



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: June 20, 2023
MOAHR Docket No.: 23-002780
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Robert J. Meade

DECISION AND ORDER

This matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9, 42 CFR 431.200 *et seq.* and 42 CFR 438.400 *et seq.* upon Petitioner's request for a hearing.

After due notice, a hearing was held on June 15, 2023. Petitioner, [REDACTED] appeared and testified on her own behalf. [REDACTED] General Counsel, represented Respondent, Upper Peninsula Health Plan, the Medicaid Health Plan (Respondent or MHP). Maureen Tyrrell, Clinical Services Manager, appeared as a witness for the MHP.

ISSUE

Did the MHP properly deny Petitioner's request for a heavy-duty hospital bed?

FINDINGS OF FACT

Based on the competent, material, and substantial evidence presented, the Administrative Law Judge finds as material fact:

1. Petitioner is a MI-Health Link beneficiary as she is eligible for both Medicare and Medicaid and has been enrolled in the MHP since June 1, 2015. (Exhibit A, p 4; Testimony)
2. Petitioner is diagnosed with atrial fibrillation, deep venous thrombosis, embolism of superior sagittal sinus, fibromyalgia, gastric ulcer, hypertension, lymphedema, perforated ulcer, peritonitis, pulmonary embolism, retroperitoneal hematoma, and splenic infarct. Petitioner has a history of gastric bypass surgery. (Exhibit A, p 16; Testimony)
3. On March 31, 2023, the MHP received a Prior Authorization Request from Petitioner's provider for a heavy-duty hospital bed, code E0303. The diagnosis listed in the prior authorization request supporting the request for a

- heavy-duty hospital bed was 189.0 (malignant neoplasm of kidney) and 268.42 (body mass index 45-49.9). (Exhibit A, pp 12-21; Testimony)
4. At the time of the prior authorization request, Petitioner's height was [REDACTED] and her weight was [REDACTED] pounds. (Exhibit A, p 4; Testimony)
 5. On April 14, 2023, the MHP sent Petitioner and her provider a Notice of Adverse Benefit Determination informing them that the request for a heavy-duty hospital bed was denied because the information supplied did not show that Petitioner met the criteria for coverage found in Section 2.17 of the Medicaid Provider Manual (MPM), Medical Supplier Chapter or the Medicare coverage criteria. (Exhibit A, pp 38-45; Testimony)
 6. On April 20, 2023, Petitioner requested an internal appeal. (Exhibit A, pp 2, 8; Testimony)
 7. On May 11, 2023, Petitioner's internal appeal was reviewed by an outside, independent physician, who upheld the denial. (Exhibit A, pp 46-49; Testimony)
 8. On May 12, 2023, the MHP sent Petitioner and her provider a Notice of Appeal Decision, which upheld the original denial. (Exhibit A, pp 52-56; Testimony)
 9. On May 13, 2023, Petitioner's Request for Hearing was received by the Michigan Office of Administrative Hearings and Rules (MOAHR). (Exhibit 1)

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 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 MHPs.

The Respondent is one of those MHPs and, as provided in the Medicaid Provider Manual (MPM), is responsible for providing covered services pursuant to its contract with the Department:

The Michigan Department of Community Health (MDCH) contracts with Medicaid Health Plans (MHPs), selected through a competitive bid process, to provide services to Medicaid beneficiaries. The selection process is described in a Request for Proposal (RFP) released by the

Office of Purchasing, Michigan Department of Technology, Management & Budget. The MHP contract, referred to in this chapter as the Contract, specifies the beneficiaries to be served, scope of the benefits, and contract provisions with which the MHP must comply. Nothing in this chapter should be construed as requiring MHPs to cover services that are not included in the Contract. A copy of the MHP contract is available on the MDCH website. (Refer to the Directory Appendix for website information.)

MHPs must operate consistently with all applicable published Medicaid coverage and limitation policies. (Refer to the General Information for Providers and the Beneficiary Eligibility chapters of this manual for additional information.) Although MHPs must provide the full range of covered services listed below, MHPs may also choose to provide services over and above those specified. MHPs are allowed to develop prior authorization requirements and utilization management and review criteria that differ from Medicaid requirements. The following subsections describe covered services, excluded services, and prohibited services as set forth in the Contract.

*Medicaid Provider Manual
Medicaid Health Plan Chapter
January 1, 2023, p 1
(Emphasis added)*

With regard to hospital beds, the Medicaid Provider Manual 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 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
January 1, 2023, pp 57-58
Emphasis added*

With regard to heavy duty extra wide hospital beds, Medicare policy indicates:

A heavy duty extra wide hospital bed (E0301, E0303) is covered if the beneficiary meets one of the criteria for a fixed height hospital bed and the beneficiary's weight is more than 350 pounds, but does not exceed 600 pounds.

Exhibit A, p 27

The MHP's representative indicated that the prior authorization request did not meet the criteria for a heavy-duty hospital bed under Medicaid or Medicare policy. The MHP's representative indicated that the denial was also reviewed by an outside, independent physician, who upheld the denial.

Petitioner testified that she understands that she does not qualify for the bed but appealed to request special consideration because of her circumstances. Petitioner indicated that while she does weigh less than [REDACTED] pounds, her body mass is equivalent to a person who weighs [REDACTED] pounds because of all the extra skin she has after losing over [REDACTED] pounds. Petitioner indicated that she cannot turn over in a regular size hospital bed and her health is deteriorating, partly because she cannot sleep in her current bed. Petitioner indicates that she has a bariatric bed, but it is over 15 years old and is falling apart. Petitioner referred to the pictures she provided in Exhibit 1 in support of her appeal. Petitioner also indicated that she noticed in the hearing packet that she may be able to request a new mattress and wondered if that could be discussed at the hearing.

In response, the MHP's representative indicated that a mattress would be a separate request, but that the MHP would be happy to assist Petitioner with that request if she called following the hearing.

Based on the evidence presented, Petitioner has failed to satisfy the burden of proving by a preponderance of the evidence that the MHP improperly denied a heavy-duty hospital bed. As indicated above, a heavy-duty hospital bed is covered if the beneficiary weighs more than 350 pounds but less than 500 pounds. Here, at the time of the prior authorization request, Petitioner weighed [REDACTED] pounds, so the above criteria has not been met. As such, while the undersigned can sympathize with Petitioner's position, the MHP's decision was proper and must be upheld. The undersigned has no equitable authority and no authority to overrule clear policy. However, as also indicated, Petitioner can submit a new request for a new mattress.

DECISION AND ORDER

Based on the above findings of fact and conclusions of law, the Administrative Law Judge finds that the MHP's denial of Petitioner's request for a heavy-duty hospital bed was proper.

IT IS THEREFORE ORDERED that:

The MHP's decision is AFFIRMED.



RM/sj

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
Lansing, Michigan 48909-8139

PROOF OF SERVICE

I certify that I served a copy of the foregoing document upon all parties and/or attorneys, to their last-known addresses in the manner specified below, this 20th day of June 2023.

S. James

S. James
**Michigan Office of Administrative
Hearings and Rules**

Via Electronic Mail:

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