STATE OF MICHIGAN
STATE OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
FOR THE DEPARTMENT OF COMMUNITY HEALTH
P.O. Box 30763, Lansing, MI 48909
(877) 833-0870; Fax: (517) 334-9505

IN THE MATTER OF:

[redacted]

Appellant

_____/

Docket No. 2010-16733 PA
[redacted]

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge 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 [redacted]. [redacted], paralegal The [redacted], appeared as the Appellant's representative. [redacted] appeared and testified. [redacted], mother, appeared as a witness for the Appellant. [redacted], Appeals Review Officer, represented the Department. [redacted] RN Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny the Appellant's prior authorization request for a lateral turn mattress with pump?

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 [redacted] Medicaid beneficiary who has been diagnosed with Duchenne's muscular dystrophy. (Exhibit 1, page 7)

2. The Department received the Prior Approval-Request/Authorization, signed by [redacted] Inc. on [redacted], requesting a lateral turn mattress with pump for the Appellant. (Department Exhibit 1 page 7)

3. The requested lateral turn mattress with pump is a Group 2 Support Surface as defined in the Medicaid Provider Manual, Medical Supplier Section. (Exhibit 1, page 15)

4. A [redacted] letter of necessity/equipment prescription from the Appellant's doctor and therapists indicate the lateral turn mattress is recommended due to the Appellant's high risk of developing pneumonia and pressure ulcers. The letter notes that this mattress would reduce strain on the caregiver and decrease the Appellant's sleep loss. (Exhibit 1, pages 8-9)

5. On [redacted], the Department denied the prior authorization request because this item is not covered for prevention/pain management or turning. (Department Exhibit 1, pages 5-6)

6. On [redacted], the State Office of Administrative Hearings and Rules received the Appellant's hearing request. (Department Exhibit 1, page 4)

7. On [redacted], a second doctor who treats the Appellant wrote a note stating that the low air turning mattress is needed to help prevent pressure sores and pneumonia. (Exhibit 2, page 20)

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 a group 2 Support surface can be found in the Medical Supplier section of the Medicaid Provider Manual:

2.41 SUPPORT SURFACES – GROUP 2

Definition

Pressure Reducing Support Surfaces - Group 2 includes, but is not limited to, powered air flotation beds; powered pressure-reducing air mattresses; powered air overlay for mattress; or nonpowered advance pressure reducing mattress. A Group 2 support surface must provide both a waterproof cover and adequate support to prevent the beneficiary from "bottoming out" with the use of the item.

Standards of Coverage

A Group 2 mattress support may be covered up to three months when one of the following applies:

- Multiple Stage II pressure ulcers are located on the trunk or pelvis and the beneficiary has participated with a comprehensive ulcer treatment program for at least the past month which has included the use of an appropriate Group 1 support surface, and the wound has worsened or had no change.
- Large or multiple Stage III or IV pressure ulcer(s) on the trunk or pelvis.
- Recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (surgery within the past 60 days) and the beneficiary has been on a Group 2 or 3 surface immediately after a recent discharge from a hospital or nursing facility (discharge within the past 30 days).

Continued Use of a Group 2 support surface **-** Continued use of a Group 2 support surface on a monthly basis may be covered for restorative purposes only when healing continues to progress.

Continued use of a Group 2 support surface on a monthly basis will not be reauthorized for coverage if:

- The beneficiary is noncompliant with care plan; or
- The documentation in the medical record demonstrates that other aspects of the plan of care are not being modified to promote healing.

Documentation

Documentation must be less than 14 days old and include the following:

- Diagnosis/medical condition related to need for item.
- Size, stage and location of the ulcer.
- Other treatment modalities/surfaces already tried.
- Education of the beneficiary and caregiver on the prevention and/or management of pressure ulcers.
- Regular assessment by a nurse, physician, or other licensed healthcare practitioner.
- Appropriate turning and positioning.
- Current appropriate wound care (for a Stage II, III, or IV ulcer).
- Appropriate management of moisture/incontinence.
- Nutritional assessment and intervention consistent with the overall plan of care.

PA Requirements

PA is required for all Group 2 support surfaces.

Payment Rules

A Group 2 support surface may be a **capped rental** or **purchase** depending on the specific HCPCS procedure code. A powered flotation bed is a **rental only** and must be billed as a daily rate by reporting total number of days used as units. If the unit is billed as a capped rental, the rental payment would be inclusive of the following:

- All accessories needed to use the equipment.
- Education on the proper use and care of the equipment.
- Routine servicing and all necessary repairs or replacements to make the unit functional.

For a power flotation bed, if use exceeds a ten-month time frame, report the "MS" modifier after six months of continued maintenance and servicing of the item. (MS - six-month maintenance and servicing fee for reasonable and necessary parts and labor that are not covered under any manufacturer or supplier warranty).

MDCH Medicaid Provider Manual,
Medical Supplier Section 2.41,
October 1, 2009, pages 72-74.

In the present case, the Department determined that that the submitted medical documentation did not meet the standards of coverage. Specifically, the Department Analyst testified that there is no medical documentation that the Appellant has pressure ulcers or a recent myocutaneous flap or skin graft. The Department Analyst explained that information provided only states that the Appellant is at risk for pressure ulcers and pneumonia, which is not sufficient to meet the Medicaid criteria for a group 2 support surface.

The Appellant's mother disagrees with the Department's denial and testified if she let the Appellant develop stage II pressure ulcers, she would be reported to CPS. The Appellant's mother disagrees with the Medicaid policy and does not understand why the Appellant should have to wait until he develops these ulcers to obtain the requested support surface, instead of the Department covering the mattress now to prevent him from developing such severe pressure ulcers. The Appellant's mother also noted that prevention is likely to be more cost effective that treatment once the ulcers develop. The Appellant's mother also testified that the requested mattress would improve the quality of life for both herself and the Appellant due to the sleep loss and physical effort required to turn him so frequently overnight.

The Appellant's mother raised many valid issues and concerns. However, this ALJ must review the action taken by the Department under the applicable Medicaid policy. Based on the evidence, the Appellant did not meet the Medicaid standards of coverage for a group 2 support surface. There is no medical documentation that the Appellant has pressure ulcers or a recent skin flap or graft. The information from both doctors

only indicates that he is at risk for developing pressure ulcers or pneumonia. This does not mean that the Appellant would not benefit from the requested mattress or that he is not deserving of it, but only that the Medicaid policy does not allow for coverage in the Appellant's circumstances. Accordingly, the Department's denial must be upheld.

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 lateral turn mattress with pump based upon the available information under the applicable Medicaid policy.

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: [redacted]

Date Mailed: 4/14/2010

***** 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.