



State of West Virginia
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Office of Inspector General
Board of Review
1400 Virginia Street
Oak Hill, WV 25901

Joe Manchin III
Governor

Martha Yeager Walker
Secretary

October 10, 2008

Dear _____:

Attached is a copy of the findings of fact and conclusions of law on your hearing held October 3, 2008. Your hearing request was based on the Department of Health and Human Resources' decision to deny authorization of a K0835 power wheelchair and accessories.

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.

Eligibility for Medicaid services is based on current policy and regulations. Some of these regulations state that prior authorization must be obtained by the West Virginia Medical Institute (WVMI) for Durable Medical Equipment. It is the responsibility of the prescribing practitioner to submit the appropriate clinical documentation i.e., ICD-9 code(s), all information required on the written prescription and any other relevant information. When documentation fails to meet criteria, WVMI may request additional information to be submitted within seven (7) days. If information is not received by WVMI within seven (7) days, the request will be denied for lack of documentation to support medical necessity (Durable Medical Equipment/Medical Supplies Manual § 506.5).

The information which was submitted at your hearing was insufficient to establish the medical necessity of the K0835 power wheelchair and its accessories.

It is the decision of the State Hearing Officer to uphold the **decision** of the Department to deny authorization of a K0835 power wheelchair and accessories.

Sincerely,

Kristi Logan
State Hearing Officer
Member, State Board of Review

Cc: Erika Young, Chairman, Board of Review
Bureau of Medical Services

**WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
BOARD OF REVIEW**

_____,

Claimant,

v.

Action Number: 08-BOR-2124

**West Virginia Department of
Health and Human Resources,**

Respondent.

DECISION OF STATE HEARING OFFICER

I. INTRODUCTION:

This is a report of the State Hearing Officer resulting from a fair hearing concluded on October 3, 2008 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 convened on October 3, 2008 on a timely appeal, filed September 17, 2008.

II. PROGRAM PURPOSE:

The Program entitled Medicaid is set up cooperatively between the Federal and State governments and administered by the West Virginia Department of Health & 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 is responsible for development of regulations to implement Federal and State requirements for the program. The Department of Health and Human Resources processes claims for reimbursements to providers participating in the program.

III. PARTICIPANTS:

_____, Claimant

_____, Claimant's Friend

Virginia Evans, Bureau of Medical Services

JoAnn Ransom, Bureau of Medical Services
Jennifer Poff, West Virginia Medical Institute

All participants testified by phone.

Presiding at the Hearing was Kristi Logan, State Hearing Officer and a member of the State Board of Review.

IV. QUESTIONS TO BE DECIDED:

The question(s) to be decided is whether the Department's denial of a K0835 power wheelchair and accessories was correct.

V. APPLICABLE POLICY:

Durable Medical Equipment/Medical Supply Manual § 506.5

VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:

Department's Exhibits:

- A-1 Durable Medical Equipment/Medical Supply Manual § 506.5
- A-2 InterQual SmartSheet Durable Medical Equipment Criteria – Power Wheelchairs
- B-1 Medical Supplies Authorization Request Form dated July 30, 2008 and Face to Face Examination Sheet dated July 30, 2008
- C-1 Denial Notification Letters dated August 7, 2008 to Claimant, Dr. _____ and _____

Claimants' Exhibits:

- C-1 None

VII. FINDINGS OF FACT:

- 1) An authorization request form for Durable Medical Equipment was submitted to the West Virginia Medical Institute (WVMI) on July 30, 2008 by _____ for approval. _____ requested a K0835 power wheelchair, detachable arm rest, angle footplates, heel loops, swing away arm mount, gel batteries and skin protection cushion. The clinical diagnosis for Claimant was cerebral palsy and quadriplegia (B-1).
- 2) A denial notification letter dated August 7, 2008 was issued to Claimant, _____ and Boll Medical which read in part (C-1):

A request for prior authorization was submitted for durable medical services. Based on the medical information provided, the request has been denied. Documentation provided does not indicate medical necessity – specifically: The request for a K0835 power wheelchair and accessories was denied due to not meeting InterQual and WV Medicaid criteria. The documentation provided was not patient specific, and did not address the status of the K0014 power wheelchair the patient has, what type of manual wheelchair the patient has, what vendor provided it, when and who paid for it, and why they can no longer use

the manual wheelchair or power wheelchair, medical justification for all accessories ordered, will the equipment be used indoors as well as outdoors, manufacturer, name and model number of the wheelchair cushion so that it may be identified on the Product Classification List, if the patient has current skin breakdown or are they at risk for skin breakdown due to their diagnosis, do they have ineffective weight shifts and why, have they been actively evaluated and given the opportunity to drive the power wheelchair and can they drive it safely and independently, has the home been actively evaluated and can it accommodate the equipment, how many hours they will be seated in the wheelchair, why this type of wheelchair is being ordered when there isn't a request for a power tilt or recline and the wheelchair ordered is specifically for an alternative control device or expandable controller.

- 3) Jennifer Poff of WVMI testified to the reasons of the denial of Claimant's wheelchair. The information submitted on the authorization request did not meet the InterQual criteria. A fax dated August 5, 2008 was sent to _____ for additional medical information on Claimant and one was sent to [REDACTED] for a home evaluation. On August 12, 2008 the authorization request was sent to a WVMI physician reviewer when the additional medical information had not been received. The request for the K0835 power wheelchair and its accessories was denied because the medical necessity of this particular chair could not be established.
- 4) Following the InterQual SmartSheet for power wheelchairs, the information submitted on the request was insufficient to follow the flow chart to determine medical necessity of the power wheelchair. Under Equipment/Indications, sections 112 - 172 and under Group 2 power chairs A -D could not be answered (A-2). WVMI was unable to determine the reason for this replacement power wheelchair, Claimant's mobility and the need for a power wheelchair, if he had a permanent or progressive condition, length of time the wheelchair would be used, if Claimant's home could accommodate the wheelchair, if Claimant could safely maneuver the wheelchair, if needed for indoor/outdoor use and the need for the specific accessories as requested.
- 5) Claimant testified that his old power wheelchair was stolen in 2004. His father bought him a second hand manual wheelchair that he has been using since. He has cerebral palsy and cannot operate the wheelchair himself. He requires someone to push him around. He needs a power wheelchair for transportation to his college classes and medical appointments. When he last spoke to his physician, she advised him that she had completed all the necessary paperwork to get his wheelchair approved.
- 6) Durable Medical Equipment/Medical Supply Manual § 506.5 states:

For Durable Medical Equipment (DME) services and items requiring prior authorization review for medical necessity by WVMI, it is the responsibility of the prescribing practitioner to submit the appropriate clinical documentation, all information required on the written prescription and any other relevant information.

Prescribing practitioners must provide clinical information and a written prescription while DME providers may submit the appropriate HCPCS code and billing information.

Effective March 15, 2006, InterQual General Durable Medical Equipment Criteria will be utilized by WVMI for determining medical necessity for DME items. These items include the following:

- Power wheelchairs, including model K0835

VIII. CONCLUSIONS OF LAW:

- 1) The authorization form completed by _____ failed to provide enough medical information and documentation for WVMI to make a determination of the medical necessity of a K0835 power wheelchair and its accessories as shown on the InterQual SmartSheet.
- 2) _____ had the opportunity to submit additional medical information as requested by WVMI to make a determination of medical necessity for the power wheelchair. _____'s failure to do so only supports the Department's denial lack of the K0835 chair.

IX. DECISION:

It is the decision of the State Hearing Officer to **uphold** the decision of the Department to deny Claimant a K0835 power wheelchair and accessories.

X. RIGHT OF APPEAL:

See Attachment

XI. ATTACHMENTS:

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

ENTERED this 10th Day of October, 2008.

**Kristi Logan
State Hearing Officer**