



State of West Virginia  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
Office of Inspector General  
Board of Review  
9083 Middletown Mall  
White Hall, WV 26554

Earl Ray Tomblin  
Governor

Rocco S. Fucillo  
Cabinet Secretary

November 26, 2012

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Dear Ms. ----:

Attached is a copy of the Findings of Fact and Conclusions of Law on your hearing held November 20, 2012. Your hearing request was based on the Department of Health and Human Resources' decision to deny prior authorization for Medicaid payment of a manual wheelchair.

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 payment of DME (Durable Medical Equipment) requires that services be rendered in accordance with all State and Federal requirements. Mobility Assistive Equipment (MAE), including canes, crutches, walkers, manual wheelchairs, power wheelchairs, power operated vehicles and strollers, are DME that require prior authorization for Medicaid payment. Attachment I describes the DME item through HCPCS codes, description of each code, the replacement code for closed codes (as appropriate), service limits, prior authorization requirements and special coverage instructions. Prior authorization for a wheelchair (power or manual) can only be granted once every five (5) years. (WVDHHR Medicaid Policy Manual, Chapter 506, Durable Medical Equipment Manual, Section 506.1, 506.3 and Attachment I)

Information presented at your hearing confirms that Medicaid paid for your power wheelchair in 2011. Because Medicaid payment of a wheelchair (power or manual) can only be approved one (1) time every five (5) years, you will not be eligible to receive a new wheelchair until 2016.

It is the decision of the State Hearing Officer to **uphold** the action of the Department in denying your request for prior authorization for Medicaid payment of a manual wheelchair.

Sincerely,

Thomas E. Arnett  
State Hearing Officer  
Member, State Board of Review

cc: Erika H. Young, Chairman, Board of Review  
Stacy Broce, BMS

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

**IN RE:**        ----,

**Claimant,**

**v.**

**ACTION NO.: 12-BOR-2365**

**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 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 hearing convened telephonically on July 13, 2012, on a timely appeal filed October 15, 2012.

**II. PROGRAM PURPOSE:**

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 spouse/witness

----, Claimant's ----/witness

Virginia Evans, Bureau for Medical Services (BMS), Department representative

Kerry Frame, RN, West Virginia Medical Institute (WVMI), Department witness

Presiding at the hearing was Thomas E. Arnett, State Hearing Officer and a member of the State Board of Review.

#### **IV. QUESTION TO BE DECIDED:**

The question to be decided is whether the Department was correct in its decision to deny prior authorization (PA)/Medicaid payment for a manual wheelchair.

#### **V. APPLICABLE POLICY:**

Chapter 506, Durable Medical Equipment/Medical Supply Manual

#### **VI. LISTING OF DOCUMENTARY EVIDENCE ADMITTED:**

##### **Department's Exhibits:**

- D-1 Excerpts from Chapter 506, Durable Medical Equipment/Medical Supply Manual
- D-2 Information received from ----, M.D. and ---- Medical
- D-3 Notice of Denial Determination from WVMI – 9/28/12

#### **VII. FINDINGS OF FACT:**

- 1) On or about September 28, 2012, the Claimant, her physician and provider were notified (D-3) by the Department via a NOTICE OF DENIAL FOR DURABLE MEDICAL SERVICES (DME) that her request for prior authorization (PA) for Medicaid payment of a wheelchair (K0003) was denied. The denial letter includes the following pertinent information:

Reason for Denial: Exceeds service limit of 1 in 5 years.

The requested for a K0003 Manual Wheelchair and accessories cannot be approved. Per our files and Molina, the patient was provided a Power Wheelchair in 2011. This request exceeds the service limit, which is 1 (one) mobility device in 5 (five) years.

- 2) The Department's representative reviewed applicable policy, introduced exhibits, and called its witness, Kerry Frame, a Registered Nurse (RN) employed by WVMI, to explain why prior authorization was denied. RN Frame testified that upon review, it was determined that the Claimant received Medicaid payment for a power wheelchair (K0856) in 2011. Pursuant to Medicaid policy, payment can only be authorized for one (1) wheelchair – power (K0856) or manual (K0003) – once every five (5) years.
- 3) The Claimant and her representatives provided testimony to indicate that the Claimant's power wheelchair is not easily transported, and that a manual wheelchair is needed to transfer the Claimant when she attends physical therapy. ---- ----, Claimant's spouse, contended that they were not made aware of any restrictions regarding Medicaid purchase limitations and noted that while he can transport the power wheelchair, his wife's aide is unable. Mr. ---- noted that

his wife has been using a manual wheelchair purchased at a yard sale when attending physical therapy, but the brakes no longer work and it does not have leg rests.

- 4) Policy found in the West Virginia Department of Health and Human Resources (WVDHHR) Durable Medical Equipment/Medical Supply Manual, Section 506.1 provides the definition of Mobility Assistive Equipment (MAE) and states: Items that offer assistance to members who have a physical impairment that results in a mobility deficit. MAE includes, but is not limited to, canes, crutches, walkers, manual wheelchairs, power wheelchairs, power operated vehicles and strollers.
- 5) West Virginia Department of Health and Human Resources (WVDHHR) Durable Medical Equipment/Medical Supply Manual, Section 506.3 - Covered Durable Medical Equipment and Medical Supplies – indicates that a list of covered DME/medical supplies can be found in Attachment I. 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.

- Attachment I (page 82) indicates that a K0003 Lightweight Wheelchair is permitted one (1) unit every five (5) years - non-reimbursable with K0812 THRU K0891 [Power Wheelchairs].

- Attachment I (page 105) indicates that a K0856 Power Wheelchair, Group 3 Standard, Single Power Option, Sling/Solid Seat/Back, Patient Weight Capacity up to and including 300 Pounds is authorized one (1) unit every five (5) years – non-reimbursable with K0003 [Manual Wheelchair].

#### **VIII. CONCLUSIONS OF LAW:**

- 1) Pursuant to the WVDHHR Durable Medical Equipment/Medical Supplies Manual, an individual can be authorized for Medicaid payment of a wheelchair (power or manual) once every five (5) years.
- 2) Evidence submitted at the hearing reveals that the Claimant received Medicaid payment for a power wheelchair (K0856) in 2011. While the evidence indicates that a manual wheelchair would be convenient when the Claimant attends appointments outside of her home, there are no provisions in policy that would permit Medicaid to pay for more than one (1) wheelchair within a five (5) year period.

#### **IX. DECISION:**

It is the decision of the State Hearing Officer to **uphold** the Department's decision to deny prior authorization/Medicaid payment for a manual wheelchair (K0003).

#### **X. RIGHT OF APPEAL:**

See Attachment

**XI. ATTACHMENTS:**

The Claimant's Recourse to Hearing Decision

Form IG-BR-29

**ENTERED this \_\_\_\_ day of November 2012.**

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**Thomas E. Arnett**  
**State Hearing Officer**