

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

IN THE MATTER OF:

_____,
Appellant
_____ /

Docket No. 2012-49451 QHP
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.*, following the Appellant's request for a hearing.

After due notice, a hearing was held _____. The Appellant was represented by _____ and care provider. _____, _____ was present. _____ a representative of the equipment supply company, was present on the Appellant's behalf.

_____ Director of Member Services, represented _____ Health Plan, the Medicaid Health Plan (hereinafter MHP). _____ Director of Utilization Management, appeared as a witness for the MHP.

ISSUE

Did the MHP properly deny the Appellant's request for a Sleep Safe II bed?

FINDINGS OF FACT

Based upon the competent, material, and substantial evidence presented, I find, as material fact:

1. The Appellant is a _____ Medicaid beneficiary who is currently enrolled in the Respondent MHP, Meridian Health Plan.
2. The Appellant has a primary diagnosis of Monoplegic cerebral palsy. She has multiple non-mobility related diagnosis. She is profoundly retarded.
3. _____, the MHP received a request for a specialized bed that functions like an adult sized crib. It has a glass enclosure with approximately 6 foot height on the sides and a specially fit mattress.
4. The Appellant has slept on a mattress on the floor in the past. She will roll

around inside of her bedroom and has injured her fingers under the door to her bedroom when off her mattress.

5. The Appellant is able to and does roll back and forth in her bed.
6. The Appellant has trialed a standard hospital bed with rails. Her [REDACTED] reports having seen her get stuck in between the rails of a standard hospital bed.
7. The Appellant is physically active inside of her bedroom. She rolls on the floor and has the ability to climb out of a bed with 4 foot sides.
8. The documentation submitted does not note any incidents of the Appellant falling out of bed while sleeping.
9. On [REDACTED] the MHP sent the Appellant a denial notice. It stated the request for the specialized bed had not met the medical policy for durable medical equipment.
10. The Appellant's health plan approved coverage for wheelchair accessory upgrades and a specialty electric lift and sling to meet the Appellant's safety and mobility related needs.
11. The Appellant seeks coverage of the specialty bed to address the Appellant's need for supervision and monitoring when awake.
12. The Appellant requested a formal, administrative hearing contesting the denial on [REDACTED]

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.

On [REDACTED] the Department received approval from the Health Care Financing Administration, U.S. Department of Health and Human Services, allowing Michigan to restrict Medicaid beneficiaries' choice to obtain medical services only from specified Medicaid Health Plans.

The Respondent is one of those Medicaid Health Plans.

The covered services that the Contractor has available for enrollees must include, at a minimum, the covered services

listed below (List omitted by Administrative Law Judge). The Contractor may limit services to those which are medically necessary and appropriate, and which conform to professionally accepted standards of care. Contractors must operate consistent with all applicable Medicaid provider manuals and publications for coverages and limitations. If new services are added to the Michigan Medicaid Program, or if services are expanded, eliminated, or otherwise changed, the Contractor must implement the changes consistent with State direction in accordance with the provisions of Contract Section 1-Z.

*Article II-G, Scope of Comprehensive Benefit Package.
MDCH contract (Contract) with the Medicaid Health Plans,
September 30, 2004.*

The major components of the Contractor's utilization management plan must encompass, at a minimum, the following:

- (a) Written policies with review decision criteria and procedures that conform to managed health care industry standards and processes.
- (b) A formal utilization review committee directed by the Contractor's medical director to oversee the utilization review process.
- (c) Sufficient resources to regularly review the effectiveness of the utilization review process and to make changes to the process as needed.
- (d) An annual review and reporting of utilization review activities and outcomes/interventions from the review.

The Contractor must establish and use a written prior approval policy and procedure for utilization management purposes. The Contractor may not use such policies and procedures to avoid providing medically necessary services within the coverages established under the Contract. The policy must ensure that the review criteria for authorization decisions are applied consistently and require that the reviewer consult with the requesting provider when appropriate. The policy must also require that utilization management decisions be made by a health care professional who has appropriate clinical expertise regarding the service under review.

As stated in the Department-MHP contract language above, a MHP, “must operate consistent with all applicable Medicaid Provider Manuals and publications for coverages and limitations.” The pertinent sections of the Michigan Medicaid Provider Manual (MPM) states:

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

The MHP has established written criteria for coverage of hospital beds. They are contained in the Meridian Health Plan policy and procedure manual. They state in pertinent part:

Indications and limitations of coverage

A. General Requirements for coverage of hospital Beds

A physician's prescription and such additional documentation as the contractors' medical staffs may consider necessary, including medical records and physicians' reports, must establish the medical necessity for a hospital bed due to one of the following reasons:

- The patient's condition requires positioning of the body; e.g., to alleviate pain, promote good body

- alignment, prevent contractures, avoid respiratory infections, in ways no feasible in an ordinary bed or
- The patient's condition requires special attachments that cannot be fixed and used on an ordinary bed.

B. Physician's Prescription

The physician's prescription, which must accompany the initial claim, and supplementing documentation when required, must establish that a hospital bed is medically necessary. If the stated reason for the need for a hospital bed is the patient's condition requires positioning, the prescription or other documentation must describe the medical condition, e.g., cardiac disease, chronic obstructive pulmonary disease, quadriplegia or paraplegia, and also the severity and frequency of the symptoms of the condition that necessitates a hospital bed for positioning.

If the stated reason for requiring a hospital bed is the patient's condition requires special attachments, the prescription must describe the patient's condition and specify the attachments that require a hospital bed.

C. Variable Height Feature

In well documented cases, the contractors' medical staffs may determine that a variable height feature of a hospital bed, approved for coverage under subsection A above, is medically necessary and, therefore, covered, for one of the following conditions:

- Severe arthritis and other injuries to lower extremities; e.g., fractured hip. The condition requires the variable height feature to assist the patient to ambulate by enabling the patient to place his or her feet on the floor while sitting on the edge of the bed;
- Severe cardiac conditions. For those cardiac patients who are able to leave bed, but who must avoid the strain of "jumping" up or down;
- Spinal cord injuries, including quadriplegic and paraplegic patients, multiple limb amputee and stroke patients. For those patients who are able to transfer from bed to a wheelchair, with or without help; or

- Other severely debilitating diseases and conditions, if the variable height feature is required to assist the patient to ambulate.

D. Electric Powered Hospital Bed Adjustments

Electric powered adjustments to lower and raise head and foot may be covered when the contractor's medical staff determines that the patient's condition requires frequent change in body position and/or there may be an immediate need for a change in body position (i.e., no delay can be tolerated) and the patient can operate the controls and cause the adjustments. Exceptions may be made to this last requirement in cases of spinal cord injury and brain damaged patients.

E. Side Rails

If the patient's condition requires bed side rails, they can be covered when an integral part of, or an accessory to, a hospital bed.

Respondent's Exhibit A Pages 60-62

This ALJ finds the MHP policy for durable medical equipment, specifically as it pertains to coverage for specialty beds, is consistent with the Medicaid Provider Manual criteria for the same equipment, thus it is appropriate to follow it in this case.

The Appellant submitted documentation to the MHP in support of her request for the specialized bed. The documentation included came from a physician and occupational therapist. The Appellant's medical condition is not in dispute. She is severely debilitated as regards mobility. She is profoundly mentally retarded, thus cannot take any responsibility for safeguarding herself. She has no danger awareness. She is not ambulatory, although is able to climb out of bed per report of her care taker. She is able to roll on the floor and manipulate her arms sufficiently to push her hand and fingers under the door. The report from the care taker is this activity resulted in injury to the Appellant's fingers. The Appellant's care taker reports the Appellant is active in her bedroom and she has attempted to block off her bed with plywood to keep her safe while in her bedroom. It is reported the care taker is unable to lift he appellant off the floor, the current location of her mattress. It is reported to be a hazard in case of fire.

The MHP Director of Utilization Management, ██████████, testified the specialty bed requested is not the least costly alternative that meets the Appellant's medical needs. He cited State and Federal policy requirements that the least costly medically

appropriate alternative be utilized prior to use of Medicaid funds. He also testified that appropriate equipment had been approved for coverage to meet the Appellant's specialized mobility needs. He said a specialized electric lift with a sling is approved for coverage to transfer the Appellant from the floor to her wheelchair. He testified the needs evidenced by the Appellant are behavioral and demonstrate the need for supervision while awake. Rolling around in the bedroom and potentially injuring herself by placing her fingers under the door or into a lighting socket demonstrate a need for supervision rather than establish medical needs that are addressed by a bed which serves to restrain a person who is awake.

In this case all documentation submitted into evidence was reviewed by this ALJ, in conjunction with all the testimony from the Appellant's care taker, the medical supplier and the MHP. The coverage criteria specifies in both the Medicaid provider Manual and the Meridian policy, that specialty hospital beds are covered for specific medical conditions. There is no evidence of coverage for the reasons cited by the Appellant in this case. The evidence of record does establish the bed sought is primarily for the benefit of the care taker. It is not medically necessary for the Appellant to have the specialty bed sought. She is not in need of special positioning while in bed due to her medical condition. She is in need of an extraordinary amount of supervision while awake. This is no doubt exhausting for the caretaker, however, does not supply evidence of medical necessity. The evidence submitted does not establish the Appellant's issues are related to positioning in the bed, cardiac issues or ambulation. She is able to be transferred from her bed with use of specialty equipment, thus the issue raised regarding an inability to lift her from the floor is not a valid basis to approve the bed. The testimony from the Appellant's ██████████ that in case of fire she would be able to grab her from this particular bed but would not be able to lift her from the floor does not establish medical necessity for the specialty bed. None of the published coverage criteria recognizes this task as a basis for approving any specialty bed. The evidence of record does demonstrate the bed is being sought to address the care taker's needs to rest while the appellant is in her bed rather than worry about what she may do when awake. If used to address those concerns, the bed sought would serve as a restraint during what is described as "rest" and sleep time. A specialty bed cannot be approved for this reason. The hazards which may be encountered by the Appellant when awake, rolling around without supervision cannot be addressed by use of this bed. These dangers are the responsibility of her care takers and legal guardian.

DECISION AND ORDER

The ALJ, based on the above findings of fact and conclusions of law, decides that the MHP properly denied the Appellant's request for a specialized hospital bed with glass rails, based on the available information.

IT IS THEREFORE ORDERED that:

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

Jennifer Isiogu
Administrative Law Judge
for Olga Dazzo, Director
Michigan Department of Community Health

cc:

[REDACTED]

Date Mailed: 7-12-2012

***** NOTICE *****

The Michigan Administrative Hearing System 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 Michigan Administrative Hearing System 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.