



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS  
DIRECTOR

[REDACTED]  
[REDACTED], MI [REDACTED]

Date Mailed: May 21, 2020  
MOAHR Docket No.: 20-001410  
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 May 20, 2020. [REDACTED] Petitioner's Mother and Legal Guardian, appeared on behalf of Petitioner. Katie Tenbusch, Supervisor of Appeals, appeared on behalf of Respondent, Meridian Health (Department). Dr. Cynthia Sanders, Senior Medical Director, appeared as a witness for Department.

**Exhibits:**

Petitioner	None
Department	A – Hearing Summary

**ISSUE**

Did the Medicaid Health Plan properly deny Petitioner's request for a pediatric 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. Petitioner is Medicaid beneficiary born [REDACTED], who is enrolled with the Department. (Exhibit A, p 5; Testimony.)
2. On January 16, 2020, the Department received from Dr. [REDACTED], a prior authorization request on behalf of Petitioner for a Junior (Pediatric) Hospital Bed. The request indicated they had an approval for a regular hospital bed but wished to have the approval cancelled and replaced with a Junior Hospital Bed. (Exhibit A, pp 17-19; Testimony.)

3. On or around January 27, 2020, DME Consulting Group, reviewed the prior authorization request and concluded the following:

██████ requires total care for all his mobility and self-care. Per the 2018 DME CG in-home assessment, he had a total-electric hospital bed that was reported to be too big for his size and thus requested a junior sized hospital bed. There was no noted safety issues with the use of the total electric hospital bed as there were no reported falls or episodes of ██████ climbing over the rails of the bed. The mother appears to have previously requested the total electric bed (per documentation under prior reports) for ease with caregiver burden due to her own personal history of shoulder and knee pain. This new request is again for a pediatric junior-sized hospital bed. It is unclear as to the continued request for a different size/model of a hospital bed as there does not appear to be any changes in the care or conditions for ██████'s needs. There is limited documentation in regards to the current request for a junior-sized hospital bed, and it is unclear if any circumstances have changed since he was last seen when he used the total electric hospital bed. Additionally, a smaller bed would not change caregiver services as the widths of different models of hospital beds are fairly comparable with the length a bigger variable... It does not appear that provision of a shorter bed, even if slightly narrower, would affect caregiver services, especially as there is no reported history of safety concerns with the use of the total electric hospital bed and as such it does not appear a junior/pediatric hospital bed is medically necessary... Provision of a bed with 360-degree enclosure will not assist with positioning. Further documentation will be required to aid in justification of the requested bed as based on the provided documentation, there does not appear to be a medical need to warrant the use of a specialty bed when the total electric hospital bed that ██████ has used appears to meet his positioning needs, while decreasing caregiver strain. (Exhibit A, pp 20-21.)

4. On January 27, 2020, Department sent Petitioner a notice of adverse benefit determination. The notice indicated Petitioner's request for a Pediatric Hospital Bed was denied. (Exhibit A, pp 24-32; Testimony.)

5. On or around February 27, 2020, Department received from Petitioner, an internal appeal. (Exhibit A, pp 9-13; Testimony.)
6. On February 19, 2020, Department sent Petitioner an internal appeal decision denial. The denial specifically stated:

The letter sent by [REDACTED] on your behalf states that the adult bed you have is too big for your body. She also states that having a smaller bed is better for your hips and knees. The notes do not show that it is not safe for you to sleep in your bed. The notes show that if you need help positioning your body, you could use pillows or a mesh rail liner. Per the Meridian Health Plan I.06 Policy for medical necessity, there were no notes showing:

- This request is not furnished primarily for your convenience, your caregiver, or your doctor.
- Proof that the same results cannot be reached through a lower-cost substitute.
- A shorter bed, even if slightly narrower, would affect caregiver services. (Exhibit A, p 5.)

7. At some point in time, Petitioner filed with the Michigan Office of Administrative Hearings and Rules, a request for hearing.

### **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.

On May 30, 1997, 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.<sup>1</sup>

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

- Written policies with review decision criteria and procedures that conform to managed health care industry standards and processes.
- A formal utilization review committee directed by the Contractor's medical director to oversee the utilization review process.
- Sufficient resources to regularly review the effectiveness of the utilization review process and to make changes to the process as needed.
- 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.<sup>2</sup>

## **2.17 HOSPITAL BEDS**

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<sup>1</sup> Article II-G, *Scope of Comprehensive Benefit Package*. MDHHS contract (Contract) with the Medicaid Health Plans, September 30, 2004.

<sup>2</sup> Article II-P, *Utilization Management*, Contract, September 30, 2004

## 2.17 HOSPITAL BEDS

<b>Definition</b>	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.
<b>Standards of Coverage</b>	<p>A standard hospital bed may be covered if:</p> <ul style="list-style-type: none"> <li>▪ 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).</li> <li>▪ The body requires positioning in a hospital bed to alleviate pain.</li> </ul> <p>For other beds, the above Standards of Coverage must be met, and one of the following applies:</p> <ul style="list-style-type: none"> <li>▪ <b>Variable height hospital bed</b> may be covered if different heights are medically necessary for assisting beneficiary transfers from the chair, wheelchair or standing position.</li> <li>▪ <b>Heavy-duty extra-wide hospital bed</b> may be covered if a beneficiary weighs more than 350 pounds but does not exceed 600 pounds.</li> <li>▪ <b>Extra heavy-duty bed</b> may be covered if a beneficiary weighs more than 600 pounds.</li> <li>▪ A <b>fully electric hospital bed</b> may be covered when frequent and/or immediate changes in body position are required and there is no caregiver.</li> <li>▪ A <b>Youth bed</b> may be covered if the beneficiary is under the age of 21 and the bed is required to have crib style side rails.</li> </ul> <p><b>Hospital Bed Accessories</b></p> <ul style="list-style-type: none"> <li>▪ The <b>trapeze bar</b> may be covered when required by the beneficiary to assist with transfers or frequent changes in body position.</li> <li>▪ <b>Side rails</b> are covered when required for safety.</li> <li>▪ A <b>replacement innerspring</b> mattress or foam rubber mattress may be covered for replacement when the beneficiary owns the bed.</li> </ul>
<b>Noncovered Condition</b>	Youth beds are not covered for the sole purpose of age appropriateness.
<b>Documentation</b>	<p>Documentation must be less than 90 days old and include the following:</p> <ul style="list-style-type: none"> <li>▪ Diagnosis/medical condition related to the service requested.</li> <li>▪ Medical and/or functional reasons for the specific type of hospital bed and/or accessory.</li> <li>▪ Any alternatives tried or ruled out.</li> </ul>

<b>PA Requirements</b>	<p>PA is not required if the Standards of Coverage are met and the following applies:</p> <ul style="list-style-type: none"> <li>For fixed height, variable height, semi-electric beds, side rail, and trapeze for one of the following diagnoses/medical conditions: <ul style="list-style-type: none"> <li>➤ Multiple Sclerosis</li> <li>➤ Infantile Cerebral Palsy</li> <li>➤ Congenital or Hereditary Progressive Muscular Dystrophy</li> <li>➤ Fracture of the Cervical or Dorsal Areas (open or closed)</li> </ul> </li> <li>Procedure codes E0255, E0256, E0260, E0292, E0293, E0910, E0940 up to three months for hospital discharge when required for diagnoses not removed from PA.</li> </ul> <p>PA is required for:</p> <ul style="list-style-type: none"> <li>Medical need beyond the Standards of Coverage.</li> <li>Full electric beds or any other hospital beds and/or accessories requiring PA as specified in the Medicaid Code and Rate Reference tool.</li> <li>Replacement of a fixed height, variable height, or semi-electric bed and/or accessory within five years.</li> </ul>
<b>Payment Rules</b>	<p>A bed may be a <b>capped rental</b> or <b>purchase</b> item.</p> <p>If unit is billed as a capped rental, the rental payment would be inclusive of the following:</p> <ul style="list-style-type: none"> <li>All accessories needed to use the equipment except for trapezes, side rails, and mattresses where appropriate.</li> <li>Education on the proper use and care of the equipment.</li> <li>Routine servicing and all necessary repairs or replacements to make the unit functional.</li> </ul>

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In this case, the Department had already approved Petitioner for a hospital bed and the Petitioner was now seeking to have the approval voided and replaced with a youth hospital bed. The new request being made lacked additional documentation that showed specifically why a youth hospital bed was medically necessary and the Department determined there was no medical need and that the shorter bed would not make a difference in terms of patient care.

Petitioner argued the youth bed would allow him to elevate his legs and knees as well as keep him in place. The Petitioner however failed to provide any evidence that his current bed was not safe, that he needed help positioning his body, or how pillows/mesh rail liners failed to elevate his legs and knees.

Based upon the information presented, I find the Petitioner has failed to meet his burden of proof and as such, find sufficient evidence to affirm the Department's actions in this case.

<sup>3</sup> Medicaid Provider Manual, Medical Supplier, January 1, 2020, pp 54-55.


## 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 Petitioner's request for a Junior Pediatric Bed.

**IT IS, THEREFORE, ORDERED** that:

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

CA/sb

  
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**Corey Arendt**  
Administrative Law Judge  
for Robert Gordon, 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 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  
Lansing, Michigan 48909-8139

**DHHS -Dept Contact**

Managed Care Plan Division  
CCC, 7th Floor  
Lansing, MI  
48919

**Community Health Rep**

Meridian Health Plan of Michigan Inc.  
Appeals Section  
PO Box 44287  
Detroit, MI  
48244

**Authorized Hearing Rep.**

[REDACTED]  
[REDACTED], MI

**Petitioner**

[REDACTED]  
[REDACTED], MI