



STATE OF WISCONSIN  
Division of Hearings and Appeals

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MPA/152594

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**PRELIMINARY RECITALS**

Pursuant to a petition filed October 3, 2013, under Wis. Stat., §49.45(5), to review a decision by the Division of Health Care Access and Accountability (DHCAA) to deny Medical Assistance (MA) authorization for a semi-electric hospital bed, a hearing was held on December 5, 2013, by telephone.

The issue for determination is whether the provider justified the medical need for the requested bed.

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: Written submission of Mary Chucka, Therapies Consultant

**ADMINISTRATIVE LAW JUDGE:**

Brian C. Schneider  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Vilas County who receives MA.
2. On September 13, 2013 Reliant Rehab Service and Supply requested authorization for purchase of a semi-electric hospital bed for petitioner, PA no. [REDACTED]. By a letter dated September 23, 2013, the DHCAA denied the request.
3. The request included no doctor recommendation that the bed was needed by petitioner.

### **DISCUSSION**

For a piece of medical equipment, or a component of the equipment, to be covered by MA, it must be medically necessary. Wis. Admin. Code, §DHS 107.02(3)(e)1. Equipment is not medically necessary if it is solely for the convenience of the recipient, or if there are less costly alternatives available. Admin. Code, §DHS 101.03(96m)(b)7 and 8.

In this case there was nothing in the prior authorization request from a doctor or other medical professional prescribing the hospital bed for petitioner's use. The provider included medical notes from petitioner's doctor visits, but nowhere in the notes is there any reference to a hospital bed being needed or even suggested. Petitioner provided no additional medical evidence at the hearing.

I conclude, therefore, that the denial was correct. Petitioner can have Reliant or another equipment provider file a new prior authorization request with the required medical statement from petitioner's doctor.

### **CONCLUSIONS OF LAW**

The DHCAA correctly denied the request for a hospital bed for petitioner because there was no medical statement of need in the request.

**THEREFORE, it is**

**ORDERED**

That the petition for review herein be and the same is hereby dismissed.

### **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, Room 651, 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 9th day of December, 2013

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\sBrian C. Schneider  
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 December 9, 2013.

Division of Health Care Access And Accountability