



Date Mailed: September 2, 2025

Docket No.: 25-023863

Case No.: [REDACTED]

Petitioner: [REDACTED]

This is an important legal document. Please have someone translate the document.

هذه وثيقة قانونية مهمة. يرجى أن يكون هناك شخص ما يترجم المستند.

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

Este es un documento legal importante. Por favor, que alguien traduzca el documento.

这是一份重要的法律文件。请让别人翻译文件。

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

[REDACTED]
[REDACTED] MI [REDACTED]

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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 Petitioner's request for a hearing.

After due notice, a telephone hearing was held on August 20, 2025. [REDACTED] Authorized Hearing Representative, appeared and testified on Petitioner's behalf. Lana Karadsheh, Appeals Review Officer, represented the Respondent Department of Health and Human Services (DHHS or Department). Danielle Taylor, Analyst, testified as a witness for the Department.

Exhibits:

Petitioner	None
Department	A – Hearing Summary

ISSUE

Did the Department properly deny Petitioner's initial prior authorization request for a high-frequency chest wall oscillation system (HFCWO) rental?

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 motor neuron disease, and quadriplegia. (Exhibit A).
2. On March 27, 2025, the Department received from Petitioner, a request for an initial HFCWO rental. (Exhibit A; Testimony.)
3. On April 3, 2025, the Department sent Petitioner a Notification of Denial. The notice indicated the request was denied for the following reasons:
 - The device requested does not meet Medicaid requirements, the HFCWO device must include a meter that measures daily use, and a cumulative hour's meter does not meet this requirement.⁷

⁷ Exhibit A, p 14.

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4. On June 26, 2025, the Michigan Office of Administrative Hearings and Rules (MOAHR) received the request for hearing filed in this matter. (Exhibit A).

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) and, with respect to medical supplies, 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 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.
- 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.

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- 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.⁸

2.15 HIGH FREQUENCY CHEST WALL OSCILLATION DEVICE [Re-Numbered 4/1/2025]

Definition	A high frequency chest wall oscillation (HFCWO) system is an airway clearance device consisting of an inflatable vest connected by two tubes to a small air-pulse generator that is easy to transport. The air-pulse generator rapidly inflates and deflates the vest, gently compressing and releasing the
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⁸ MPM, Medical Supplier Chapter, April 1, 2025, pp 10-11.

	<p>chest wall to create mini-coughs that dislodge mucus from the bronchial walls, increase mobilization, and facilitates it along toward central airways.</p>
<p>Standards of Coverage</p>	<p>An HFCWO device may be covered up to four months for the following when all other treatment modalities have not been effective (e.g., chest physiotherapy, medication, mechanical in-exsufflation device, etc.):</p> <ul style="list-style-type: none"> • Cystic Fibrosis (CF) • Bronchiectasis that has been confirmed by a high resolution, spiral, or standard CT scan and which is characterized by: <ul style="list-style-type: none"> ➢ Daily productive cough for at least six continuous months; or ➢ Frequent (i.e., more than two per year) exacerbations requiring antibiotic therapy. • Neuromuscular and/or neurological disorders affecting ability to mobilize secretions (e.g., muscular dystrophy, spastic quadriplegic cerebral palsy, spinal muscular atrophy, quadriplegia, etc.) <p>Chronic bronchitis and chronic obstructive pulmonary disease (COPD) in the absence of a confirmed diagnosis of bronchiectasis do not meet the policy standards of coverage criteria.</p>
<p>Documentation</p>	<p>Submitted documentation must be from a Neurology, Physical Medicine &</p>

	<p>Rehabilitation, or a Pulmonology practitioner. Documentation must be less than 180 days old and include:</p> <ul style="list-style-type: none"> • Diagnosis pertaining to the need for the HFCWO device. • Severity of condition (e.g., frequency of hospitalizations, pulmonary function tests, etc.). • Current treatment modalities and others already tried, including why those treatments did not meet the beneficiary's medical need. • Plan of care by the authorized physician subspecialist substantiating need for the device is required under the CSHCS Program. • For continuation beyond the initial four months, the following information must be provided: <ul style="list-style-type: none"> ➤ Documentation of any change in the prescribed treatment plan; ➤ Documentation from equipment use logs (includes a meter that measures daily use; a cumulative hours meter does not meet this requirement) demonstrating ongoing utilization in accordance with the current, prescribed treatment plan; and ➤ For CSHCS beneficiaries, the CSHCS program requires a medical statement from the authorized physician subspecialist
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	substantiating the continued effectiveness of the vest. ⁹
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Here, as discussed above, the Department denied Petitioner’s request for a HFCWO based on an interpretation of the MPM that provided the HFCWO device must include a meter that measures daily use, and a cumulative hour’s meter not meeting this requirement.

The Department’s interpretation of the policy, however, is misplaced. The section quoted and relied on only applies to a continuation of a rental past 6 months and does not apply to an initial rental request. The Department failed to show any policy that required an initial rental to require a meter that measures daily use.

Consequently, it is concluded the Department improperly denied Petitioner’s initial request for a HFCWO rental.

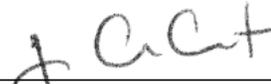
DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department improperly denied Petitioner’s prior authorization request.

IT IS THEREFORE ORDERED that:

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

The Department is **ORDERED** to reprocess Petitioner’s PA request and to approve the request if otherwise eligible and qualified.



COREY A. ARENDT
ADMINISTRATIVE LAW JUDGE

⁹ *Ibid* at 65.

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://irs.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 MOAHR-BSD-Support@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.

**Via First Class and
Electronic Mail:**

Petitioner

[REDACTED]
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[REDACTED]

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