

STATE OF NEW YORK
DEPARTMENT OF HEALTH

REQUEST: December 21, 2018

AGENCY: MAP
FH #: 7883728N

In the Matter of the Appeal of	:
	: DECISION
	AFTER
	: FAIR
	HEARING
from a determination by the New York City	:
Department of Social Services	:

JURISDICTION

Pursuant to Section 22 of the New York State Social Services Law (hereinafter Social Services Law) and Part 358 of Title 18 NYCRR, (hereinafter Regulations), a fair hearing was held on January 18, 2019, in New York City, before an Administrative Law Judge. The following persons appeared at the hearing:

For the Appellant



For the Managed Long-Term Care Plan, Centers Plan for Healthy Living

Julia Rolfort, Plan Representative

ISSUE

Was Centers Plan for Healthy Living's December 13, 2018 determination to deny the Appellant's request for a semi-electric hospital bed (E0261) correct?

FINDINGS OF FACT

An opportunity to be heard having been afforded to all interested parties and evidence having been taken and due deliberation having been had, it is hereby found that:

1. The Appellant, age 62, has been in receipt of a Medical Assistance authorization, Medicaid benefits, and is enrolled in a Managed Long-Term Care plan with Centers Plan for Healthy Living (hereinafter, the Plan).
2. On November 28, 2018 a request was submitted to the Plan for Hospital Beds and Accessories: E0261 (semi-electric hospital bed).

3. By Initial Adverse Determination dated December 4, 2018, the Plan determined to deny the request for a full electric hospital bed because "Clinical documentation provided in support of this request reflects that you have a history of stroke(s) with residual right-sided weakness and you are wheelchair-dependent, but no mention is made of your being bed-bound. Generally, Medicaid Guidelines provide for coverage of fully electric hospital bed when the beneficiary is confined to bed and the beneficiary's condition necessitates positioning changes of the body in a way not feasible in an ordinary bed. Thus, clinical documentation provided does not support the medical necessity for a fully electric hospital bed at this time and the request for full electric hospital bed must, therefore be denied."

4. By Final Adverse Determination dated December 13, 2018, the Plan determined to deny the request for a hospital bed and accessories. The denial for a "full electric hospital bed was upheld because there is not documentation of the need to have the head of the bed elevated despite failing a trial of wedge pillows or a medical condition that would require the need for immediate repositioning."

5. On December 21, 2018, this fair hearing was requested.

APPLICABLE LAW

Section 364.2(b) of the Social Services Law provides that the Department of Health shall be responsible for "establishing and maintaining standards for all non-institutional health care and services rendered pursuant to this title...."

Social Services Law section 365-a (2) states, in part, that the amount, nature and manner of providing medical assistance for needy persons shall be determined by the public welfare official with the advice of a physician and in accordance with the local medical plan, this title, and the regulations of the department.

1. "Benchmark coverage" shall mean payment of part or all of the cost of medically necessary medical, dental, and remedial care, services, and supplies described in subdivision two of this section, and to the extent not included therein, any essential benefits as defined in 42 U.S.C. 18022(b), with the exception of institutional long term care services; such care, services and supplies shall be provided consistent with the managed care program described in section three hundred sixty-four-j of this title.

2. "Standard coverage" shall mean payment of part or all of the cost of medically necessary medical, dental and remedial care, services and supplies, as authorized in this title or the regulations of the department, which are necessary to prevent, diagnose, correct or cure conditions in the person that cause acute suffering, endanger life, result in illness or infirmity, interfere with such person's capacity for normal activity, or threaten some significant handicap and which are furnished an eligible person in accordance with this title and the regulations of the department.

The New York State Medicaid Program Wheeled Mobility Equipment Guidelines provides detailed clinical and coverage criteria for both manual and power wheelchairs, including that:

A hospital bed is covered if the member is bed-confined (not necessarily 100 percent of the time) and the member's condition necessitates positioning of the body in a way not feasible in an ordinary bed, or attachments are required which cannot be used on an ordinary bed. Hospital beds must be Durable Medical Equipment (DME) and used in the home. The manufacturer of a hospital bed must be registered with the United States Food and Drug Administration (FDA). The hospital bed itself must be listed or cleared to market by the FDA. In no instance will an ordinary bed be covered by the Medicaid Program. An ordinary bed is one which is typically sold as furniture and does not meet the definition of DME or a hospital bed. A hospital bed as defined must include bed ends with casters, IV sockets, side rails (any type) and is capable of accommodating/supporting a trapeze bar, overhead frame and/or other accessories. Side rail pads and shields (E1399) are covered when there is a documented need to reduce the risk of entrapment or injury. If a member's condition requires a replacement innerspring mattress (E0271), foam rubber mattress (E0272) and/or side rails (E0305 or E0310); it will be covered for a member owned hospital bed. When the extent and duration of the medical need is not known at the time of ordering, hospital beds and related accessories should be rented.

A standard hospital bed is one with manual head and leg elevation adjustments but no height adjustment, which conforms to accepted industry standards, consisting of a modified latch spring assembly, bed ends with casters, two manually operated foot end cranks, is equipped with IV sockets and is capable of accommodating/supporting a trapeze bar, side rails (any type), an overhead frame and other accessories.

A fixed height hospital bed (E0251) is covered if one or more of the following criteria (1-4) are met:

1. The member has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed; or

2. The member requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain; or

3. The member requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease or problems with aspiration. Pillows or wedges must have been considered and ruled out; or

4. The member requires traction equipment, which can only be attached to a hospital bed.

A variable height hospital bed (E0256) is covered if the member meets one of the criteria 1-4 above and: The member requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.

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A semi-electric hospital bed is one with manual height adjustment and with electric head and leg elevation adjustments.

A semi-electric hospital bed (E0261) is covered if the member meets one of the criteria 1-4 above and: The member requires frequent changes in body position and/or has an immediate need for a change in body position (i.e., no delay in change can be tolerated) and the member can independently affect the adjustment by operating the controls.

A total electric hospital bed (E0266) is covered if the member meets one of the criteria 1-4 and both criteria 5 and 6 above, and: The member can adjust the bed height by operating the controls to effect independent transfers.

A heavy duty extra wide (E0301) hospital bed is covered if the member meets one of the criteria 1-4 above and: the member's weight is more than 350 pounds, but does not exceed 600 pounds.

An extra heavy-duty hospital bed (E0302) is covered if the member meets one of the criteria 1-4 above and: The member's weight exceeds 600 pounds.

At a fair hearing concerning the denial of an application for or the adequacy of Public Assistance, Medical Assistance, HEAP, SNAP benefits or services, the appellant must establish that the agency's denial of assistance or benefits was not correct or that the appellant is eligible for a greater amount of assistance or benefits. Except where otherwise established by law or regulation, in fair hearings concerning the discontinuance, reduction or suspension of Public Assistance, Medical Assistance, SNAP benefits or services, the social services agency must establish that its actions were correct. 18 NYCRR 358-5.9(a).

DISCUSSION

The record establishes that the Appellant, age 62, has been in receipt of a Medical Assistance authorization, Medicaid benefits, and is enrolled in a Managed Long-Term Care plan with Centers Plan for Healthy Living (hereinafter, the Plan). On November 28, 2018 a request was submitted to the Plan for Hospital Beds and Accessories: E0261 (semi-electric hospital bed). By Initial Adverse Determination dated December 4, 2018, the Plan determined to deny the request for a fully-electric hospital bed because "Clinical documentation provided in support of this request reflects that you have a history of stroke(s) with residual right-sided weakness and you are wheelchair-dependent, but no mention is made of your being bed-bound. Generally, Medicaid Guidelines provide for coverage of full electric hospital bed when the beneficiary is confined to bed and the beneficiary's condition necessitates positioning changes of the body in a way not feasible in an ordinary bed. Thus, clinical documentation provided does not support the medical necessity for a full electric hospital bed at this time and the request for full electric hospital bed must, therefore be denied." By Final Adverse Determination dated December 13, 2018, the Plan upheld its initial determination stating, "The denial for a full electric hospital bed was upheld because there is not documentation of the need to have the head of the bed elevated

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despite failing a trial of wedge pillows or a medical condition that would require the need for immediate repositioning.”

A fixed height hospital bed (E0251) is covered if one or more of the following criteria (1-4) are met: 1. The member has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed; or 2. The member requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain; or 3. The member requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease or problems with aspiration. Pillows or wedges must have been considered and ruled out; or 4. The member requires traction equipment, which can only be attached to a hospital bed. A semi-electric hospital bed (E0261) is covered if the member meets one of the criteria 1-4 above **and:** The member requires frequent changes in body position and/or has an immediate need for a change in body position (i.e., no delay in change can be tolerated) and the member can independently affect the adjustment by operating the controls.

At a fair hearing concerning the denial or the adequacy of Medical Assistance benefits or services, the Appellant must establish that the determination at issue was not correct or that the Appellant is eligible for a greater amount of assistance or benefits. The Appellant’s representative, (hereinafter “Representative”) alleged that the Appellant is unable to ambulate, and can only move her left leg and left hand because she suffered a stroke. However, there is no evidence presented, either via the Representative’s testimony or through a review of her medical records, which supports a finding that the Appellant meets the above-referenced criteria, or that the Plan made an error in evaluating Appellant’s eligibility. Accordingly, the Plan’s determination is sustained.

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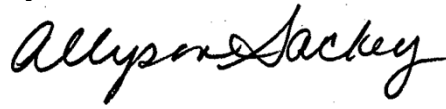
DECISION

Centers Plan for Healthy Living's December 13, 2018 determination to deny the Appellant's request for a semi-electric hospital bed (E0261) was correct.

DATED: Albany, New York
04/17/2019

NEW YORK STATE
DEPARTMENT OF HEALTH

By

A handwritten signature in black ink, reading "Allyson Sackey". The signature is written in a cursive, flowing style.

Commissioner's Designee