



April 1, 2026

[REDACTED] A JUVENILE

RE: [REDACTED] A JUVENILE v. WV DoHS/BMS
ACTION NO.: 26-BOR-1449

Dear [REDACTED]

Enclosed is a copy of the decision resulting from the hearing held in the above-referenced matter.

In arriving at a decision, the State Hearing Officer is governed by the Public Welfare Laws of West Virginia and the rules and regulations established by the Department of Human Services. These same laws and regulations are used in all cases to ensure that all persons are treated alike.

You will find attached an explanation of possible actions you may take if you disagree with the decision reached in this matter.

Sincerely,

Lori Woodward, J.D.
Certified State Hearing Officer
Member, State Board of Review

Encl: Recourse to Hearing Decision
Form IG-BR-29

cc: Stacey Shamblin/Kesha Walton, WV DoHS/BMS

**WEST VIRGINIA OFFICE OF INSPECTOR GENERAL
BOARD OF REVIEW**

█ A JUVENILE,

Appellant,

v.

Action Number: 26-BOR-1449

**WV DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES,**

Respondent.

DECISION OF STATE HEARING OFFICER

INTRODUCTION

This is the decision of the State Hearing Officer resulting from a fair hearing for █ A JUVENILE. This hearing was held in accordance with the provisions found in Chapter 700 of the West Virginia Office of Inspector General Common Chapters Manual. This fair hearing was convened on March 24, 2026.

The matter before the Hearing Officer arises from the Respondent's decision to deny prior authorization for durable medical equipment (add-ons) E2377, E2313, K0108, E2298, and E2331 as outlined in the Notice dated October 27, 2025.

At the hearing, the Respondent was represented by Stacey Shamblin, Bureau for Medical Services (BMS). The Appellant was represented by her mother, █. Appearing as witnesses for the Appellant were Dr. █ the Appellant's primary care provider, █ the Appellant's physical therapist, and █ ATP, █. All witnesses were placed under oath and the following exhibits were entered into the record.

Department's Exhibits:

None

Appellant's Exhibits:

None

After a review of the record, including testimony, exhibits, and stipulations admitted into evidence at the hearing, and after assessing the credibility of all witnesses and weighing the evidence in consideration of the same, the Hearing Officer sets forth the following Findings of Fact.

FINDINGS OF FACT

- 1) The Appellant receives West Virginia Children's Health Insurance Program (WV CHIP) which is managed by Aetna Better Health of West Virginia (Aetna), a West Virginia Medicaid Managed Care Organization (MCO).
- 2) The Appellant is a 4-year-old who has a diagnosis of spastic cerebral palsy.
- 3) A request was made to Aetna for the following add-on accessories for the Appellant's power wheelchair: E2377 Q-Logic Expandable controller with E2313 Q-Logic expandable controller harness, K0108 x 1 Q-Logic enhanced display, E2298 Power Seat Elevation System, and E2331 Attendant control.
- 4) On October 27, 2025, the Respondent issued a notification upholding the denial of the Appellant's requests stating that, "The decision was based on the information your doctor sent us, the service you requested is not medically needed ... We still cannot approve the following add-ons (E2377 Q-Logic Expandable controller with E2313 Q-Logic expandable controller harness and K0108 x 1 Q-Logic enhanced display) because: - these are not serving a medical purpos[e] and will not be covered. We still cannot approve the following accessories (E2298 Power seat elevation system and E2331 Attendant control) because: - the West Virginia Medicaid program has rules about what is covered. The following accessories (E2298 Power seat elevation system and E2331 Attendant control) that your child's doctor asked for is [sic] not covered."

APPLICABLE POLICY

BMS establishes eligibility standards for Medicaid providers, determines benefits, sets payment rates, and reimburses providers. (Bureau for Medical Services Manual, Chapter 100)

BMS Policy Manual, Chapter 527.4.1, General Requirements for Covered Services, in part: General requirements include, but are not limited to:

- Services must be medically necessary, and associated documentation must be maintained;
- The BMS Medicaid Provider Manual is the source of authority for defining minimum state plan covered services;
- Providers must obtain all necessary service authorizations as specified by the MCO; and
- Members must follow MCO requirements with respect to choice of providers and coordination of benefits.

BMS Policy Manual, Chapter 506, Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS), §506.7 PRIOR AUTHORIZATION, in part:

All requests for covered services requiring prior authorization must be submitted to the UMC for medical necessity determination. Nationally accredited, evidence-based, medically appropriate criteria, such as InterQual, or other medical appropriateness criteria approved by BMS, is utilized for reviewing medical necessity of services requested.

BMS Policy Manual, Chapter 506, §506.9 NON-COVERED SERVICES, in part:
 Non-covered DMEPOS HCPCS codes are available in Appendix 506C - Non-Covered DMEPOS Supplies. This is not an all-inclusive list of non-covered codes.

Non-covered services are not eligible for a DHHR member fair hearing or provider desk/document reviews.

BMS Policy Manual, APPENDIX 506A: Covered DME Supplies, in part:

E2313	Power Wheelchair Accessory, Harness For Upgrade To Expandable Controller, Including All Fasteners, Connectors And Mounting Hardware, Each	Prior Authorization Purchased
E2377	Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics And Mounting Hardware, Upgrade Provided At Initial Issue	Prior Authorization Purchased
K0108	Wheelchair Component Or Accessory, Not Otherwise Specified	Prior Authorization Cost Invoice Required

BMS Policy Manual, APPENDIX 506C: Non-Covered DMEPOS Supplies, in part:

E2330	Power Wheelchair Accessory, Power Seat Elevation System
E2331	Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related Electronics And Fixed Mounting Hardware

Aetna Clinical Policy Bulletin CPB Number 0271 Wheelchairs and Power Operated Vehicles (Scooters), in part:

B. Electric, Power or Motorized Wheelchairs

An electric or power wheelchair is a motorized wheelchair. Electric wheelchairs are for persons who are unable to walk and have upper extremity impairment.

Aetna considers the rental or purchase of 1 power mobility devices (including power operated vehicles, power wheelchairs, or push-rim activated power assist devices) medically necessary when *all* of the following basic criteria (1 - 3) are met and the criteria for the specific type of power mobility device listed below (see section I.C below) are met:

1. The member has a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations in the home; a mobility limitation is one that:
 - a. Prevents the member from accomplishing an MRADL entirely, or
 - b. Places the member at reasonably determined heightened risk of morbidity or mortality secondary to the attempts to perform an MRADL; or
 - c. Prevents the member from completing an MRADL within a reasonable time frame;

2. The member's mobility limitation cannot be sufficiently and safely resolved by the use of an appropriately fitted cane or walker;
3. The member does not have sufficient upper extremity function to self-propel an optimally-configured manual wheelchair in the home to perform MRADLs during a typical day. Note: Limitations of strength, endurance, range of motion, or coordination, presence of pain, or deformity or absence of one or both upper extremities are relevant to the assessment of upper extremity function. An optimally-configured manual wheelchair is one with an appropriate wheelbase, device weight, seating options, and other appropriate nonpowered accessories.

DISCUSSION

Aetna, West Virginia's MCO, is responsible for administering Medicaid benefits to enrolled members. The Respondent must show by a preponderance of evidence that it correctly denied the requests for the Appellant's wheelchair accessories (add-ons) as not medically needed and/or not covered by Medicaid as stated in its October 27, 2025 denial.

The Appellant is a 4-year-old who has a diagnosis of spastic cerebral palsy. A request was made to Aetna for the following add-on accessories for the Appellant's power wheelchair: E2377 Q-Logic Expandable controller with E2313 Q-Logic expandable controller harness, K0108 x 1 Q-Logic enhanced display, E2298 Power Seat Elevation System, and E2331 Attendant control. These requests were denied by Aetna which was appealed to Aetna and reviewed by an Aetna Better Health of West Virginia Medical Director. On October 27, 2025, Aetna upheld the original denial for the add-ons stating that the "decision was based on the information your doctor sent us, the service you requested is not medically needed." Specifically, the October 27, 2025 notice explained that the E2377 with E2313 and K0108 requests were denied because "these are not serving a medical purpos[e] and will not be covered." Additionally, the request for add-on E2298 and E2331 could not be approved because "the West Virginia Medicaid program has rules about what is covered. The following accessories (E2298 ... and E2331 ... that your doctor asked for is not covered." The October 27, 2025 notice also explains, "We made this decision using guidelines. (The 2024-2025 Aetna Better Health West Virginia 9ABHWV) Mountain Health Trust and CHIP Member Handbook, Services Not Covered, page 37; Health Services prohibited by law or regulation, MCG 29th edition: Wheelchairs, Powered ACG: A-0353 (AC); Aetna Clinical Policy Bulletin CPB Number 0271 Wheelchairs and Power Operated Vehicles (Scooters) 5/29/25."

Although BMS policy is accessible, as is the cited Aetna Clinical Policy Bulletin referred to in the October 27, 2025 notice, unfortunately, the cited 2024-2025 ABHWV Handbook and the MCG 29th edition guideline are unavailable for review. These cited documents in the October 27, 2025 denial were not produced or discussed at the hearing.

The Appellant's witnesses' testimony indicated that the requested controller and accompanying add-ons are necessary due to the Appellant's age and diagnosis of spastic cerebral palsy which affects her ability to control the standard joystick, in addition, to becoming easily fatigued by the heavier, larger, standard joystick. However, due to the lack of evidence provided by the Respondent at the hearing, it is unknown what specific documents that Aetna's reviewing

physician considered or which or what criteria were considered. Thus, it cannot be determined whether the Respondent correctly denied E2377, E2313, and K0108, which require prior authorization. The Respondent failed to show by a preponderance of evidence that it correctly denied these requests, and therefore, these denials cannot be affirmed.

BMS policy as to the Appellant's request for E2331, attendant control, is specifically noted as a non-covered DME, and therefore the denial for this request is affirmed. With regard to the request for E2298, power seat elevation system, this item is not listed in BMS policy as either a covered or non-covered DME. It is noted that E2330, power seat elevation, is listed in BMS policy as non-covered. As E2298 is not listed in BMS policy as a covered DME, the denial for the Appellant's request for E2298 is affirmed.

CONCLUSIONS OF LAW

- 1) BMS policy requires prior authorization for DME E2377, E2313, and K0108.
- 2) The Respondent failed to show by a preponderance of evidence the specific basis or criteria that the reviewing physician relied upon in denying prior authorization for DME E2377, E2313, and K0108, and thus cannot be affirmed.
- 3) BMS policy specifically excludes DME E2331; thus, the denial is affirmed.
- 4) BMS policy does not specifically include DME E2298 as a covered DME as it is not listed in its policy.
- 5) Because E2298 is not listed in BMS policy as covered, it's denial is affirmed.

DECISION

It is the decision of the State Hearing Officer to **UPHOLD** the Respondent's October 27, 2025, denial to approve the Appellant's request for E2331 and E2298 as non-covered. The issue as to the denial of Appellant's requests for E2377, E2313, K0108, prior authorization is **REMANDED** for further consideration by Aetna. Any subsequent denial for E2377, E2313, K0108, is subject to full appeal rights to the Board of Review.

ENTERED this 1st day of April, 2026.

Lori Woodward, Certified State Hearing Officer