

STATE OF VERMONT

HUMAN SERVICES BOARD

In re) Fair Hearing No. 20,082
)
Appeal of)

INTRODUCTION

The petitioner appeals a decision of the Office of Vermont Health Access denying him Medicaid coverage for a "heavy duty" powered scooter. The issue is whether the petitioner has shown that his medical needs cannot adequately be met by a less elaborate and costly mobility device.

DISCUSSION

The petitioner is a forty-nine year old Medicaid recipient who has been diagnosed for many years with severe arthritis that causes pain throughout his back and legs. He currently uses a motorized scooter which enables him to move about independently in and around his home and in certain public places. However, the scooter he presently uses is in need of repair and is unsuitable to move about for significant distances on city sidewalks and other uneven surfaces.

The Department represents that it recently had the petitioner evaluated by a physical therapist who determined that the petitioner could use a standard motorized wheelchair

or scooter to get around in and around his home and for short distances outside the home. The petitioner feels he should have a "heavy duty" motorized scooter so that he can have the mobility necessary to do chores and carry on social interactions outside his home independently. To date, the Department represents that it has received no specific request from any medical provider for the type of scooter the petitioner is seeking.

ORDER

The decision of the Department is affirmed.

REASONS

The Medicaid regulations specifically provide for coverage of wheelchairs and "mobility devices". W.A.M. §§ M841 et seq. However, coverage for all durable medical equipment is limited to that which is "primarily and customarily used to serve a medical purpose" and "suitable for use in the home". § 840.1. The Board has consistently held that the Department is not required to furnish items beyond what is medically necessary that are primarily related to lifestyle considerations. See e.g., Fair Hearing Nos. 15,475 and 13,298. Moreover, in all cases "a physician . . . must

provide sufficient information to document the medical necessity of the item being prescribed". § M840.4

In this case, there is no indication that the item sought by the petitioner has been specifically "prescribed" by any medical provider. Nor is there any evidence that the petitioner needs a heavy duty motorized scooter to serve a particular medical purpose. It is unfortunate that Medicaid funding is insufficient to allow coverage for items necessary to maintain the lifestyle needs, however legitimate and not extravagant, of particular handicapped individuals.¹

The Department has made clear that it stands willing to provide Medicaid coverage for the petitioner for any mobility device necessary for him to ambulate in and around his home that is duly prescribed by a medical provider. Until such time, however, in light of the foregoing the Department's decision in this matter must be affirmed. 3 V.S.A. § 3091(d), Fair Hearing Rule No. 17.

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¹ Medicaid covers all medically necessary transportation and personal care services.