STATE OF VERMONT

HUMAN SERVICES BOARD

In re	)	Fair Hearing No. 19,757
	)	
Appeal of	)	

INTRODUCTION

The petitioner appeals a decision by the Department for Children and Families, Economic Services Division, (DCF), denying payment for an oximeter used by her infant son through the Medicaid program.

FINDINGS OF FACT

1. The petitioner is the mother of an infant for whom she sought medical attention on January 27, 2005 following her observation on four or five occasions that he was experiencing shallow-breathing during sleep and was listless and difficult to arouse. She feared that he might be a SIDS (Sudden Infant Death Syndrome) baby. The pediatric pulmonologist consulted by the petitioner could find nothing wrong with the child upon examination but scheduled him for an overnight hospital stay for an oximeter study in lieu of a formal sleep study which would take longer to schedule.

2. An oximeter is a device that measures the amount of oxygen present in the blood. It can detect and warn when the

amount of oxygen in the blood level has dropped (desaturation).

3. During his overnight stay, the child had one episode of oxygen desaturation to 93 percent but did not have any episodes of apnea while in the hospital. The child was given a diagnosis of “suspected apnea”. His physician prescribed the use of an “oxygen saturation monitor” at home.

4. The petitioner made a prior authorization request for provision of the Oximeter through the Medicaid (Dr. Dynasaur) program on January 31, 2005. The request was accompanied by a report containing the “normal” findings. The physician wrote a note stating that “according to his parents, he has had spells at night over the past five weeks when he stops breathing and needs stimulation to resume. For this reason, he will require the use of an oxygen saturation monitor at home.”

5. In light of the “normal findings” DCF felt it had inadequate information with regard to the medical need and contacted the physician for further information. As of March 15, 2005, the physician had not responded to a message sent to him for further information and the request was denied.

6. Due to the processing delay, the petitioner rented and paid for the monitor herself as soon as the prescription was made.

7. The petitioner submitted a new request on June 9, 2005 (there was no explanation for the almost two month delay in reapplication following the prior denial) for payment of the oximeter rental. No new medical evidence was submitted at that time. DCF denied payment on June 9, 2005 saying that "the information indicates an apnea monitor, not an oximeter. Information given does not meet guidelines for coverage."

8. An apnea monitor measures the rhythm of respiration and gives off a signal when the respiration varies from a set rhythm.

9. The child had a formal sleep-study performed on June 12, 2005 when he was thirteen months old. The study showed no abnormal results or any findings which would explain the events described by the petitioner.

10. The petitioner's physician told her to discontinue use of the oximeter in mid-July because her son was past the age when he was likely to develop SIDS.

11. At hearing, the petitioner produced the results of the June 12, 2005 test showing no abnormal results and asked DCF to review the matter again. DCF reviewed the matter and

concluded that medical necessity guidelines were not demonstrated in this matter.

ORDER

The decision of DCF denying prior approval is affirmed.

REASONS

Apnea monitors are classified as “durable medical equipment” in the Medicaid program regulations and are pre-approved for coverage under certain conditions. M840.3. One of the conditions for coverage is that a “physician who is enrolled with Vermont Medicaid must provide sufficient information to document the medical necessity of the item being prescribed.” M840.4.

DCF asked the petitioner’s physician for additional information regarding the necessity for the Oximeter monitor and whether the request might more appropriately be for an apnea monitor, which is a covered device. The petitioner’s physician did not respond to that request for further information. The petitioner herself did not obtain any more information even during her second request which was made some five months after her first request and her rental of the oximeter unit. The only new information the petitioner

submitted was a sleep-study performed in June of 2005 which showed completely normal results.

It is understandable that the petitioner was concerned for her child and rented this monitor on the recommendation of the pediatric pulmonologist. However, the failure of the child's physician to back up her request with more information on medical necessity[1], justified DCF in rejecting the claim for lack of medical necessity. As DCF's decision is in accord with its Medicaid coverage regulations, its decision must be upheld by the Board. 3 V.S.A. § 3091(d), Fair Hearing Rule 17. If the petitioner feels that she can gather the needed medical evidence, she can again ask for authorization for the monitor. If she wishes to take this route, she should not delay in reapplying and should not settle the bill until a decision is made on any new request.

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[1] Although the petitioner's physician did say that the child needed the oxygen saturation monitor at home, he said it was because of what the parents told him. The physician did not give any specific information about whether and why he credited the parents' reports as accurate and whether and why he was still alarmed about the child's health in spite of the normal test results. DCF cannot determine medical necessity based on what the parents want but rather on information as to why medical providers feel it is necessary.