

STATE OF VERMONT

HUMAN SERVICES BOARD

In re ) Fair Hearing No. 13,352

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Appeal of )

)

INTRODUCTION

The petitioner appeals the decision by the Department of Social Welfare denying him medicaid coverage for an "easy stand", a device that would enable him to stand unassisted. The issue is whether the item is covered under the regulations for durable medical equipment.

FINDINGS OF FACT

The petitioner is a young man whose lower body was left paralysed following an accident in which he was struck by a car while rollerblading. His physician, a specialist in rehabilitation medicine, has prescribed a device called an "easy stand", which would enable the petitioner to place himself in a standing position. On a form that accompanied the petitioner's request for medicaid coverage of this item the petitioner's physician provided the following information:

At the hearing the petitioner submitted extensive literature describing the device and the medical benefits and increased personal mobility that can be derived from its use.

ORDER

The Department's decision is reversed.

## REASONS

Medicaid Manual § M840 includes the following provisions under "Durable Medical Equipment":

Payment may be made for durable medical equipment ordered by a physician for use in the recipient's residence other than a health care institution; i.e., other than in a mental hospital, general hospital, skilled nursing home, intermediate care facility or intermediate care facility for the mentally retarded (ICF-MR). A medical necessity form completed by the physician must accompany the claim submitted by the provider.

Durable medical equipment is defined as equipment which:

Can withstand repeated use; and

Is primarily and customarily used to serve a medical purpose; and

Is generally not useful to a person in the absence of illness or injury; and

Is appropriate for use in the home.

Covered items include:

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Cane, crutch or walker; when the patient's condition impairs ambulation.

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Patient Lifts; if patient's condition is such that periodic movement is necessary to effect improvement or to arrest or retard deterioration in his condition. Prior authorization is required.

...

Trapeze Bars: if patient is bed confined and there is a need to change body position for medical reasons.

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Wheelchair; when the patient's condition is such that the alternative would be chair or bed confinement. Special features and/or power operation must be referred to the Medicaid Division for special approval since coverage extends only to modifications which are medically required because of the patient's condition.

...

The above list is intended to be all-inclusive.

When a recipient is concurrently covered by Medicare, as well as being Medicaid eligible,

determinations made under the former program for durable medical equipment will be accepted for Medicaid purposes.

Payment for certain items will be made when prior authorization has been granted by the Medicaid Division. The prescribing physician must submit a written request with pertinent diagnostic and clinical data to justify the request.

Examples of items which are covered only in special circumstances are raised toilet seats, bathtub lifts, blood pressure cuffs and bath chairs.

Examples of items which are not considered primarily medical in nature and are never covered are ordinary bed mattresses and mattress coverings, air conditioners and air cleaners, hearing plants, dehumidifiers and house size humidifiers, elevators, exercise equipment, sauna, massage devices, speech teaching machines.

Although the device in question in this case is not included on the above list it closely resembles, in function if not form, several other listed items (as cited above). Moreover, it meets every other criteria for coverage under the above regulation. Inasmuch as the device is clearly "primarily medical in nature", there is no basis under the above regulation to deny its coverage.

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