

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

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(877) 833-0870; Fax: (517) 334-9505

**IN THE MATTER OF:**

██████████

**Appellant**

\_\_\_\_\_ /

**Docket No. 2010-52455 PA**

██████████

**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 ██████████. ██████████, boyfriend, appeared as the Appellant's representative. ██████████ appeared and testified. ██████████, Appeals Review Officer, represented the Department. ██████████, MDCH RN Analyst, appeared as a witness for the Department.

**ISSUE**

Did the Department properly deny the Appellant's prior authorization request for an extra wide, heavy duty hospital bed?

**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 ██████████ old Medicaid beneficiary who has been diagnosed with morbid obesity, type 2 diabetes, moderate to severe pulmonary hypertension, nonalcoholic fatty hepatitis, significant congestive heart failure and obstructive sleep apnea. (Exhibit 1, pages 12 and 17)
2. In ██████████, the Department received a Prior Approval-Request/Authorization, for an extra wide, heavy duty hospital bed for the Appellant from a medical supply company, ██████████. (Exhibit 1, pages 17-19)
3. On ██████████, the Department sent a request for additional

information to the medical supply company requesting documentation of medical need for a hospital bed as diagnoses alone are insufficient, clarification of the Appellant's current weight, and documentation addressing the medical need for a full electric bed over semi-electric. (Exhibit 1, page 15)

4. On ██████████, the Department received additional information regarding the Appellant's current weight. (Exhibit 1, page 10)
5. On ██████████, the Department denied the prior authorization request because the documentation submitted was insufficient to address the standards of coverage and did not establish medical necessity. (Exhibit 1, pages 6-7)
6. On ██████████, the State Office of Administrative Hearings and Rules received the Appellant's hearing request. (Department Exhibit 1, pages 4-5)

## **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.

The Standards of Coverage for hospital beds can be found in the Medical Supplier section of the Medicaid Provider Manual:

### **2.18 HOSPITAL BEDS**

**Definition** A hospital bed has a special construction, consisting of a frame and an innerspring mattress, with a head and/or leg elevation adjustment mechanism for the purpose of repositioning.

#### **Standards of Coverage**

A standard hospital bed may be covered if:

- The diagnosis/medical condition requires a specific elevation or positioning of the body not possible with a standard bed (elevation of 30 degrees or greater).
- The body requires positioning in a hospital bed to alleviate pain.

For other beds, the above Standards of Coverage must be met, and one of the following applies:

- **Variable height hospital bed** may be covered if different heights are medically necessary for assisting beneficiary transfers from the chair, wheelchair or standing position.
- **Heavy-duty extra-wide hospital bed** may be covered if a beneficiary weighs more than 350 pounds but does not exceed 600 pounds.
- **Extra heavy-duty bed** may be covered if a beneficiary weighs more than 600 pounds.
- A **fully electric hospital bed** may be covered when frequent and/or immediate changes in body position are required and there is no caregiver.
- A **Youth bed** may be covered if the beneficiary is under the age of 21 and the bed is required to have crib style side rails.

#### **Hospital Bed Accessories**

- The **trapeze bar** may be covered when required by the beneficiary to assist with transfers or frequent changes in body position.
- **Side rails** are covered when required for safety.
- A **replacement innerspring** mattress or foam rubber mattress may be covered for replacement when the beneficiary owns the bed.

#### **Noncovered Condition**

Youth beds are not covered for the sole purpose of age appropriateness.

#### **Documentation**

Documentation must be less than 90 days old and include the following:

- Diagnosis/medical condition related to the service requested.
- Medical and/or functional reasons for the specific type of hospital bed and/or accessory.
- Any alternatives tried or ruled out.

#### **PA Requirements**

PA is not required if the Standards of Coverage are met and the following applies:

- For fixed height, variable height, semi-electric beds, side rail, and trapeze for one of the following diagnoses/medical conditions:
  - Multiple Sclerosis
  - Infantile Cerebral Palsy
  - Congenital or Hereditary Progressive Muscular Dystrophy
  - Fracture of the Cervical or Dorsal Areas (open or closed)
  - Procedure codes E0255, E0256, E0260, E0292, E0293, E0910, E0940 up to three months for hospital discharge when required for diagnoses not removed from PA.

PA is required for:

- Medical need beyond the Standards of Coverage.
- Full electric beds or any other hospital beds and/or accessories requiring PA as specified in the MDCH Medical Supplier Database.
- Replacement of a fixed height, variable height, or semi-electric bed and/or accessory within eight years.

### Payment Rules

A bed may be a **capped rental** or **purchase** item.

If unit is billed as a capped rental, the rental payment would be inclusive of the following:

- All accessories needed to use the equipment except for trapezes, side rails, and mattresses where appropriate.
- Education on the proper use and care of the equipment.
- Routine servicing and all necessary repairs or replacements to make the unit functional.

*MDCH Medicaid Provider Manual,  
Medical Supplier Section 2.18,  
July 1, 2010, pages 40-41  
(Exhibit 1, pages 23-24)*

In the present case, the Department requested additional information from the medical supply company, which was needed to determine whether or not the Appellant meets the standards of coverage. The ██████████ letter specifically requested documentation of medical need for a hospital bed as diagnoses alone are insufficient,

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clarification of the Appellant's current weight, and documentation addressing the medical need for a full electric bed over semi-electric. (Exhibit 1, page 15) The Department Analyst testified that only information regarding the Appellant's current weight was received. She explained that the Department did not receive any information addressing pain, elevation and positioning, need for a full electric bed vs. a semi electric bed, or the Appellant's transferring and functional status. The denial notice further noted that the Certificate of Medical Necessity submitted in [REDACTED] was signed by a physician assistant and not the physician as required under Medicaid policy. MDCH Medicaid Provider Manual, Medical Supplier Section 1.5.C Documentation, July 1, 2010, page 6. (Exhibit 1, pages 6 and 22)


The Appellant's representative disagrees with the denial and testified that the Appellant's doctor sent messages to the medical supply company since [REDACTED] regarding the hospital bed for the Appellant. He also stated that they have tried contacting the medical supply company directly, but were only told to wait a month each time. It is not clear why the medical supply company did not obtain the needed information from the Appellant's doctor's office to submit to the Department.

The Appellant's representative explained why the Appellant needs this type of hospital bed and why the current bed is insufficient to meet her needs. However, this ALJ must review the action taken by the Department using the information available at the time they made their determination. Insufficient documentation was provided by the medical supply company, despite the Department's specific request for additional information documenting medical necessity and regarding the standards of coverage for the requested hospital bed. Accordingly, the Department's denial must be upheld.

If she has not already done so, the Appellant can always submit a new prior authorization request with supporting documentation to the Department.

**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 extra wide, heavy duty hospital bed based upon the available information.

  
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**IT IS THEREFORE ORDERED** that:

The Department's decision is **AFFIRMED**.

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Colleen Lack  
Administrative Law Judge  
for Janet Olszewski, Director,  
Michigan Department of Community Health

cc:



Date Mailed: 11/16/2010

**\*\*\* 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.