

## STATE HEARING DECISION

ODHS 4005 (Rev. 9/94)

County <b>HAMILTON</b>	District Hearings Section <b>CINCINNATI</b>	Assistance Group Name		Assistance Group Number
Place of Hearing <b>HAMILTON CDJFS</b>	Initial Hearing Date <b>10/09/2002</b>	Rescheduled Postponed to	Rescheduled Postponed to	Rescheduled Postponed to

Appellant/Representative	Appellant Representation
	Local Agency Representation <b>No agency representation was present</b>

Date Notice Mailed	Date Received by Local Agency	Date Received by ODHS <b>09/19/2002</b>	Date Appeal Summary Received	Date Scheduling Notice Mailed <b>09/27/2002</b>
Appeal Number(s)/Program(s) <b>1085845/MED</b>				

### Notice to Appellant

This is the official report of your hearing and is to inform you of the decision and order in your case. All papers and materials introduced at the hearing or otherwise filed in the proceeding make up the hearing record. The hearing record will be maintained by the Ohio Department of Job and Family Services. If you would like a copy of the official record, please telephone the hearing supervisor at the CINCINNATI District hearing section at 1-800-686-1571.

**If you believe this state hearing decision is wrong, you may request an administrative appeal by writing to: Ohio Department of Job and Family Services, Office of Legal Services, 30 East Broad Street, 31st Floor, Columbus, Ohio 43215-3414 or FAX (614) 728-9574.** Your request should include a copy of this hearing decision and an explanation of why you think it is wrong. Your written request must be received by the Office of Legal Services within 15 calendar days from the date this decision is issued. *(If the 15th day falls on a weekend or holiday, this deadline is extended to the next work day.)* During the 15-day administrative appeal period you may request a free copy of the tape recording of the hearing by contacting the district hearings section.

If you want information on free legal services but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association, toll free, at 1-800-589-5888, for the local number.

### ISSUE:

The appellant indicated that a medical supplier she went to told her that medical supplies her physician says she needs are not covered by Medicaid. She, therefore, requested a state hearing.

The medical supplies in question are cover roll stretch (adhesive bandages), surgical sponges (used as dressings for wound sites), plain packing strip (used to pack incision and drainage sites) and tegaderm (transparent dressing for donor site/skin graft).

The state hearing decision concludes that some medical supplies are available only upon prior authorization from the Ohio Department of Job and Family Services. The appellant's medical provider should submit the appropriate documentation to the Ohio Department of Job and Family Services so that the medical supplies in question can be considered for payment by the Medicaid program.

ELG

Appeal(s) <b>OVERRULED 1085845</b>	Date Issued <b>10/18/2002</b>	Compliance
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**Distribution:** Original to appellant, one copy to local agency; one copy to district Hearing section; one copy to district office; two copies to State Hearings. *(Photocopy to appellant's authorized representative, if any, and to ODHS units as appropriate.)*

Appeal Number(s) 1085845
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**PROCEDURAL MATTERS:**

The Bureau of State Hearings received the state hearing request, in the form of a letter from the appellant, on 9-19-02. The Cincinnati Hearing Section received the hearing request on 9-23-02. The hearing was scheduled and heard on 10-9-02

**FINDINGS OF FACT:**

1. Documentation was provided to show the appellant has a disease called Hidradenitis Suppurativa. This is a skin disease caused by strep bacteria. Care includes having skin removed surgically from one part of the body (healthy) and placed on another part of the body (diseased).
2. The appellant indicated that she was informed by a medical supplier she went to that medical supplies she needs are not covered by Medicaid. She, consequently, requested a state hearing.
3. The medical supplies in question are: 1) cover roll stretch (adhesive bandages), 2) surgical sponges (used as dressings for wound sites), 3) plain packing strip (used to pack incision and drainage sites) and 4) tegaderm (transparent dressing for donor site/skin graft).

**POLICY:**

Pursuant to Ohio Administrative Code (OAC) rule 5101:3-10-02 Coverage and Limitations for Medical Supplier Services

(A) Definitions.

- (1) "Medically necessary services."

Those health services which are necessary for the diagnosis or treatment of disease, illness, or injury and meet accepted standards of medical practice.

- (2) "Medical supplies."

Items which are consumable, disposable, or have a limited life expectancy. Examples are: atomizers and nebulizers, catheters, hypodermic syringes and needles.

Appeal Number(s) 1085845
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(3) "Durable medical equipment (DME)."

Equipment which can stand repeated use, is primarily and customarily used to serve a medical purpose, is not useful to a person in the absence of illness or injury, and is appropriate for use in the home. Examples are: hospital beds, wheelchairs, and ventilators.

(4) "Orthoses."

Devices which assist in correcting or strengthening a distorted body part. Examples are: arm braces, leg braces, hearing aids.

(5) "Prostheses."

Devices which replace all or part of a body organ to prevent or correct physical deformity or malfunction. Examples are: artificial arms, artificial legs.

(6) "Medical equipment."

Durable medical equipment, orthoses, and prostheses.

(7) "Medical supplier services."

Any covered medical supply, durable medical equipment, orthosis, prosthesis, or related service provided by an eligible provider to an eligible recipient.

(8) "Personal residence."

Recipient's place of residence if such residence is not a hospital, nursing facility (NF) or intermediate care facility for the mentally retarded (ICF-MR).

(9) "Professional service."

Service provided by a physician, home health agency, orthotist, prosthetist, certified therapist, or other health care professional, including supplies furnished as incident to the service and which are commonly either furnished as a part of the service without charge or included in the professional charge.

(B) Scope of coverage.

Appeal Number(s) 1085845
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The medical supplier services listed as covered in appendix A of rule 5101:3-10-03 and appendix A of rule 5101:3-10-20 of the Administrative Code have been designated as being within the scope of the medicaid program. Any services not included on the list or designated as noncovered, are outside the scope of the program, or are components of other services. For those within the scope of the program, the department will cover the rental and/or purchase of medical supplier services after third party resources have been exhausted pursuant to rule 5101:3-1-07 of the Administrative Code, and when the item requested:

- (1) Is prescribed by a physician (M.D. or D.O.) or a doctor of podiatric medicine (D.P.M.);
  - (2) Is determined by the department or its designee to be medically necessary;
  - (3) Is provided to an eligible recipient;
  - (4) Is not a component of a service that is reimbursed by:
    - (a) A DRG payment.
    - (b) Per diem rate, such as in NFs.
    - (c) Any other payment mechanism that is designed to include coverage of the requested item.
  - (5) Is not incidental to a professional service.
  - (6) Is not covered under manufacturer or dealer warranty.
  - (7) Is the most cost-effective alternative which will meet the recipient's need; and
  - (8) Is for a recipient who is a resident of a NF or ICF-MR and the item is eligible for direct reimbursement as set forth in appendix A of rule 5101:3-10-03 and appendix A of rule 5101:3-10-20 of the Administrative Code, and will be used exclusively by the recipient for whom it is requested.
- (C) Service limitations.
- (1) Certain devices and equipment are considered presumptively nonmedical in nature and therefore not within the scope of the medicaid fee-for-service program. Devices and equipment presumptively nonmedical

Appeal Number(s) 1085845
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include but are not limited to:

- (a) Environmental control devices (e.g., air cleaners, air conditioners);
  - (b) Comfort and convenience devices (e.g., seat lift chairs, elevators);
  - (c) Physical fitness equipment (e.g., exercycle);
  - (d) First aid or precautionary-type equipment (e.g., preset portable oxygen units, emergency alert systems);
  - (e) Training equipment (e.g., speech teaching machines);
  - (f) Communication aids, except as covered in rule 5101:3-10-24 of the Administrative Code;
  - (g) Educational aids; and
  - (h) Hygiene equipment (e.g., bidets, bed baths).
- (2) Routine and minor first aid needs, such as band aids, antiseptics, etc., are not a benefit of the program. Likewise, personal hygiene items such as soap, or diapers for children under the age of three are not a benefit of the program.
- (3) Only standard equipment will be authorized and must be dispensed, unless specific medical information indicates a need, and prior approval has been given, for specialized equipment.
- (4) Requests for medical supplier services must originate with the recipient, recipient's physician, family, or caseworker, and must proceed with the recipient's full knowledge and consent.
- (a) It is not the intent of the medicaid program that large groups of recipients in institutional or group settings be examined for defects or disabilities to determine the need for medical supplier services, whether examinations are performed in facilities of different types or in a provider's office or store.
  - (b) When requests for prior authorization of services, submitted either intermittently or en masse, indicate that group examinations have been made, such requests will be referred to the bureau of surveillance and utilization review. The bureau of surveillance and utilization review will, at its discretion, do an on-site review of mass requests. Those requests determined to be a part of mass screenings will be denied and returned to

Appeal Number(s) 1085845
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providers.

(5) Devices and services generally considered by the medical profession, or designated by the federal food and drug administration, as experimental or investigational, are not covered by the program.

(6) Equipment, devices, applications, or services are presumed to be not covered until they have been reviewed by the department for medical applications and appropriateness, safety and effectiveness, and have been designated "covered" or "noncovered."

Pursuant to Ohio Administrative Code (OAC) rule 5101:3-10-06 Prior Authorization

Reimbursement for some medical supplier services is available only upon prior authorization from the department. (See rule 5101:3-1-31 of the Administrative Code for details about the prior authorization program.)

(A) Requests for prior authorization for medical supplier services must include:

(1) A fully completed prior authorization form (ODHS 3142), including pertinent information such as manufacturer, style or model number, size and warranty period; and for purchase requests, whether the equipment is new or used;

(2) A description, including approximate age and ownership, of any similar equipment or service currently in possession of the recipient and the reason for the new request;

(3) A current physician's prescription which contains a diagnosis (ICD-9 code) which is consistent with the medical necessity of the requested item. Prescriptions for covered items must be dated not more than sixty days prior to the first date of service and shall be valid for not more than six months from the first date of service; and

(4) Documentation to establish medical necessity of the requested item or service.

(5) Other documentation as required for certain specific medical supplier services, as detailed in Chapter 5101:3-10 of the Administrative Code. ...

**ANALYSIS:**

The appellant has a disease called Hidradenitis Suppurativa. She indicated that she is a Medicaid recipient.

Appeal Number(s) 1085845
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She and her daughter receive OWF benefits. According to the appellant, a medical supplier she went to told her that medical supplies she needs are not covered by Medicaid. She then requested the state hearing.

The medical supplies in question are cover roll stretch (adhesive bandages), surgical sponges (used as dressings for wound sites), plain packing strip (used to pack incision and drainage sites) and tegaderm (transparent dressing for donor site/skin graft).

The state hearing decision concludes that some medical supplies are available only upon prior authorization from the Ohio Department of Job and Family Services. The appellant's medical provider should submit the appropriate documentation to the Ohio Department of Job and Family Services so that the medical supplies in question can be considered for payment by the Medicaid program.

**HEARING OFFICER'S RECOMMENDATIONS:**

The appeal should be **OVERRULED**. The appellant's medical provider should submit the appropriate documentation to the Ohio Department of Job and Family Services so that the medical supplies in question can be considered for payment by the Medicaid program. A determination will be made by the Prior Authorization unit. The appellant should then receive a determination notice. If she disagrees with the determination, she can request a state hearing.

**FINAL ADMINISTRATIVE DECISION AND ORDER:**

Finding the hearing officer's decision to be supported by the evidence, the recommendations shown above are adopted and this appeal is **OVERRULED**. No orders of compliance shall be issued against the agency based on this appeal.

**APPENDIX:**

**Exhibits:**

Agency's:

None

Appellant's:

A. Doctor's Statement (2 pages)

Appeal Number(s) 1085845
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Date Issued: 10/18/2002