

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
OFFICE OF LEGAL COUNSEL, REGULATIONS, AND ADMINISTRATIVE HEARINGS
55 FARMINGTON AVENUE
HARTFORD, CT 06105-3725

██████████, 2019
Signature Confirmation

Client ID # ██████████
Request #140958

NOTICE OF DECISION

PARTY

██████████
██████████
██████████

PROCEDURAL BACKGROUND

On ██████████, 2019, Community Health Network of Connecticut (“CHNCT”) sent ██████████ (the “Appellant”) a notice of action denying a request for prior authorization of a Quickie QX1 ultra-lightweight wheelchair.

On ██████████, 2019, the Appellant requested an administrative hearing to contest the denial of the Quickie QX1 ultra-lightweight wheelchair.

On ██████████, 2019, the Office of Legal Counsel, Regulations, and Administrative Hearings (“OLCRAH”) issued a notice scheduling the administrative hearing for ██████████, 2019.

On ██████████, 2019, in accordance with sections 17b-60, 17b-61 and 4-176e to 4-189, inclusive, of the Connecticut General Statutes, OLCRAH held an administrative hearing.

The following individuals attended the hearing:

██████████, Appellant
██████████, Appellant’s Parent
Heather Shea RN, CHNCT Representative, Appeals, and Grievances Analyst
Miklos Mencseli, Hearing Officer

On ██████████ 2019, the hearing record closed.

STATEMENT OF THE ISSUE

The issue to be decided is whether CHNCT's decision to deny the Appellant's prior authorization request for approval of the Quickie QX1 ultra-lightweight wheelchair, as not medically necessary pursuant to Section 17b-259b of the Connecticut General Statutes, is correct.

FINDINGS OF FACT

1. The Appellant (DOB [REDACTED]) is a recipient of Husky A Medicaid. (Exhibit 1: Prior Authorization form dated [REDACTED]-19, 33 pages)
2. The Appellant has a diagnosis of mixed spasticity and dystonia secondary to cerebral palsy, kyphoscoliosis, pelvic obliquity, weakness, multiple joint contractures, and requires use of a position, and customized seating components for his wheelchair. (Summary, Exhibit 1)
3. Dr. [REDACTED] is the Appellant's Primary Physician. (Exhibit 1, Appellant's Parent Testimony)
4. On [REDACTED], 2019, Dr. [REDACTED] submitted a prior authorization request form to CHCNT for a Quickie QX1 ultra-lightweight wheelchair. (Exhibit 1)
5. An evaluation from [REDACTED] was included with the request. [REDACTED] PT, ATP, conducted the evaluation. (Exhibit 1: Evaluation dated [REDACTED] 19)
6. On [REDACTED], 2019, the Medical Reviewer reviewed the information submitted and denied the request. The Medical Reviewer noted "Given this information (FOF#2) regarding member's significant impairments, it cannot be determined that the requested wheelchair would be safe or effective in addressing his medical and positioning needs. Consideration may be given to the use of the member's current power wheelchair and the HUSKY Health Program transportation benefit for rides to and from medical appointments." (Exhibit 2: Medical Review dated [REDACTED]-19)
7. On [REDACTED] 2019, CHNCT sent the Appellant a denial notice of action (NOA) for the prior authorization request for approval of Quickie QX1 ultra-lightweight wheelchair, it is not the right type or considered effective for your illness, injury or disease. (Exhibit 3: NOA dated [REDACTED] 19)
8. On [REDACTED], 2019, CHNCT received the Appellant's appeal request. (Summary, Exhibit 4: appeal request)

9. On [REDACTED], 2019, CHNCT sent the Appellant an acknowledgment letter regarding his administrative hearing request. (Exhibit 5: letter dated [REDACTED]-19)
10. Between [REDACTED], 2019, through [REDACTED], 2019, CHNCT contacted, Dr. [REDACTED], Primary Physician, and [REDACTED] PT, ATP from [REDACTED] evaluating Therapist for additional information. (Summary, Exhibit 6: request form dated [REDACTED]-19, Exhibit 7: request form dated [REDACTED]-19, Exhibit 8: request form dated [REDACTED] 19, Exhibit 9: request dated [REDACTED]-19)
11. On [REDACTED], 2019, CHNCT received a response from Dr. [REDACTED]. Due to his medical condition (FOF#2) the Quickie QX1 ultra-lightweight wheelchair is the chosen back-up chair for the Appellant. This ultra-light weight manual wheelchair was chosen over a manual tilt –in space wheelchair to allow his family to transport the wheelchair within their vehicle as they do not have a wheelchair accessible van. (Exhibit 10: letter from Dr. [REDACTED] received [REDACTED]-19 by CHNCT)
12. CHNCT did not receive additional information from [REDACTED] [REDACTED] (Summary, CHNCT Representatives Testimony)
13. On [REDACTED], 2019, the Medical Reviewer reviewed the information submitted and denied the request. The Medical Reviewer noted, “Based upon the assessment of the member’s medical conditions, the use of an upright ultralight wheelchair and seating components as a backup to the member’s custom power wheelchair, cannot be determined as meeting this member’s medical conditions or provide for safe transportation.” “This member’s needs for safety, stability, support, and spasticity management are met by the member’s power wheelchair with highly customized seating components for postural support, steadiness, and allows independent control of the seat and back position for safe support of member’s body.” (Exhibit 12: Medical Review dated [REDACTED]-19)
14. The Appellant is able to utilize his power wheelchair for mobility and power positioning that the Quickie QX1 ultra-lightweight wheelchair does not provide. (Exhibit 12)
15. On [REDACTED], 2019, CHNCT sent the Appellant a determination letter upholding the denial of the Quickie QX1 ultra-lightweight wheelchair. (Exhibit 13: letter dated [REDACTED]-19)
16. The Appellant requests the Quickie QX1 ultra-lightweight wheelchair because it can fit into the family vehicle. Currently, he sits on a standard bench seat in the car when being transported. (Appellant’s Parent Testimony)

17. The Appellant's current back-up wheelchair is good but needs repair often due to breakdowns. The repairs take two to three weeks. (Appellant's Parent Testimony)
18. The Quickie QX1 ultra-lightweight wheelchair will be a back-up to the Appellant's customized Permobil M3 power wheelchair approved in [REDACTED] 2019 and will be receiving soon. (Appellant's Parent Testimony)
19. The Permobil M3 power wheelchair includes power tilt/recline, enhances steering performance electronics, head array, egg switch seating and independent power positioning controls to meet his medical needs that the Quickie QX1 ultra-lightweight wheelchair does not provide. (Exhibit 12)
20. The Appellant does not use the HUSKY Health Program transportation. (Appellant's Parent Testimony)
21. Wheelchair transportation with the Appellant's power wheelchair is an alternative to meet his transportation needs. (CHNCT Representatives Testimony)
22. The Appellant uses GBT ("Greater Bridgeport Transit") public bus transportation but it is limited to Fairfield County. The Appellant receives rides from his Parent or DDS in a vehicle for his therapy at [REDACTED] in [REDACTED], CT. (Appellant's Parent Testimony)
23. The Appellants Parent has a van but is not handicap accessible. (Appellant's Parent Testimony)
24. Due to the Appellant's medical conditions, the Quickie QX1 ultra-lightweight wheelchair is not a safe and effective model for use as a back-up wheelchair. The Quickie QX1 ultra-lightweight wheelchair does not provide safe transportation as the seating components cannot not provide adequate postural support nor include a method to use gravity to address the Appellant's medical needs or safety. (CHNCT Representatives Testimony)
25. The issuance of this decision is timely under Connecticut General Statutes 17b-61(a), which requires that a decision be issued within 90 days of the request for an administrative hearing. The Appellant requested an administrative hearing on [REDACTED], 2019. Therefore, this decision is due not later than [REDACTED], 2019.

CONCLUSIONS OF LAW

1. Connecticut General Statutes § 17b-2 (6) provides that the Department of Social Services is designated as the state agency for the administration of the Medicaid program pursuant to Title XIX of the Social Security Act.
2. Section (§) 17b-262-672 to 17b-262-682 of the Regulations of Connecticut State Agencies set forth the Department of Social Services requirements for the payment of durable medical equipment (“DME”) to providers, for clients who are determined eligible to receive services under Connecticut Medicaid pursuant to section 17b-262 of the Connecticut General Statutes.

Regulations of Connecticut State Agencies § 17b-262-673(8) provides “Durable medical equipment” or “DME” means equipment that meets all of the following requirements: A. Can withstand repeated use; B. Is primarily and customarily used to serve a medical purpose; C. Generally is not useful to a person in the absence of an illness or injury; and D. Is not disposable.

Regulations of Connecticut State Agencies § 17b-262-675 provides payment for DME and related equipment is available for Medicaid clients who have a medical need for equipment which meets the department’s definition of DME when the item is prescribed by a licensed practitioner, subject to the conditions and limitations set forth in sections 17b-262-672 to 17b-262-682, inclusive, of the Regulations of Connecticut State Agencies.

Regulations of Connecticut State Agencies § 17b-262-676(a)(1) provides that the Department shall pay for the purchase or rental and repair of DME, except as limited by sections 17b-262-672 to 17b-262-682, inclusive, of the Regulations of Connecticut State Agencies, that conforms to accepted methods of diagnosis and treatment and is medically necessary and medically appropriate.

A Quickie QX1 ultra-lightweight wheelchair meets the definition of durable medical equipment per regulation.

3. Connecticut General Statutes § 17b-259b (a) provides for purposes of the administration of the medical assistance programs by the Department of Social Services, "medically necessary" and "medical necessity" mean those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature

that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.

4. The Quickie QX1 ultra-lightweight wheelchair is primarily for the convenience of the individual, the individual's health care provider or other health care providers.
5. The Quickie QX1 ultra-lightweight wheelchair is not medically necessary, based on an assessment of the individual and the Appellant's medical condition.

CHNCT correctly denied prior authorization for Quickie QX1 ultra-lightweight wheelchair for the Appellant because it is not medically necessary as it cannot meet his needs for safety, stability, support, and spasticity management that is met by the Appellant's power wheelchair.

DISCUSSION

The particular model requested is not medically necessary as the record indicates due to his medical condition.

DECISION

The Appellant's appeal is Denied.


Miklos Mencseli
Hearing Officer

C: Community Health Network of CT (CHNCT)

RIGHT TO REQUEST RECONSIDERATION

The appellant has the right to file a written reconsideration request within **15** days of the mailing date of the decision on the grounds there was an error of fact or law, new evidence has been discovered or other good cause exists. If the request for reconsideration is granted, the appellant will be notified within 25 days of the request date. No response within 25 days means that the request for reconsideration has been denied. The right to request a reconsideration is based on §4-181a (a) of the Connecticut General Statutes.

Reconsideration requests should include specific grounds for the request: for example, indicate what error of fact or law, what new evidence, or what other good cause exists.

Reconsideration requests should be sent to: Department of Social Services, Director, Office of Administrative Hearings and Appeals, 55 Farmington Avenue Hartford, CT 06105.

RIGHT TO APPEAL

The appellant has the right to appeal this decision to Superior Court within 45 days of the mailing of this decision, or 45 days after the agency denies a petition for reconsideration of this decision, provided that the petition for reconsideration was filed timely with the Department. The right to appeal is based on §4-183 of the Connecticut General Statutes. To appeal, a petition must be filed at Superior Court. A copy of the petition must be served upon the Office of the Attorney General, 55 Elm Street, Hartford, CT 06106 or the Commissioner of the Department of Social Services, 55 Farmington Avenue Hartford, CT 06105. A copy of the petition must also be served on all parties to the hearing.

The 45 day appeal period may be extended in certain instances if there is good cause. The extension request must be filed with the Commissioner of the Department of Social Services in writing no later than 90 days from the mailing of the decision. Good cause circumstances are evaluated by the Commissioner or the Commissioner's designee in accordance with §17b-61 of the Connecticut General Statutes. The Agency's decision to grant an extension is final and is not subject to review or appeal.

The appeal should be filed with the clerk of the Superior Court in the Judicial District of New Britain or the Judicial District in which the appellant resides.