



Date Mailed: April 11, 2025

Docket No.: 25-009517

Case No.: [REDACTED]

Petitioner: [REDACTED]

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এটি একটি গুরুত্বপূর্ণ আইনি ডকুমেন্ট। দয়া করে কেউ দস্তাবেজ অনুবাদ করুন।

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Ky është një dokument ligjor i rëndësishëm. Ju lutem, kini dikë ta përktheni dokumentin.

[REDACTED]
MI [REDACTED]

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 Petitioner's request for a hearing.

After due notice, a hearing was held on April 10, 2025. [REDACTED] Petitioner's mother, appeared and testified on Petitioner's behalf. Lana Karadsheh, Appeals Review Officer, appeared on behalf of Respondent, Michigan Department of Health and Human Services (Respondent, MDHHS or Department). Adam Schlaufman, Department Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny Petitioner's prior authorization request for electric patient lift and sling?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material, and substantial evidence on the whole record, finds as material fact:

1. Petitioner is a Medicaid beneficiary, who has been diagnosed with congenital hypotonia. (Exhibit A, p 12; Testimony).
2. On November 29, 2024, the Department received a prior authorization request for an electric patient lift and sling for Petitioner. (Exhibit A, pp 12-14; Testimony).

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3. On December 26, 2024, the Department sent Petitioner a Request for Additional Information. (Exhibit A, pp 15-16; Testimony). Specifically, the request for additional information indicated, “Explain the specific medical necessity for an electric patient lift for this beneficiary and rule out manual hydraulic lifts coded E0630 as the less costly option.” (Exhibit A, p 15).
 4. On January 29, 2025, Petitioner’s supplier resubmitted the same information submitted with the original request. (Exhibit A, pp 15-16; Testimony).
 5. On February 20, 2025, the Department sent Petitioner a Notification of Denial indicating that the electric patient lift and swing were denied. Specifically, the notice indicated:
 - Duplicate request. The previously requested documentation to rule out manual hydraulic lifts coded E0630 as a less costly option was not submitted and the request is denied.
 - Refer to the Medical Supplier chapter sections: 1.6 and 2.19.(Exhibit A, pp 17-18; Testimony).
 6. On March 13, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner’s request for hearing. (Exhibit A, pp 7-10).

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, the applicable version of the MPM states in part:

1.6 MEDICAL NECESSITY

Medicaid covers medically necessary durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) for beneficiaries of all ages. DMEPOS are covered if they are the least costly alternative that meets the beneficiary’s medical/functional need 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, clinical nurse specialist (CNS), 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, CNS, [sic] 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 MDHHS 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 MDHHS 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 safety and effectiveness of the product for age-appropriate treatment has been substantiated by current evidence-based national, state and peer-review medical guidelines.
- The function of the service/device:
 - meets accepted medical standards, practices and 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.

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- The service/device is ordered by the treating physician, NP or PA (for CSHCS beneficiaries, the order must be from the pediatric subspecialist) and clinical documentation from the medical record supports the medical necessity for the request (as described above) and substantiates the practitioner's order.
 - The service/device meets the standards of coverage published by MDHHS.
 - 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.

MDHHS does not cover the service when Medicare determines that the service is not medically necessary.

Medicaid will not authorize coverage of items because the item(s) is the most recent advancement in technology when the beneficiary's current equipment can meet the beneficiary's basic medical/functional needs.

Medicaid does not cover equipment and supplies that are considered investigational, experimental or have unproven medical indications for treatment.

Refer to the Prior Authorization subsection of this chapter for medical need of an item beyond the MDHHS Standards of Coverage.

NOTE: Federal EPSDT regulations require coverage of medically necessary treatment for children under 21 years of age, including medically necessary habilitative services. Refer to the Early and Periodic Screening, Diagnosis and Treatment Chapter for additional information.

The Healthy Michigan Plan (HMP) covers habilitative services for all ages. Refer to the Healthy Michigan Plan Chapter for additional information.

1.6.A PRESCRIPTION REQUIREMENTS

MDHHS reserves the right to request additional documentation from a specialist for any beneficiary and related service on a case-by-case basis if necessary to determine coverage of the service.

1.8 PRIOR AUTHORIZATION

MDHHS reserves the right to a final determination of whether the practitioner's submitted medical documentation sufficiently demonstrates the medical necessity for the services requested.

2.19 LIFTS (HYDRAULIC AND ELECTRIC)

Definition

Lifts include, but are not limited to, hydraulic and electric, and accessories include slings and/or seats.

Standards of Coverage

A standard hydraulic lift may be covered when the beneficiary requires assistance in transfers, provision of the lift will allow the beneficiary to be transferred safely, and one of the two conditions stated below are met:

- The beneficiary requires a one-person assist but the weight or size of the beneficiary prohibits safe transfers or could cause harm to the caregiver.
- The beneficiary requires a two-person assist and there are not two caregivers in the home.

An electric lift may be covered when the above Standards of Coverage are met and the hydraulic lift cannot be used safely or when the beneficiary's medical condition results in increased tone (e.g., spasticity).

*Medicaid Provider Manual
Medical Supplier Chapter
January 1, 2025, pp 9-11, 13, 25-27, 74
Emphasis added*

Here, the Department sent Petitioner written notice that the prior authorization request for an electric patient lift and sling were denied because documentation was not submitted ruling out the use of a manual hydraulic lift as a less costly option. The Department's witness indicated that the Department did request additional information to demonstrate this from Petitioner's provider and supplier, but the Department received the same information again.

Petitioner's mother testified that Petitioner has a degenerative disease and will be dying. Petitioner's mother indicated that there is no way she can operate a manual Hoyer lift given Petitioner's conditions and weight. Petitioner's mother testified that she has tried to get her supplier and provider to submit the requested information but so far has run into a dead end. Petitioner's mother indicated that the durable medical equipment supplier is the only one in the Upper Peninsula and they are very difficult to work with.

Petitioner 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 Petitioner has failed to meet this burden of proof and that the Department's decision must therefore be affirmed. Policy clearly states that durable medical equipment is only covered if it is the most cost-effective treatment available. Here, the Department has requested documentation to rule out the use of a manual lift, but Petitioner has not yet been able to provide this information. While the undersigned can sympathize with Petitioner's mother's difficulty in obtaining this information from the supplier and provider, Medicaid simply will not cover this equipment without it. Petitioner's mother will need to continue to try to obtain this documentation from the supplier and provider. However, based on the information provided, the denial was proper and must be upheld.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly denied Petitioner's prior authorization request for an electric patient lift and sling.

IT IS THEREFORE ORDERED THAT:

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

RM/sj



ROBERT J. MEADE
ADMINISTRATIVE LAW JUDGE

APPEAL RIGHTS: Petitioner may appeal this Hearing Decision to the circuit court. Rules for appeals to the circuit court can be found in the Michigan Court Rules (MCR), including MCR 7.101 to MCR 7.123, available at the Michigan Courts website at courts.michigan.gov. The Michigan Office of Administrative Hearings and Rules (MOAHR) cannot provide legal advice, but assistance may be available through the State Bar of Michigan at <https://lrs.michbar.org> or Michigan Legal Help at <https://michiganlegalhelp.org>. A copy of the circuit court appeal should be sent to MOAHR. A circuit court appeal may result in a reversal of the Hearing Decision.

Either party who disagrees with this Hearing Decision may also send a written request for a rehearing and/or reconsideration to MOAHR within 30 days of the mailing date of this Hearing Decision. The request should include Petitioner's name, the docket number from page 1 of this Hearing Decision, an explanation of the specific reasons for the request, and any documents supporting the request. The request should be sent to MOAHR

- by email to LARA-MOAHR-DCH@michigan.gov, **OR**
- by fax at (517) 763-0155, **OR**
- by mail addressed to
Michigan Office of Administrative Hearings and Rules
Rehearing/Reconsideration Request
P.O. Box 30639
Lansing Michigan 48909-8139

Documents sent via email are not secure and can be faxed or mailed to avoid any potential risks. Requests MOAHR receives more than 30 days from the mailing date of this Hearing Decision may be considered untimely and dismissed.

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