



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
P. O. Box 1736
Romney, WV 26757

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

May 30, 2006

By: [REDACTED]

Dear Ms. [REDACTED]

Attached is a copy of the findings of fact and conclusions of law on your hearing held May 2, 2006. Your appeal was based on the Department of Health and Human Resources' decision to deny pre-authorization of coverage for the repair or replacement of a wheelchair purchased in 2000.

In arriving at a decision, the State Hearing Officer is governed by the Public Welfare Laws of West Virginia and the rules and regulations established by the Department of Health and Human Resources. These same laws and regulations are used in all cases to assure that all persons are treated alike.

Current Medicaid regulations provide as follows: The West Virginia (WV) Medicaid Program offers a comprehensive scope of medically necessary medical and mental health services to diagnose and treat eligible members. Specified services require prior approval and must be determined medically necessary and appropriate in order for the services to be covered. Wheelchair repair and replacement is subject to a one per five-year service limit. (West Virginia Bureau for Medical Services Provider Manual § 500)

The information submitted at the hearing reveals that your son's prescribing practitioner requested approval for a new chair in October 2004. The Department through West Virginia Medical Institute, (WVMI), approved this chair. The made the request for the denied chair in February 2005, a few months after the receipt of the 2004 approved chair.

It is the decision of the State Hearing Examiner to **uphold** the Department's action to deny coverage of the chair requested in February 2005.

Sincerely,

Sharon K. Yoho
State Hearing Examiner
Member, State Board of Review

cc: Chairman, Board of Review
Evelyn Whidby, BMS - [REDACTED], WV Advocates

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES

██████████ by: ██████████

Claimant,

v.

Action Number 06-BOR-838

West Virginia Department of Health & Human Resources,

Respondent.

DECISION OF THE STATE HEARING EXAMINER

I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing concluded on May 2, 2006 for ██████████. This hearing was held in accordance with the provisions found in the Common Chapters Manual Chapter 700 of the West Virginia Department of Health and Human Resources. This fair hearing was originally convened on May 2, 2006 on a timely appeal filed December 22, 2005.

II. PROGRAM PURPOSE:

The program entitled Medicaid is set up cooperatively between the Federal and State Government and administered by the West Virginia Department of Health and Human Resources.

The 1965 Amendments to the Social Security Act established, under Title XIX, a Federal-State medical assistance program commonly known as Medicaid. The Department of Health and Human Resources administers the Medicaid Program in West Virginia in accordance with Federal Regulations. The Bureau for Medical Services, (BMS), is responsible for the development of regulations to implement Federal and State requirements for the program. The Department of Health & Human Resources processes claims for reimbursements to providers participating in the program.

III. PARTICIPANTS:

Claimant's Witnesses:

██████████ claimant
██████████ claimant's mother
██████████ claimant's grandmother
██████████, Service Coordinator, ██████████
██████████, Physical Therapist, ██████████

Department's Witnesses:

Pat Woods, Bureau of Medical Services, (BMS)

Virginia Evans, BMS
[REDACTED], West Virginia Medical Institute, (WVMI)

Evelyn Whidby, BMS, observing
Karen Spencer, observing
Tina Breen, observing

[REDACTED], WV Advocates, claimant's representative

Presiding at the hearing was Sharon K. Yoho, State Hearing Examiner and a member of the State Board of Review.

IV. QUESTION TO BE DECIDED:

The question to be decided is whether the Department is correct in denying a request for Medicaid coverage for a Wheelchair.

V. APPLICABLE POLICY:

West Virginia BMS Provider Manual Chapter 502.1, 503, 503.1 and 505.
West Virginia BMS Provider Manual Chapter 500 Attachment I
West Virginia BMS Provider Manual Chapter 500 introduction

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- D-1 Certificate of Medical Necessity dated January 25, 2005
- D-1a Initial Denial dated February 22, 2005
- D-2 Certificate of Medical Necessity dated July 8, 2005
- D-3 Certificate of Medical Necessity dated October 19, 2005
- D-4 BMS Provider Manual Chapter 500 thru 503.1
- D-5 Letter of appeal with attachments from [REDACTED] to BMS dated December 16, 2005
- D-6 FAX request dated November 28, 2005 for repairs to Sunrise Quickie 2 chair

Claimant's Exhibits:

- C-1 Letter from Dr. [REDACTED] dated February 9, 2006
- C-2 Individualized Education Program report dated April 18, 2006
- C-3 Code of Federal Regulations for Early and Periodic Screening Diagnostic & Treatment

Evidence vouched for the record:

1. Complete IEP dated November 3, 2005
2. Psychological Update dated May 18, 2005
3. Annual Medical Evaluation dated July 15, 2005
4. Unmet Needs grant proposals dated June 6, 2005
5. Letter from [REDACTED] RN, [REDACTED] dated February 8, 2006-05-24
6. Letter from Dr. [REDACTED], dated July 8, 2005

7. Letter from Dr. [REDACTED], dated October 4, 2004
8. Two prescriptions, one dated 10/4/04 for Walker one with dated changed for custom wheelchair
9. Letter from Physical Therapists, [REDACTED] dated November 29, 2005
10. Certificate of Medical Necessity by Dr. [REDACTED] dated December 12, 2005
11. Certificate of Medical Necessity dated July 26, 2005

VII. FINDINGS OF FACT:

- 1) [REDACTED] is an active recipient of the WV Medicaid program. He has a diagnosis of cerebral palsy, developmental delays, scoliosis and cystic fibrosis.
- 2) Mr. [REDACTED] is confined to a wheelchair when not in bed. He was prescribed a Quickie 2 customized fitted wheelchair in the year 2000. The Medicaid program has been utilized in the maintaining and altering of this chair to keep up with the patient's body changes and growth.
- 3) The claimant's physician submitted a request for prior authorization for the purchase of a stroller type chair (E1236) in October 2004. WVMI processed and approved this request. The claimant received the Stroller in March 2005.
- 4) On January 25, 2005, Dr. [REDACTED] submitted a request to WVMI for repairs and adjustments to be approved for the patient's Quickie 2 wheelchair. WVMI responded with an Initial Denial on February 22, 2005 stating the Medicaid coverage for mobility aids is 1 per 5 years.
- 5) Dr. [REDACTED] submitted another request on July 8, 2005 for repairs and adjustments to the Quickie 2 wheelchair. WVMI responded with an Initial Denial dated August 29, 2005 stating: "According to Medicaid, this patient has a stroller that was provided in October 2004 that was paid for by Medicaid. Medicaid will not maintain 2 wheelchairs. Per criteria, Medicaid will allow 1 mobility aid per 5 years".
- 6) On October 19, 2005, another request was submitted by Dr. [REDACTED] for repairs to the Quickie 2 chair. This request was responded to by WVMI with a denial letter reiterating the policy limits of one in five years.
- 7) Exhibit D-5, includes a July 8, 2005 letter from Dr. [REDACTED] which indicates that he was not aware of the one chair in five-year limitation. He states: "He currently needs a new wheelchair. This one is over five years old but apparently there has been some problem as he has been denied because he got a stroller, and I guess he can not get both things."
- 8) West Virginia Bureau for Medical Services Provider Manual § 500: INTRO:
The West Virginia (WV) Medicaid Program offers a comprehensive scope of medically necessary medical and mental health services to diagnose and treat eligible members. Covered and authorized services must be rendered by enrolled providers within the scope of their license and in accordance with all State and Federal requirements. Any service, procedure, item, or situation not discussed in the manual must be presumed non-covered unless informed otherwise in writing by the Bureau for Medical Services (BMS).

- 9) West Virginia Bureau for Medical Services Provider Manual § 502.1:
Prescribing Practitioner
The prescribing practitioner is responsible for providing WVMI with medical necessity documentation. The Internet is the most efficient means of keeping current on updates and information regarding the Bureau for Medical Services.
- 10) West Virginia Bureau for Medical Services Provider Manual § 503:
Covered Durable Medical Equipment and Medical Supplies:
Attachment I describes the DME/medical supplies through current HCPCS codes, description of each code, replacement code for closed codes (as appropriate), service limits, prior authorization requirements and special coverage instructions.
- 11) West Virginia Bureau for Medical Services Provider Manual § 503.1 & 503.1.c:
All DME repairs and replacement require PA through WVMI. Only one (1) MAE of the same category will be maintained or repaired by BMS at any time.
Replacement of DME equipment may be covered by WV Medicaid on an as-needed basis due to acute rapid changes in the member's physical condition, wear, theft, irreparable damage, or loss by disasters.
- 12) West Virginia Bureau for Medical Services Provider Manual § 505:
Prior Authorization:
It is strongly recommended that DME providers, in partnership with prescribing practitioners, assist in obtaining prior authorizations. PA does not guarantee payment. Refer to Attachment I for specific DME/medical supplies requiring PA and service limits for covered services.
- 13) West Virginia Department of Health & Human Resources Bureau for Medical Services,
Attachment I - HCPCS Codes for Durable Medical Equipment and Supplies:
HCPCS code E1161 Service Limit 1 PER 5 YEARS Prior Authorization
Purchased Item E1236.

VIII. CONCLUSIONS OF LAW:

- 1) Policy provides that the Medicaid program will only maintain or repair one MAE of the same category. Attachment I identifies the stroller and the Quickie 2 chair as being in the same category. Attachment I also specifies a service limit of 1 in 5 years. Prescribing Practitioners are responsible for keeping current with Medicaid policies and service limits.
- 2) The Department followed policy in denying the pre-authorization for repair and or replacement of the Quickie 2 chair since the client had been recently provided with a new chair. While the new stroller chair does not provide the same needs as the Quickie chair, policy does categorize them together when addressing service limits. Policy 503.1c allows for replacement of DME equipment on an as-needed basis due to acute rapid changes in the member's physical condition however, Attachment I allows for 1 chair in 5 years and the Department had already approved coverage of a new chair just a few months prior to the denial of this request.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the Department's denial of the request for payment authorization through the Medicaid Program for the repair and or replacement of the Quickie 2 chair.

X. RIGHT OF APPEAL:

See Attachment.

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision.

Form IG-BR-29

ENTERED this 30th Day of May 2006.

**Sharon K. Yoho
State Hearing Examiner**