



STATE OF WISCONSIN  
Division of Hearings and Appeals

---

In the Matter of

██████████  
██████████████████  
██████████████████

**DECISION**  
Case #: MPA - 220854

---

**PRELIMINARY RECITALS**

Pursuant to a petition filed November 14, 2025, under Wis. Stat., § 49.45(5), to review a decision by the Division of Medicaid Services (DMS) to deny Medical Assistance (MA) authorization for a power wheelchair with a standing feature, a hearing was held on February 11, 2026, by telephone. Hearings set for December 18, 2025 and January 20, 2026 were rescheduled at the petitioner's request.

The issue for determination is whether the DMS correctly denied the requested equipment.

**PARTIES IN INTEREST:**

Petitioner:

██████████  
██████████████████  
██████████████████

Respondent:

Department of Health Services  
201 E. Washington Ave.  
Madison, WI 53703

By: Written submission of Julie Larson-Leverenz, OTR  
Division of Medicaid Services  
PO Box 309  
Madison, WI 53701-0309

**ADMINISTRATIVE LAW JUDGE:**

Brian C. Schneider  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner is a 41-year-old resident of Brown County who is eligible for MA.
2. Petitioner is paraplegic without the use of his legs. He has spasticity in his legs, and recently he was diagnosed with osteoporosis with decreased bone density. He resides alone, and he has no paid caregivers.

3. Until 2024 petitioner used a manual wheelchair with no tilt function for mobility. In February, 2024, he was provided a power wheelchair with tilt, recline, and elevating leg rests and seat, paid primarily by Medicare with MA covering the \$1,157 not paid by Medicare.
4. On June 30, 2025, ██████████ requested prior authorization for a new power wheelchair with tilt, recline, and elevating leg rests and seat, and in addition a power stand function at a cost of \$154,003.96, PA no. 5251810025. The request noted that the standing feature would allow petitioner more independence with activities of daily living that involve heights, in particular cooking, cleaning, and self-care. It would help improve bone density, skin integrity, circulation, digestive health, and spasticity management.
5. Medicare does not cover power standing systems. The requested chair is a “Group 4” chair, and Medicare does not cover Group 4 chairs. His current chair is a Group 3 chair, and thus it was covered by Medicare.
6. By a letter dated August 19, 2025, the DMS denied the prior authorization request, concluding that he has a power wheelchair less than two years old, that there is no documentation of a significant change in condition warranting replacement of the current chair, and there was no evidence that other options have been tested as alternatives to the power stand feature.

### DISCUSSION

MA regulations require the Department to consider, among other things, the medical necessity of the service, the appropriateness of the service, the cost of the service, the extent to which less expensive alternative services are available, and whether the service is an effective and appropriate use of available services. Wis. Admin. Code, § DHS 107.02(3)(e)1.,2.,3.,6. and 7. "Medically necessary" means a medical assistance service under ch. DHS 107 that is:

- (a) Required to prevent, identify or treat a recipient's illness, injury or disability; and
- (b) Meets the following standards:
  1. Is consistent with the recipient's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury or disability;
  2. Is provided consistent with standards of acceptable quality of care applicable to the type of service, the type of provider, and the setting in which the service is provided;
  3. Is appropriate with regard to generally accepted standards of medical practice;
  4. Is not medically contraindicated with regard to the recipient's diagnoses, the recipient's symptoms or other medically necessary services being provided to the recipient;
  5. Is of proven medical value or usefulness and, consistent with s. HFS 107.035, is not experimental in nature;
  6. Is not duplicative with respect to other services being provided to the recipient;
  7. Is not solely for the convenience of the recipient, the recipient's family, or a provider;
  8. With respect to prior authorization of a service and to other prospective coverage determinations made by the department, is cost-effective compared to an alternative medically necessary service which is reasonably accessible to the recipient; and
  9. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.

Wis. Admin. Code, § DHS 101.03(96m) It is the provider’s obligation to justify the provision of the requested service or equipment. Admin. Code, §DHS 107.02(3)(d)6.

The purpose of any durable medical equipment is to replace the functional ability that the person's disability has taken away. A person receives a power wheelchair because he cannot move about without one. With the chair comes some degree of independence. If a person's disability prevents him from not only moving about like his peers but also from adjusting to the various heights of tables and reaching for items like his peers, the same logic that justifies the wheelchair also justifies a standing feature that will allow him to function at a level closer to his peers. With it he could arguably access tables and countertops of various heights and potentially perform tasks that he could not perform from a seated position. The standing feature also allows him to put weight on his legs to help with circulation, bone/joint health, and management of contractures and spasticity. See *MA Providers Manual*, Topic 21137.

When the DMS received the prior authorization request, all of that was known to the DMS consultant. Nevertheless, the DMS denied the request. The problem for petitioner is that just one year prior, a request was made for a power wheelchair in which the provider would have attested that the requested chair met all of petitioner's mobility and care needs. A wheelchair has a life expectancy of six years, so without some major change in the person's functioning, the DMS is going to look askance at providing upgraded equipment so soon after providing an item that allegedly meets the person's needs.

Petitioner noted that he has a new diagnosis of osteoporosis, but that is not a new condition. It is a name given to a condition petitioner already had. In this case I must acknowledge the Department's expertise and understanding of the idea of cost effectiveness. The requesting provider did not make any assessment of alternative means to meet petitioner's needs, and the provider did not assess alternative means of achieving the goals mentioned above.

I conclude that the DMS correctly denied the requested wheelchair that was requested soon after one was provided.

### CONCLUSIONS OF LAW

The requested power wheelchair is not cost effective because a power wheelchair was purchased through public funds just fifteen months before this one was requested, and petitioner has not had a major change of circumstances necessitating the change.

**THEREFORE, it is**

**ORDERED**

That the petition for review is hereby dismissed.

### **REQUEST FOR A REHEARING**

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 4822 Madison Yards Way, 5<sup>th</sup> Floor North, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

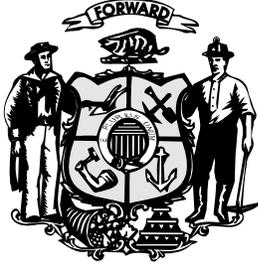
**APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 201 E. Washington Ave., **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,  
Wisconsin, this 17th day of February, 2026

\s \_\_\_\_\_  
Brian C. Schneider  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

Brian Hayes, Administrator  
5<sup>th</sup> Floor North  
4822 Madison Yards Way  
Madison, WI 53705-5400

Telephone: (608) 266-7709  
FAX: (608) 264-9885  
email: [DHAmail@wisconsin.gov](mailto:DHAmail@wisconsin.gov)  
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on February 17, 2026.

Division of Medicaid Services