

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) 373-4147

IN THE MATTER OF:

██████████,

Appellant.

_____ /

Docket No. 2013-56637 PA
Case No. ██████████

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 42 CFR 431.200 *et seq.*, and upon a Request for a Hearing filed by Appellant.

After due notice, a hearing was held on ██████████. Appellant appeared and testified on his own behalf. ██████████, Appeals Review Officer, represented the Department of Community Health. ██████████, Registered Nurse and Medicaid Utilization Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny Appellant's prior authorization request for a 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. Appellant is a Medicaid beneficiary born on ██████████. (Respondent's Exhibit A, page 8).
2. On or about ██████████, the Department received a prior authorization request filed on behalf of Appellant and requesting a hospital bed. (Respondent's Exhibit A, pages 8-12).
3. In response to Appellant's request, the Department requested additional information. (Respondent's Exhibit A, pages 15-16).
4. Specifically, that request for additional information stated:

In order to process this request, the Department needs the following information:

- Please resubmit physician documentation addressing medical need for a hospital bed.

Yes/No responses on a Certificate of Medical Necessity do not indicate what the beneficiary's medical condition, transfer or functional status is that requires this equipment and why. Does the beneficiary require elevation of 30 degrees or more? Does the beneficiary require bed for alleviation of pain? If so please explain.

- What economical alternatives have been tried and ruled out? (i.e. pillows, wedges, etc.)
- The prescription must be signed by a physician. A stamped or co-signed signature is not accepted. The prescription submitted is illegible and incomplete per Medical Supplier chapter section 1.5.A.
- The requesting provider must sign-and-date box 27 of the MSA-1643-B form.

Please note that resubmissions are considered new requests. For mailed or faxed requests, failure to submit a newly completed prior authorization request form will result in your request being returned to you for this.

Respondent's Exhibit A, page 15

5. On or about ██████████, the Department received a new and updated prior authorization request for a hospital bed. The only new portions of the request were notes from ██████████ – ██████████. (Respondent's Exhibit A, pages 17-20).
6. With respect to a hospital bed, one note stated that Appellant "has right hemiplegia from CVA. Needs bed that can lower and elevate in order to transfer." (Respondent's Exhibit A, page 17).
7. Another note stated that Appellant "[n]eeds a hospital bed due to the weakness and the stroke" and that Appellant "would benefit from a hospital bed due to his hemiplegia." (Respondent's Exhibit A, pages 18, 20).
8. On ██████████, the Department sent Appellant a Notification of Denial. Specifically, the denial states that Appellant's request did not meet the standards of coverage found in Section 2.18 of the Medical Supplier Chapter of the Medicaid Provider Manual (MPM). (Respondent's Exhibit A, pages 5-6).

9. On ██████████, the Michigan Administrative Hearing System (MAHS) received a Request for Hearing filed by Appellant in this matter. (Respondent's Exhibit A, page 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.

Medicaid covered benefits are addressed for practitioners and beneficiaries in the Medicaid Provider Manual (MPM).

With respect to hospital beds, the MPM, April 1, 2013 version, Medical Supplier Chapter, pages 40-41, 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.

* * *

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.

Here, the Department found that Appellant's prior authorization did not meet the above standards of coverage and, consequently, had to be denied.

In particular, the Department's witness testified that Appellant's request was insufficient because it failed to demonstrate, or even assert, that Appellant has a diagnosis/medical condition requiring a specific elevation or positioning of the body not possible with a standard bed (elevation of 30 degrees or greater) or that Appellant requires positioning in a hospital bed to alleviate pain. The Department's witness also testified that Appellant's request failed to identify any economical alternatives that had been tried or ruled out.

The Department expressly asked for such information in its request for additional information, but only received limited medical records in response. As discussed above, those notes provide at most that Appellant needs the bed in order to transfer or due to his weakness/stroke. Those offered reasons do not meet the criteria found in policy.

In response, Appellant testified that he does need a hospital bed in order to elevate and alleviate pain, and that less costly methods have been unsuccessfully tried. However, the prior authorization request submitted to the Department does not reflect Appellant's testimony.

This Administrative Law Judge is limited to reviewing the Department's decision in light of the information available at the time it made that decision. Here, the prior authorization request clearly failed to offer sufficient reasons regarding the need for a hospital bed or identify other alternatives that had been tried or ruled out. Accordingly, the Department properly denied the request.

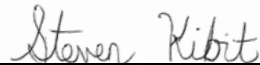
Given the above evidence and policy, Appellant failed to meet his burden of proving by the preponderance of the evidence that the Department erred in denying the request for a hospital bed and the Department's decision must be upheld.

DECISION AND ORDER

The Administrative Law Judge, based on the above findings of fact and conclusions of law, finds that the Department properly denied Appellant's prior authorization request for a hospital bed.

IT IS THEREFORE ORDERED THAT:

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



Steven Kibit
Administrative Law Judge
for James K. Haveman, Director
Michigan Department of Community Health

Date Signed: 9/13/2013

Date Mailed: 9/13/2013

[REDACTED]
cc: [REDACTED]

***** 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.