



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN ADMINISTRATIVE HEARING SYSTEM
Christopher Seppanen
Executive Director

MIKE ZIMMER
DIRECTOR

[REDACTED]

Date Mailed: April 19, 2016
MAHS Docket No.: 15-023318
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Corey Arendt

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 Petitioner's request for a hearing.

After due notice, a hearing was held on [REDACTED], [REDACTED], Petitioner's mother and guardian appeared on behalf of the Petitioner. [REDACTED], Appeals Review Officer, represented the Department of Health and Human Services (Department). [REDACTED] R.N., Medicaid Utilization Analyst, appeared as a witness for the Department.

ISSUE

Did the Department properly deny Petitioner's request for prior authorization for a Sleepsafe pad/bed package?

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 Petitioner is a [REDACTED] year old Medicaid beneficiary, born [REDACTED], who suffers from congenital quadriplegia, infantile cerebral palsy and obesity. (Exhibit A, pp. 13, 15; Testimony)
2. In [REDACTED], [REDACTED] Wheelchair Seating Service submitted to the Department on behalf of the Petitioner a request for a Sleepsafe pad/bed package. (Exhibit A, p. 28; Testimony)
3. On [REDACTED], the Department sent the Petitioner a notification of

denial regarding the [REDACTED] request. The notice indicated the [REDACTED] request was denied as medical necessity had not been substantiated and because the Petitioner's current bed which was paid by Medicaid funds was considered the most economical alternative. (Exhibit A, p. 26; Testimony)

4. On [REDACTED], [REDACTED] Wheelchair Seating Service submitted to the Department on behalf of the Petitioner a second request for a Sleepsafe pad/bed package. (Exhibit A, pp. 15-24; Testimony)
5. On [REDACTED], the Department sent the Petitioner a notification of denial regarding the [REDACTED] request. The notice indicated the [REDACTED] request was denied as medical necessity had not been substantiated; the Petitioner's current bed was the most economical alternative to replacing and the current bed supports a weight capacity of 350 pounds. (Exhibit A, pp. 13-14; Testimony)
6. The Petitioner's current bed has an articulating frame and supports a weight of 350 pounds. (Exhibit a, p. 25; Testimony)
7. On [REDACTED], the Michigan Administrative Hearings System received from the Petitioner a request for hearing regarding the [REDACTED] prior authorization request. (Exhibit A, pp. 4-12)

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) 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.

1.9 PRIOR AUTHORIZATION

Medicaid requires prior authorization (PA) to cover certain services before those services are rendered to the beneficiary. The purpose of PA is to review the medical need for certain services.

*MDHHS Medicaid Provider Manual, Practitioner
Section, April 1, 2016, p 4.*

1.5 MEDICAL NECESSITY

Medical devices are covered if they are the most cost-effective treatment available and meet the Standards of Coverage stated

in the Coverage Conditions and Requirements Section of [the Medical Supplier] Chapter.

The Medical record must contain sufficient documentation of the beneficiary's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement. The information should include the beneficiary's diagnosis, medical condition, and other pertinent information including, but not limited to, duration of the condition, clinical course, prognosis, nature and extent of functional limitations, other therapeutic interventions and results, and past experience with related items. Neither a physician, nurse practitioner (NP) or physician assistant (PA) order nor a certificate of medical necessity by itself provides sufficient documentation of medical necessity, even though it is signed by the treating/ordering physician, NP or PA. Information in the medical record must support the item's medical necessity and substantiate that the medical device needed is the most appropriate economic alternative that meets MDHHS standards of coverage.

1.10 NONCOVERED ITEMS

Items that are not covered by Medicaid include, but are not limited to. . . Second wheelchair for beneficiary preference or convenience.

2.12 ENCLOSED BED SYSTEMS

Definition	An Enclosed Bed System includes the mattress, bed frame, and enclosure as one unit.
Standards of Coverage	<p>An Enclosed Bed System may be covered if the following applies:</p> <ul style="list-style-type: none"> • There is a diagnosis/medical condition (e.g., seizure activity) which could result in injury in a standard bed, crib, or hospital bed; and • There are no economic alternatives to adequately meet the beneficiary's needs.
Documentation	The documentation must be less than six

	<p>months old and include:</p> <ul style="list-style-type: none"> • Diagnosis/medical condition requiring use of the bed and any special features (if applicable). • Safety issues resulting from the medical condition and related to the need for an Enclosed Bed System. • Other products or safety methods already tried without success (e.g., bumper pads/rails). • Type of bed requested. • Type of special features requested, if applicable.
Noncovered Conditions	Enclosed Bed Systems are not covered when the purpose is to restrain the beneficiary due to behavioral conditions, caregiver need or convenience, etc.
PA Requirements	PA is required for all Enclosed Bed Systems.
Payment Rules	The Enclosed Bed System is considered a purchase only item. For Youth Beds, refer to the Hospital Beds subsection of this chapter.

MDHHS Medicaid Provider Manual, Medical Supplier Section, January 1, 2016, pp 4, 19-20, 37.

The Department denied the Petitioner's request as the information provided with the request did not indicate the request met the medical necessity requirements as outlined in the Medicaid Provider Manual and further argued the current bed was the most economical choice as it currently met all of the Petitioner's needs. The current bed accommodated the Petitioner's size and it had an articulating frame which could assist in preventing the Petitioner from sliding down while using the bed in an inclined position.

The Petitioner argued, the new Seepsafe bed was more accommodating to the Petitioner as it was larger and could possibly aid in the Petitioner in not rubbing his lower extremities against the bottom of the bed. The Petitioner alleged he was sliding in his current bed and because of the bed's size, the Petitioner was rubbing along the bottom of the bed frame causing deformities. The Petitioner however did not identify how a new bed would prevent the Petitioner from having the same issues with the

sliding. Furthermore, the Petitioner indicated they had not attempted to reduce the current incline of the Petitioner's bed to see if a reduced incline would prevent the sliding issue.

Given the record and available information in this case, the undersigned Administrative Law Judge finds that Petitioner has failed to meet his burden of proof and that the Department's decision must therefore be affirmed. As indicated by the Department's witness, the prior authorization request did not show the medical necessity of the items being denied.

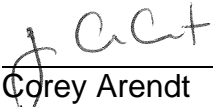
DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department properly denied Petitioner's prior authorization request for a Sleepsafe pad/bed package.

IT IS, THEREFORE, ORDERED that:

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

CA ■



Corey Arendt
Administrative Law Judge
for Nick Lyon, Director
Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Administrative Hearing System (MAHS).

A party may request a rehearing or reconsideration of this Order if the request is received by MAHS within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MAHS will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MAHS. If submitted by fax, the written request must be faxed to (517) 335-6088; Attention: MAHS Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Administrative Hearings
Reconsideration/Rehearing Request
P.O. Box 30763
Lansing, Michigan 48909-8139

Agency Representative

[REDACTED]

DHHS Department Rep.

[REDACTED]

Authorized Hearing Rep.

[REDACTED]

Petitioner

[REDACTED]

DHHS -Dept Contact

[REDACTED]