

**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. 2010-53529 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 as the Appellant's representative. ██████████ appeared and testified. ██████████, represented the Department. ██████████, appeared as a witness for the Department.

ISSUE

Did the Department properly deny the Appellant's prior authorization request for a full electric bariatric 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 ██████ year old Medicaid beneficiary who has been diagnosed with foreign body respiratory tree, esophagitis, dyskinesia of esophagus, autistic disorder, shortness of breath, urinary incontinence, severe mental retardation, cellulitus, multiple excoriations, abrasions, and superficial wounds due to repetitive rubbing, and tardive dyskinesia. (Exhibit 1, pages 9-12)
2. On ██████████, the Department received a Prior Approval-Request/Authorization, for a full electric bariatric bed for the Appellant from Regents of the University of Michigan. (Exhibit 1, pages 9-20)

3. Department policy allows for coverage of a hospital bed 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) or if the body requires positioning in a hospital bed to alleviate pain. Policy also requires documentation of the diagnosis/medical condition related to the service requested, medical and/or functional reasons for the specific type of hospital bed and/or accessory, and any alternatives tried or ruled out. *Medicaid Provider Manual, 2.18 Hospital Beds, July 1, 2010, Pages 40-41.* (Exhibit 1, pages 21-22)
4. The documentation submitted with the prior authorization request does not address requirements for body elevation or positioning not possible with a standard bed or to alleviate pain or meet the documentation requirements. (Exhibit 1, pages 9-20)
5. On ██████████, the Department denied the prior authorization request because the documentation submitted did not support the medical need for a hospital bed or a bariatric bed. (Exhibit 1, pages 6-7)
6. On ██████████, the State Office of Administrative Hearings and Rules received the Appellant's hearing request. (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 21-22)*

In the present case, the information with the prior authorization request was insufficient to show that the Appellant met the standards of coverage for a hospital bed. The Department Analyst testified that medical documentation submitted with the prior authorization request did not address requirements for elevation or positioning not possible with a standard bed or positioning in a hospital bed to alleviate pain. She also noted that the [REDACTED], letter from the Appellant's doctor was unsigned. (Exhibit 1, page 10) The Department Analyst further testified that the information submitted with the prior authorization request did not meet the documentation requirements.


The Appellant's representative disagrees with the denial and explained why the Appellant needs this type of hospital bed and why the current bed is insufficient to meet his needs. An [REDACTED], letter from the Appellant's doctor which was more descriptive. For example this letter explains why a bariatric bed was needed even though the Appellant is not obese, specifically to accommodate the 6 inch bed rail and padding on all sides. (Exhibit 1, page 5) However, this ALJ must review the action taken by the Department using the information available at the time they made their determination. The [REDACTED] letter was not available to the Department when they reviewed the Appellant's [REDACTED] prior authorization request.

Insufficient documentation was provided with the prior authorization request to show that the Appellant met the standards of coverage for the requested hospital bed. Department policy allows for coverage of a hospital bed 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) or if the body requires positioning in a hospital bed to alleviate pain. Policy requires documentation of the diagnosis/medical condition related to the service requested, medical and/or functional reasons for the specific type of hospital bed and/or accessory, and any alternatives tried or ruled out. *Medicaid Provider Manual, 2.18 Hospital Beds, July 1, 2010, Pages 40-41.* (Exhibit 1, pages 21-22) The documentation submitted with the prior authorization request included may diagnoses, but did not address elevation or positioning needs to support the medical need for a hospital bed. Nor was information provided documenting medical and/or functional reasons for the specific type of hospital bed or alternatives that have been tried or ruled out. Accordingly, the Department's denial must be upheld.

If he has not already done so, the Appellant can always submit a new prior authorization request with more detailed 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 a full electric bariatric hospital bed based upon the available information.


Docket No. 2010-53529 PA
Decision and Order

IT IS THEREFORE ORDERED that:

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

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

cc:



Date Mailed: 12/2/2010

***** 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.