

**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. 15-015655 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 hearing was held on ██████████ ██████████, Appellant's mother, appeared and testified on the Appellant's behalf. ██████████ Appeals Review Officer, represented 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 Raz-At Shower Commode Chair 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 █████ year old Medicaid beneficiary, born ██████████, who is a C4 tetraplegic with significant tone/spasticity throughout his arms, trunk and legs. (Exhibit A, p 10; Testimony)
2. On or about ██████████, the Department received a prior authorization request from Quality Home Medical Equipment Inc. for a Raz-At Shower Commode Chair and accessories for the Appellant. (Exhibit A, pp 7-8, 15; Testimony)
3. On ██████████, the Department sent the Appellant and Quality Home Medical Equipment Inc., a request for additional information. The request was to rule out cost effective alternatives including tilt-in-space products. (Exhibit a, pp 15, 16; Testimony)

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4. On [REDACTED] and [REDACTED] submitted to the Department a response to the request for additional information. The response indicated that the alternative options made of PVC had issues rendering them ineffective options for the Appellant. (Exhibit A, p. 10; Testimony)
5. On [REDACTED] the Department sent the Appellant a notice of denial denying the [REDACTED] prior authorization request for a Raz-At Shower Commode Chair and accessories. (Exhibit A, pp 5, 6; Testimony)
6. The Department provided a list of other cost-effective alternatives that would meet Appellant's needs. (Exhibit A, pp 22-31; Testimony)
7. On [REDACTED] [REDACTED] [REDACTED] the Michigan Administrative Hearing System received the hearing request filed on Appellant's behalf. (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 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.

* * *

1.5 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.

* * *

2.8 COMMODES [CHANGE MADE 4/1/15]

Definition A commode is a chair with an enclosed pan or pail that may be stationary or mobile, with fixed or removable arms, a seat lift, and footrest.

Standards of Coverage

A **standard commode** may be covered if the beneficiary is unable to safely use home toileting facilities, is confined to a single room, or is confined to one level of the home in which no toileting facilities are available.

A **heavy-duty commode** may be covered for a beneficiary weighing 300 pounds or greater and the beneficiary is unable to safely use home toileting facilities, is confined to a single room, or is confined to one level of the home in which no toileting facilities are available.

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. (revised 4/1/15)

*Medicaid Provider Manual,
Medical Supplier Section
April 1, 2015, pp 1, 3-5, 57*

The Department's Medicaid Utilization Analyst testified that she was the Analyst who reviewed Appellant's prior authorization request and indicated the request was denied because there were other cost-effective alternatives available. The Department's Medicaid Utilization Analyst reviewed the policy outlined above, as well as other cost-effective alternatives that would meet Appellant's needs (see Exhibit A, pp 22-31) and concluded that the denial was proper. The Department's Medicaid Utilization Analyst indicated that while the Department does not endorse any particular brand or model of the requested device, Appellant was free to resubmit the prior authorization request with any cost-effective alternative.

There was little testimony on behalf of the Appellant regarding how the cost-effective alternatives would not meet the Appellant's needs. Additionally, the documentation provided by the Appellant's treating health providers only addressed issues with the alternative PCV options and did not address issues with the alternative aluminum options.

Appellant's mother testified that she only wanted what was best for the Appellant and that she had concerns with the restraints and padding on the alternative options. The testimony however did not identify how the less costly alternatives failed to meet the needs of the Appellant.

Based on the documentation submitted, Appellant did not meet the Medicaid standards of coverage and documentation requirements to establish medical necessity for the requested shower commode chair. As indicated above, Medicaid policy indicates that Medicaid covers the least costly alternative that meets the beneficiary's medical need for medical supplies, durable medical equipment or orthotics/prosthetics. Policy also indicates that Medical devices are only covered if they are the most cost-effective treatment available. Here, the Department provided sufficient evidence that there are a number of more cost-effective devices available that will meet Appellant's needs. And there was no evidence that the less costly alternatives would not work for Appellant. Accordingly, the Department's denial must be upheld.

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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 Raz-At Shower Commode Chair and accessories based on the submitted documentation.

IT IS THEREFORE ORDERED that:

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



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

Date Signed: _____

Date Mailed: _____

CAA/db

cc _____

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.