting documents for review.

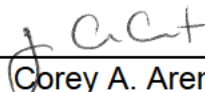
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DECISION AND ORDER

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 Convaid headrest cover and storage basket.

IT IS THEREFORE ORDERED THAT:

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



Corey A. Arendt
Administrative Law Judge
for Nick Lyon, Director
Michigan Department of Health and Human Services

CAA ██████

Date Mailed: February 29, 2016

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.