

**STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH**

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IN THE MATTER OF:

██████████,

Appellant

_____ /

Docket No. 2010-37573 PA

Case No. ██████████

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge (ALJ) pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, upon the Appellant's request for a hearing.

After due notice, a hearing was held on ██████████. ██████████ appeared on behalf of the Appellant. She had no witnesses. ██████████, represented the Department. Her witness was ██████████.

ISSUE

Did the Department properly deny Appellant's request for prior authorization (PA)?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. The Appellant is a ██████████ Medicaid and SSI beneficiary. Appellant's Exhibit #1.
2. The Appellant suffers from DD, SVT, sleep apnea, recurrent pneumonia, hypotonia, and left foot equinovarus deformity. Department's Exhibit A, pp. 2, 10, 11 and Appellant's Exhibit #1.
3. It was not disputed by the parties that the Appellant has several ports and tubes attached to his body - when left unattended he will dislodge them. See Testimony.
4. On ██████████, the Department received a request for PA from the medical

supplier, ██████████ seeking approval for a Sleepsafer Hi-Low Bed for the Appellant/beneficiary. Department's Exhibit A, pp. 2, 8.

5. On ██████████, the Department (special services review) denied the request because the provided documentation did not demonstrate medical necessity for the enclosed bed system. Department's Exhibit A, pp. 2, 6, 8, 10-17, 19, 21.
6. On ██████████, the Appellant was advised of the denial, in writing, and was further advised of his appeal rights. Department's Exhibit A, pp. 2, 6, 7.
7. The instant request for hearing was received by the State Office of Administrative Hearings and Rules on ██████████. Appellant's Exhibit #1.

CONCLUSIONS OF LAW

The Medical Assistance Program is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

Furthermore, the Medicaid Provider Manual (MPM) establishes strict criteria and prior authorization requirements for various durable medical supplies:

ENCLOSED BED SYSTEMS

Definition An Enclosed Bed System includes the mattress, bed frame, and enclosure as one unit.

Standards of Coverage

An Enclosed Bed System may be covered if the following applies:

- There is a diagnosis/medical condition (e.g., seizure activity) which could result in injury in a standard bed, crib, or hospital bed; and
- There are no economic alternatives to adequately meet the beneficiary's needs.

Documentation The documentation must be less than six months old and include:

- Diagnosis/medical condition requiring use of the bed and any special features (if applicable).
- Safety issues resulting from the medical condition and related to the need for an Enclosed Bed System.

- Other products or safety methods already tried without success (e.g., bumper pads/rails).
- Type of bed requested.
- Type of special features requested, if applicable.

Noncovered Conditions

Enclosed Bed Systems are not covered when the purpose is to restrain the beneficiary due to behavioral conditions, caregiver need or convenience, etc.

PA Requirements PA is required for all Enclosed Bed Systems.

Payment Rules The Enclosed Bed System is considered a **purchase only** item.

- For Youth Beds, refer to the Hospital Beds subsection of this chapter.


MPM. Medical Supplier, §2.12, July 1, 2010, page 31¹

MEDICAL NECESSITY

Medical equipment may be determined to be medically necessary when all of the following apply:

- Within applicable federal and state laws, rules, regulations, and MDCH promulgated policies.
- Medically appropriate and necessary to treat a specific medical diagnosis or medical condition, or functional need.
- Within accepted medical standards; practice guidelines related to type, frequency, and duration of treatment; and within scope of current medical practice.
- Inappropriate to use a nonmedical item.
- The most cost effective treatment

MPM, *Supra* at pages 4 and 5²

The Department witness testified that the PA was reviewed by MSA pediatrician, 

¹ This edition of the MPM [at section 2.12] is identical to the version in place at the time of appeal.

² The July edition of the MPM significantly expanded the definition of medical necessity. The reported version above represents the criteria in place at the time of appeal.

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who agreed with her analysis that the submitted prior authorization documentation failed to demonstrate medical necessity.

said that from a public health perspective the enclosed system [as proposed] represented a prohibited restraint and would prevent the natural explorations and curiosity of a child even if it did result in disconnected equipment. She said there were other options as yet unexplored including; a bed on the floor, or a hospital bed.

The Appellant's representative said that the purpose behind the enclosed system was not convenience, but rather a necessary device to maintain the Appellant's health. She said that without such an enclosed bed the family will be at the emergency room in a "matter of days."

On review, the Appellant failed to preponderate that the Department's decision was in error. By its very nature the enclosed system would represent an unauthorized restraint levied against the natural curiosity of a child. Other alternatives, including increased supervision, remain unexplored.

Based on the evidence before the ALJ the Department's decision to deny coverage for an enclosed bed system was appropriate when made. The Appellant has failed to preponderate his burden of proof.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, decides that the Department properly denied the Appellant's request for an enclosed bed system.

IT IS THEREFORE ORDERED that:

The Department's decision is AFFIRMED.

Dale Malewska
Administrative Law Judge
For Janet Olszewski, Director
Michigan Department of Community Health

cc:

[REDACTED]

Date Mailed: 8/16/2010

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***** NOTICE *****

The State Office of Administrative Hearings and Rules may order a rehearing on either its own motion or at the request of a party within 30 days of the mailing date of this Decision and Order. The State Office of Administrative Hearings and Rules will not order a rehearing on the Department's motion where the final decision or rehearing cannot be implemented within 90 days of the filing of the original request. The Appellant may appeal the Decision and Order to Circuit Court within 30 days of the receipt of the Decision and Order or, if a timely request for rehearing was made, within 30 days of the receipt of the rehearing decision.