



STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[Redacted]
[Redacted]
c/o [Redacted]
[Redacted]
[Redacted]

DECISION

MPA/149749

PRELIMINARY RECITALS

Pursuant to a petition filed June 03, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance, a telephone hearing was held on July 09, 2013.

The issue for determination is whether petitioner is eligible for payment by the MA program for a Sololift power patient lift, vest, and power cord.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[Redacted]
[Redacted]
c/o [Redacted]
[Redacted]
[Redacted]

Petitioner's Representative:

[Redacted]
[Redacted]
[Redacted]

Respondent:

Department of Health Services
1 West Wilson Street
Madison, Wisconsin 53703

By: Mary Chucka

Division of Health Care Access and Accountability
1 West Wilson Street, Room 272
P.O. Box 309
Madison, WI 53707-0309

ADMINISTRATIVE LAW JUDGE:

Peter McCombs
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner is a resident of Outagamie County.

2. On May 2, 2013, the petitioner's provider requested, in part, prior authorization for MA coverage of a Sololift power patient lift, vest, and power cord.
3. The Division of Health Care Access and Accountability approved with modifications the prior authorization request on May 14, 2013, specifically denying the Sololift power patient lift, vest and power cord because the requested equipment is not covered by the MA program when it is determined that the clinical provider has not submitted sufficient evidence to demonstrate the item is medically necessary under MA rules.
4. On June 3, 2013, the petitioner filed an appeal with the Division of Hearings & Appeals contesting the denial of the Solo Lift.

DISCUSSION

The Division of Health Care Access and Accountability (DHCAA) may only reimburse providers for medically necessary and appropriate health care equipment listed in Wis. Stat. §§ 49.46(2) and 49.47(6)(a), as implemented by Wis. Admin. Code ch. DHS 107. Some equipment is covered if a prior authorization request is submitted and approved by the DHCAA in advance of receiving the service. Finally, some equipment is never covered by the MA program. The Department determined that the requested Sololift patient lift, vest, and power cord in this case are not covered by the MA program per Wis. Admin. Code § DHS 107.02(3)(d). The Division was therefore unable to approve the requested service.

Wis. Admin. Code § DHS 107.02(3)(d) provides for a list of required information to be submitted with a Prior Authorization Request. Subsection (d)6 in particular requires that the submitting provider submit "justification" for the device sought. Consultant Chucka notes in her Summary of June 11, 2013, that this provider has not in any way addressed the justification for the new device and/or why the existing lift does not meet petitioner's needs. Exhibit 3. I cannot concur.

The extant record demonstrates the rationale behind the request for this lift. The prior authorization noted that:

...[Petitioner] has gotten weaker with age and size; in addition his parents can no longer lift him due to his size.

...
 ... [REDACTED] cannot be transferred off the floor at all due to his size. He does spend a lot of time on the floor for stretching and activities. We tried a traditional Hoyer lift and it did not work to get him off the floor. With his size family cannot lift him and he cannot help from that low of a position. The family has tried the Sololift...and it has worked wonderfully. ... It is an expensive lift and we understand that, but we have tried the other alternative and in his case they do not work.

See, Exhibit 1. Petitioner's representative provided further testimony at hearing affirming the comments in Exhibit 1. He noted that petitioner is 6'2" and weighs 215 pounds, and that petitioner spends the majority of his time on the floor because that is where he is most mobile. Ms. Chucka repeatedly raised concerns that petitioner would be on the floor due to falling, but it appears that he is on the floor the majority of the time by preference. Exhibit 3. Petitioner's provider explained that petitioner's cognitive level is that of a 6 month old child, and all of his games and toys are kept on the floor.

I further note that petitioner's representative established via testimony that other lifts were trialed, but did not work; petitioner has worked with occupational and physical therapists at [REDACTED] on these other options.

I conclude that a preponderance of the evidence indicates that the sought lift is appropriate and medically necessary for petitioner. **I note to the petitioner that, in order to have the equipment at issue approved, the provider must re-submit a prior authorization request along with a copy of this Decision.**

CONCLUSIONS OF LAW

The Petitioner's request for a Sololift power lift with vest and power cord is supported as medically necessary.

THEREFORE, it is ORDERED

That Petitioner's provider may re-submit a PA request for a Sololift power lift with vest and power cord and its invoice, along with a copy of this decision, to ForwardHealth for payment and ForwardHealth is directed to make payment accordingly.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Madison,
Wisconsin, this 3rd day of September, 2013

\sPeter McCombs
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on September 3, 2013.

Division of Health Care Access And Accountability
tedm@reliantrehab.com