

**Office of Medicaid
BOARD OF HEARINGS**

Appellant Name and Address:



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|-------------------------|---------------|-----------------------|----------|
| Appeal Decision: | Denied | Appeal Number: | 2410060 |
| Decision Date: | 09/26/2024 | Hearing Date: | 8/6/2024 |
| Hearing Officer: | Cynthia Kopka | | |

Appearance for Appellant:



Appearance for MassHealth:

Sara Pedone, PT



*The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
Board of Hearings
100 Hancock Street, Quincy, Massachusetts 02171*

APPEAL DECISION

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|---------------------------|-----------------|--------------------------|--------------------------|
| Appeal Decision: | Denied | Issue: | Prior authorization, DME |
| Decision Date: | 09/26/2024 | Hearing Date: | 8/6/2024 |
| MassHealth's Rep.: | [REDACTED] | Appellant's Rep.: | Daughter/HCP |
| Hearing Location: | Quincy (remote) | Aid Pending: | No |

Authority

This hearing was conducted pursuant to Massachusetts General Laws Chapter 118E, Chapter 30A, and the rules and regulations promulgated thereunder.

Jurisdiction

By notice dated May 28, 2024, MassHealth denied Appellant's prior authorization request for a total-electric hospital bed, code E0265 KI/KJ. Exhibit 1. Appellant filed this appeal in a timely manner on June 27, 2024. Exhibit 2. 130 CMR 610.015(B). Denial of assistance is a valid basis for appeal. 130 CMR 610.032.

Action Taken by MassHealth

MassHealth denied Appellant's prior authorization request for a total-electric hospital bed.

Issue

The appeal issue is whether MassHealth was correct in denying Appellant's prior authorization request.

Summary of Evidence

MassHealth was represented at hearing by a licensed physical therapist and clinical reviewer from Optum, who submitted records in support. Exhibits 4 and 5. Appellant was represented at hearing

by her daughter/health care proxy. A summary of testimony and documents follows.

On May 24, 2024, MassHealth received a prior authorization request from Appellant's provider, Sullivan's Pharmacy, for a total-electric hospital bed, code E0265. On May 28, 2024, MassHealth denied this request, notifying Appellant that the documentation submitted did not establish the medical necessity for the level of equipment requested. Exhibit 1, Exhibit 4 at 4-5. MassHealth cited 130 CMR 409.414(B) and 450.204(B).

MassHealth's Guidelines for Medical Necessity Determination for Hospital Beds (hereinafter, "the Guidelines") explain the different levels of hospital beds. Exhibit 5. Important here is the distinction between a semi-electric hospital bed and a total-electric hospital bed. The MassHealth representative testified that a total-electric hospital bed allows for control of both the height of the bed and the height of the head and leg elevation through a remote. A semi-electric hospital bed allows for electric adjustments to head and leg elevation through a remote and manual adjustment to height via a crank on the bed.

The Guidelines set forth the minimum criteria that must be met for MassHealth to approve the total-electric hospital bed:

Documentation of medical necessity must include all of the following (a–c):

- a. documentation of medical necessity for variable-height hospital bed and semi-electric hospital bed are met; and
- b. **documentation that the member is fully independent with transfers and requires the adjustable height to do that safely and independently;** and
- c. documentation that there is no other medical equipment comparable in effect, available, and suitable for the member for whom the service is requested.

Id. at 4 (emphasis added).

The objective clinical documentation provided for Appellant's request was sparse and included only a note dated May 21, 2024 from the physician assistant (PA-C) from the rehabilitation center Appellant was in prior to discharging home. Exhibit 4 at 9. The note states that "[Appellant] requires a full electric hospital bed with half rails due to her lack of mobility and increased need for a 2 person assist and hoyer transfer." *Id.* MassHealth determined that the documentation submitted established that Appellant is not fully independent with transfers in and out of bed, as she requires two people and a Hoyer lift to transfer. Accordingly, the documentation did not establish the minimum criteria for approval of a total-electric hospital bed. The MassHealth representative testified that Appellant meets the criteria for a semi-electric hospital bed.

Appellant's representative testified that the PA-C who wrote the note never had a face-to-face encounter with Appellant. Appellant does not speak English, and Appellant's representative does not know who this PA-C was. Appellant's representative doubted that Appellant met with the PA-C

without the representative's knowledge. Appellant moved out of the rehab facility on [REDACTED]. Appellant's representative testified that when Appellant moved into the rehab, she weighed between [REDACTED] and [REDACTED] pounds, but put on a significant amount of weight while at the rehab. Appellant requires more than 2 people to transfer. Appellant's representative argued that in a semi-electric bed, Appellant required 4 family members to transfer. The nurse told Appellant's family that they cannot use the lift for Appellant because it is too small. Appellant was over [REDACTED] pounds when she left the rehab and returned home.

Appellant's representative confirmed that Appellant cannot get in and out of bed by herself. Appellant needs multiple people assisting her in the bed to change or to reposition. On Appellant's current bed, which is semi-electric, the head does not go all the way up. This is a choking risk when Appellant is eating. Appellant's representative has to use pillows to get Appellant in the right position to eat. Appellant has been reluctant to eat and will claim she is not hungry. Appellant's representative argued that the head of the bed goes up higher on the total-electric bed. The remote on Appellant's semi-electric bed does not function properly, as the leg button sometimes makes the head of the bed go up and vice versa. Appellant's representative has to unplug and plug the bed again to get it to work.

The MassHealth representative asked for clarification, as the semi-electric and total-electric bed both raise the head of the bed via remote. There is no difference between the two types of bed in that respect. Appellant's representative testified that MassHealth representative has not seen Appellant in the bed. Appellant is in twin size bed which is too small because of Appellant's weight. Appellant's representative testified that Appellant's current bed is too small, and the total-electric bed would be safer for Appellant. The total-electric bed makes it easier to provide care to Appellant, such as providing pills, talking to her, and helping her change.

The MassHealth representative testified that Appellant's representative should contact Sullivan's Pharmacy to address the malfunction with Appellant's remote. The MassHealth representative also advised Appellant to have Sullivan's check the mattress on the bed, as an ill-fitting mattress could impact functionality. Finally, Appellant could request a larger size bed. The MassHealth representative testified that Medicare is Appellant's primary insurer, which will also not cover a total-electric bed based on the criteria for coverage.

Findings of Fact

Based on a preponderance of the evidence, I find the following:

1. On May 24, 2024, MassHealth received a prior authorization request from Appellant's provider, Sullivan's Pharmacy, for a total-electric hospital bed, code E0265.
2. On May 28, 2024, MassHealth denied this request, notifying Appellant that the

documentation submitted did not establish the medical necessity for the level of equipment requested. Exhibit 1.

3. Appellant filed this appeal in a timely manner on June 27, 2024. Exhibit 2.
4. Appellant is not fully independent with transfers.

Analysis and Conclusions of Law

MassHealth covers durable medical equipment (DME) provided to eligible members subject to regulatory restrictions and limitations. 130 CMR 409.403, 409.413(B)(9). For MassHealth to pay for DME, the equipment must meet medical necessity criteria. 130 CMR 409.414(B). The regulatory definition of medical necessity is set forth at 130 CMR 450.204, which states in relevant part as follows:

(A) A service is "medically necessary" if:

(1) it is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness or infirmity; and

(2) there is no other medical service or site of service, comparable in effect, available, and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior authorization request, to be available to the member through sources described in 130 CMR 450.317(C), 503.007, or 517.007.

(B) Medically necessary services must be of a quality that meets professionally recognized standards of health care, and must be substantiated by records including evidence of such medical necessity and quality. A provider must make those records, including medical records, available to the MassHealth agency upon request. (See 42 U.S.C. 1396a(a)(30) and 42 CFR 440.230 and 440.260.)

See also 130 CMR 409.414(B) (MassHealth does not pay for DME that is determined by the MassHealth agency not to be medically necessary pursuant to 130 CMR 450.204, which includes but is not limited to items that "are more costly than medically appropriate and feasible alternative pieces of equipment" and "serve the same purpose as DME already in use by the member").

According to 130 CMR 409.417(A), all “DME covered by MassHealth must meet the medical necessity requirements set forth in 130 CMR 409.000 and in 130 CMR 450.204: *Medical Necessity*, and any applicable medical necessity guidelines for specific DME published on the MassHealth website.” MassHealth has published the Guidelines which identify “the clinical information that MassHealth needs to determine medical necessity for hospital beds/specialized pediatric beds used in the home. These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs.” Exhibit 5 at 1.

According to the Guidelines, a semi-electric hospital bed “allows manual adjustments to height and electric adjustments to head and leg elevation whereas a total-electric hospital bed “allows electric adjustments to height and to head and leg elevation.” *Id.* To qualify for coverage of a total-electric hospital bed, a member must meet criteria including but not limited to:

1. A **fixed-height hospital bed** requires that one or more of the following criteria (a-d) are met:
 - a) the member has a medical condition that requires positioning 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
 - b) the member requires positioning the body in ways not feasible with an ordinary bed in order to alleviate pain; OR
 - c) the member requires the head of the bed to be elevated more than 30 degrees most of the time due to a medical condition (for example, congestive heart failure, chronic pulmonary disease, or problems with aspiration). Pillows or wedges must have been tried or considered; OR
 - d) the member requires traction or other equipment that can be attached only to a hospital bed.
2. A **variable-height hospital bed** requires that the member meet criteria for a fixed-height hospital bed AND that the member requires a bed height different from a fixed-height hospital bed to permit transfers to a chair, wheelchair, or standing position.
3. A **semi-electric hospital bed** requires that the member meet criteria for a fixed-height hospital bed AND require frequent changes in body position, and/or may need immediate change in body position, and that the member be functionally and cognitively able to operate the controls for adjustment, with or without accessories as needed.
4. A **total-electric hospital bed** requires that the member meet the criteria for a variable-height hospital bed and semi-electric hospital bed, AND that it is the least

costly medically appropriate alternative.

Id. at 2.

A prior authorization submission for a total-electric hospital bed must include clinical documentation to support medical necessity:

Documentation of medical necessity must include all of the following (a – c):

- a) documentation of medical necessity for variable-height hospital bed and semi-electric hospital bed are met; and
- b) **documentation that the member is fully independent with transfers and requires the adjustable height to do that safely and independently;** and
- c) documentation that there is no other medical equipment comparable in effect, available, and suitable for the member for whom the service is requested.

Id. at 4 (emphasis added).

Here, the undisputed evidence shows that Appellant is not fully independent with transfers, requiring at least two people and a mechanical lift to help get her in and out of the bed. As Appellant did not establish the medical necessity of a total-electric hospital bed, this appeal is denied. Appellant should reach out to her DME provider to address the problems with her current bed.

Order for MassHealth

None.

Notification of Your Right to Appeal to Court

If you disagree with this decision, you have the right to appeal to Court in accordance with Chapter

30A of the Massachusetts General Laws. To appeal, you must file a complaint with the Superior Court for the county where you reside, or Suffolk County Superior Court, within 30 days of your receipt of this decision.

Cynthia Kopka
Hearing Officer
Board of Hearings

[REDACTED]

MassHealth Representative: Optum MassHealth LTSS, P.O. Box 159108, Boston, MA 02215