

**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. 2011-8016 PA
Case No. 102245315

DECISION AND ORDER

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

After due notice, a hearing was held on ██████████. ██████████, the Appellant's ██████████, appeared as the Appellant's ██████████. ██████████, represented the Department. ██████████ appeared as a witness for the Department. ██████████, was also present.

ISSUE

Did the Department properly deny the Appellant's prior-authorization request for a low air loss mattress and a semi-electric hospital bed?

FINDINGS OF FACT

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

1. The Appellant is ██████████ Medicaid beneficiary, who suffers from paraplegia as a result of multiple spinal AV malformations since birth. (Exhibit 1, page 4)
2. On ██████████, the Department received a Prior-Approval Request/Authorization for a low air loss mattress and semi-electric hospital bed for the Appellant from ██████████. (See Exhibit 1, page 12)
3. On ██████████, the Department requested additional information regarding the request. Specifically, the Department requested documentation to support the Appellant's medical need for the low air loss mattress and semi-electric hospital bed. (Exhibit 1, page 12)

4. On ██████████, the Department received a second Prior-Approval Request/Authorization for a low air loss mattress and semi-electric hospital bed for the Appellant from ██████████. (Exhibit 1, page 8)
5. On ██████████, the Department denied the prior-authorization request because the documentation submitted did not support the medical need for a low air loss mattress or a semi-electric hospital bed. (Exhibit 1, pages 5-6)
6. On ██████████, the State Office of Administrative Hearings and Rules received the Appellant's hearing request. (Exhibit 1, pages 3-4)

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 and documentation requirements 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,
October 1, 2010, pages 40-41
(Exhibit 1, pages 15-16)
(Emphasis Added)*

In addition, the Medicaid Provider Manual provides as follows regarding the requested air mattress:

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 in 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 OV 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)

* * *

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

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.

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- 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,
October 1, 2010, pages 74-75
(Exhibit 1, pages 19-20)
(Emphasis Added)*

In the present case, the information with the prior-authorization request was insufficient to show that the Appellant met the documentation requirements for the semi-electric hospital bed. The ██████████ testified that the medical documentation submitted with the prior-authorization request did not address any alternatives tried or ruled out as required by policy.

As to the requested low air loss mattress, the ██████████ testified that it was denied because the information submitted with the prior-authorization request was also insufficient to show that the Appellant met the standards of coverage or the documentation requirements. Specifically, there was no medical documentation to support that the Appellant has participated in an ulcer treatment program, including use of a Group 1 support surface, and that the wound has worsened or has not changed. In addition, the majority of the required documentation had not been provided.

The Appellant's ██████████ explained why the Appellant needs the hospital bed and air mattress and why a regular bed is insufficient to meet his needs.

Unfortunately, insufficient documentation was provided with the prior-authorization request to show that the Appellant met the standards of coverage and documentation requirements for the requested air mattress and hospital bed. Accordingly, the Department's denial must be upheld.

However, as was explained at the hearing, 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 low air loss mattress and a semi-electric hospital bed based upon the available information.


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IT IS THEREFORE ORDERED that:

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

Kristin M. Heyse
Administrative Law Judge
for Olga Dazzo, Director,
Michigan Department of Community Health

cc:



Date Mailed: 2/25/2011

***** 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.