

4. On March 17, 2021, the Department received the same prior authorization request from Petitioner's provider with no additional information. (Exhibit A, pp 9-14; Testimony)
5. On April 5, 2021, the Department sent Petitioner and Petitioner's provider another Request for Additional Information, asking that the provider resubmit the prior authorization request with a picture of the beneficiary in her current bed for further consideration. (Exhibit A, pp 18-19; Testimony)
6. On April 21, 2021, the Department received the prior authorization request with pictures of Petitioner in her current bed. (Exhibit A, pp 15-16; Testimony).
7. On May 5, 2021, the Department sent Petitioner and her provider a Notification of Denial, indicating that the request for an extra-wide semi-electric hospital bed was denied. Specifically, the notice indicated:

MDHHS does not cover the service when Medicare/Medicaid determines that the service is not medically necessary. The Physician must rule out the use of a semi-electric hospital bed and less costly alternatives from a medical standpoint. Documentation did not support the need for an extra wide semi-electric hospital bed. (Exhibit A, pp 7-8; Testimony).
8. On June 23, 2021, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's request for hearing. (Exhibit A, pp 5-6).

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 statutes, 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 the practitioners and beneficiaries in the Medicaid Provider Manual (MPM). Regarding the specific request in this case, the applicable version of the MPM states in part:

SECTION 1 – PROGRAM OVERVIEW

This chapter applies to Medical Suppliers/Durable Medical Equipment and Orthotists/Prosthetists.

The primary objective of the Medicaid Program is to ensure that medically necessary services are made available to those who would not otherwise have the financial resources to purchase them.

The primary objective of the Children's Special Health Care Services (CSHCS) Program is to ensure that CSHCS beneficiaries receive medically necessary services that relate to the CSHCS qualifying diagnosis.

This chapter describes policy coverage for the Medicaid Fee-for-Service (FFS) population and the CSHCS population. Throughout the chapter, use of the terms Medicaid and Michigan Department of Health and Human Services (MDHHS) includes both the Medicaid and CSHCS Programs unless otherwise noted.

Medicaid covers the least costly alternative that meets the beneficiary's medical need for medical supplies, durable medical equipment or orthotics/prosthetics.

* * *

1.6 MEDICAL NECESSITY

Medicaid covers medically necessary durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) for beneficiaries of all ages. DMEPOS are covered if they are the least costly alternative that meets the beneficiary's medical/functional need and meet the Standards of Coverage stated in the Coverage Conditions and Requirements Section of this 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, clinical nurse specialist (CNS) 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.

Medical equipment may be determined to be medically necessary when all of the following apply:

- The service/device meets applicable federal and state laws, rules, regulations, and MDCH promulgated policies.
- It is medically appropriate and necessary to treat a specific medical diagnosis, medical condition, or functional need, and is an integral part of the nursing facility daily plan of care or is required for the community residential setting.
- The safety and effectiveness of the product for age-appropriate treatment has been substantiated by current evidence-based national, state and peer-review medical guidelines.
- The function of the service/device:
 - meets accepted medical standards, practices and guidelines related to:
 - type,
 - frequency, and
 - duration of treatment; and
 - is within scope of current medical practice.
- It is inappropriate to use a nonmedical item.
- It is the most cost-effective treatment available.
- The service/device is ordered by the treating physician, NP or PA (for CSHCS beneficiaries, the order must be from the pediatric subspecialist) and clinical documentation from the medical record supports the medical necessity for the request (as described above) and substantiates the practitioner's order.
- The service/device meets the standards of coverage published by MDHHS.
- It meets the definition of Durable Medical Equipment (DME) as defined in the Program Overview section of this chapter.
- Its use meets FDA and manufacturer indications.

MDHHS does not cover the service when Medicare determines that the service is not medically necessary.

Medicaid will not authorize coverage of items because the item(s) is the most recent advancement in technology when the beneficiary's current equipment can meet the beneficiary's basic medical/functional needs.

1.6.C. DOCUMENTATION

The Coverage Conditions and Requirements Section of this chapter specifies the documentation requirements for individual service areas. Additional information other than what is required on the prescription may be required. To provide this information, Medicaid accepts a certificate of medical necessity (CMNs will be mandatory for electronic PA), a letter or a copy of applicable medical record. The prescribing physician must sign all documentation and the documentation (if a letter or applicable medical records) must state the beneficiary's name, DOB and ID number (if known) or SSN (if known).

1.6.D. CERTIFICATE OF MEDICAL NECESSITY REQUIREMENTS

A CMN must contain all of the following:

- Beneficiary's name and address;
- Beneficiary's date of birth (DOB);
- Beneficiary ID number (if initiated by the provider) or SSN;
- Prescribing physician's signature, date of signature, telephone number;
- The suppliers' name and address;
- The expected start date of the service (if different from the prescription date);
- A complete description of the item;
- The amount and length of time the item is needed;
- Beneficiary's diagnosis; and
- The medical necessity of the item.

2.17 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 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 Medicaid Code and Rate Reference tool.
- Replacement of a fixed height, variable height, or semi-electric bed and/or accessory within five 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.

*Medicaid Provider Manual
Medical Supplier Chapter
April 1, 2021, pp 1, 9, 11-12, 57-58
Emphasis added*

The Department's Analyst testified that Petitioner's PA request was for an extra-wide semi-electric hospital bed and was returned two times for additional information. The Department's Analyst noted that Petitioner currently has a twin size semi-electric hospital bed. The Department's Analyst indicated that the criteria for extra-wide beds includes a requirement that the individual be between 350 and 600 pounds. The Department's Analyst testified that she did forward the request to her supervisor and a physician reviewer to see if there could be any exception to the weight criteria in Petitioner's case. The Department's Analyst indicated that the physician reviewer then requested a picture of Petitioner in her current bed, which Petitioner's mother provided. However, upon examination of those photos, the physician reviewer determined that Petitioner's current bed size was sufficient to meet her needs. The Department's Analyst testified that a denial notice was then sent to Petitioner and her provider. The Department's Analyst also reviewed the applicable policy, outlined above.

Petitioner's mother testified that the Department has never provided a bed for Petitioner and that the ones Petitioner has used are loaner beds. Petitioner's mother noted that about a year and a half ago Petitioner's doctor wrote a prescription for a hospital bed, which was set to be delivered the next day, but Petitioner's mother indicated that she rejected the bed because it was the same type of bed Petitioner already had. Petitioner's mother testified that the current bed is not wide enough and that when Petitioner sleeps on her side she is very close to the edge. Petitioner's mother testified that Petitioner has a lot of medical equipment and there is not room for it on the bed when they reposition her. Petitioner's mother also indicated that the mattresses that come with the beds are very cheap and the springs on the bottom do not last.

Petitioner's mother testified that she tracked how many times Petitioner awoke in the night and asked to be repositioned due to discomfort over a three-month period and it averaged 9-18 times per night, with only three nights where Petitioner did not require

any repositioning. Petitioner's mother testified that Petitioner needs a bed with a hard surface at the bottom.

In response, the Department's Analyst indicated that the documentation submitted with the PA request mentioned that Petitioner needed a wider bed to assist with repositioning but did not mention Petitioner's need to be repositioned due to discomfort or potential bed sores. The Department's Analyst testified that requesting a new mattress or a new regular sized hospital bed would be a less expensive alternative than requesting an extra wide bed. The Department's Analyst also indicated that Petitioner would likely be eligible for a group one support system on a regular sized bed, which includes pressure pads made of various materials that would make Petitioner more comfortable. The Department's Analyst also testified that under Medicaid, Petitioner would be eligible for a new bed every five years and a new mattress every one to two years.

In response, Petitioner's mother testified that the regular sized hospital beds are only meant for short-term use; they do not last very long and would certainly not last five years.

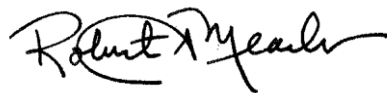
Based on the evidence presented, the undersigned Administrative Law Judge finds that Petitioner has failed to prove, by a preponderance of the evidence, that the Department erred in denying the requested extra-wide semi-electric hospital bed. As indicated above, policy indicates that an extra-wide semi-electric hospital bed can only be authorized when the beneficiary weighs between 350 and 600 pounds. Here, Petitioner is nowhere near that weight. In addition, the pictures sent by Petitioner with the PA request demonstrate that the regular sized hospital bed is sufficient to meet Petitioner's needs. Policy also indicates that Medicaid will only cover the most cost-effective device that will meet a beneficiary's need. Here, while Petitioner's mother testified that there are issues with the regular sized hospital bed that affect Petitioner's comfort, those issues were not mentioned in the PA request and those issues can be addressed via less costly alternatives, such as a new regular sized bed and a new mattress with a group one support system. Petitioner can work with her doctor and provider to request these items through Medicaid. Petitioner can also get a new bed at least every five years and a new mattress every one to two years. Therefore, the Department's decision to deny the requested extra-wide semi-electric hospital bed 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 Petitioner's prior authorization request for an extra-wide semi-electric hospital bed.

IT IS THEREFORE ORDERED THAT:

The Department's decision is AFFIRMED.



RM/sb

Robert J. Meade
Administrative Law Judge

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 Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR 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. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

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

Michigan Office of Administrative Hearings and Rules
Reconsideration/Rehearing Request
P.O. Box 30763
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