

STATE OF VERMONT

HUMAN SERVICES BOARD

In re ) Fair Hearing No. 17,133  
 )  
Appeal of )

INTRODUCTION

The petitioner appeals a decision of the Department of Prevention, Assistance, Transition, and Health Access (PATH) denying her prior authorization under the Medicaid program for a specialized air mattress. The issue is whether such a mattress is "medically necessary" for the petitioner.

FINDINGS OF FACT

1. The petitioner is a Medicaid recipient who has scoliosis and has had rods inserted in her back. She has phlebitis in her legs as well. The petitioner has slept on the floor without a mattress for many years because she believes her body is more likely to become stiff and cramped when she uses one. She is not satisfied with sleeping on the floor either because it causes her legs to swell. She has not had bedsores or any skin breakdown from her sleeping situation. She has been told to sleep on her side to minimize back stiffness but she cannot do so at present because it

causes her legs to swell. She takes pain medications but rarely is able to sleep more than four hours at a time.

2. On a shopping trip last year, the petitioner saw an air fluidized mattress in a store. She has not tried the bed but has heard from others that it is beneficial for back problems because the firmness can be well-controlled. She applied for payment of such a bed through Medicaid. She was denied on June 5 because the air mattress is not "primarily medical in nature".

3. The petitioner put forth a letter from her doctor dated September 6, 2001 which said that if the petitioner "slept on her back, the unevenness of her trunk would be quite uncomfortable". If she did sleep on her back he would recommend an air mattress to "improve comfort". He concluded, however, that "sleeping on her side would provide the greatest comfort" due to her spinal/rib deformities. He concluded that "for sleeping on her side, an ordinary mattress would be adequate".

4. Because the above letter was equivocal, and did not specifically discuss an "air fluidized" mattress, the Department offered to provide a firm therapeutic mattress. PATH felt that the purchase of an air fluidized mattress which it characterized as a very specialized piece of equipment

which is used to rehabilitate skin suffering from ulcers and bedsores was not warranted here.

5. To resolve this conflict, the physician agreed to refer the petitioner to a psychiatrist and a nurse who specialize in positioning interventions for persons with serious medical problems. The petitioner underwent a rehabilitation evaluation paid for by Medicaid on December 18, 2001.

6. The nurse issued a report on January 28, 2002 which reads as follows:

[Petitioner] was referred by Dr. R.B. [treating physician] for evaluation of positioning interventions that would allow the patient to sleep through the night.

History: Harrington Rod Fixation in 1975 for scoliosis

Subjective/Objective

[Petitioner] presented requesting a special bed/mattress for home use. She understood that she was getting a second opinion regarding medical necessity. She was seen on December 18, 2001 in collaboration with Dr. T.L., Psychiatrist, as part of an overall rehab evaluation.

[Petitioner] has a history of sleeping on the floor for at least 20 years because the last time she slept in a bed she was unable to move in the morning and unable to stand straight without pain. This has become more difficult over the last several years and now she has an impaired sleep pattern as well as the pain in her legs and back.

[Petitioner] does not have a bed or mattress in her home. She sleeps on the floor and her husband sleeps in a recliner. She states she is frightened with discomfort

and feels that a "special mattress" would help solve her positioning and sleeping issues.

[Petitioner] takes pain medication, but she is not able to clearly localize specific pain. She is on disability (SSI) but she is not able to identify specific problems leading to this disability ruling.

[Petitioner] has no open skin areas or pressure areas over bony prominence.

Assessment:

Dr. L. completed a thorough evaluation. The patient has musculo-skeletal issues. Physical therapy for conditioning and increased flexibility is recommended.

There may also be a need for social services to work with the patient and her family in regards to financial resources and self care issues. There is no indication that any specialized support surfaces are needed until a course of outpatient physical therapy is completed and a regular mattress/bed are trialed.

7. The opinion in paragraph five is adopted as medical fact in this matter since the petitioner was thoroughly evaluated by that writer and her supervising physician with regard to the specific issue of the petitioner's need for a specialized support surface.

ORDER

The decision of the Department is affirmed.

REASONS

The regulations adopted by the Department provide coverage for durable medical equipment which is defined as follows:

Durable medical equipment (DME) is defined as equipment that will arrest, alleviate or retard a medical condition and is

- primarily and customarily used to serve a medical purpose
- lasting and able to withstand repeated use
- generally not useful to a person in the absence of illness, injury or disability; and
- suitable for use in the home

M840.1

The regulations contain a list of pre-approved durable equipment for which the Department will pay including "alternating pressure pumps and mattresses, gel and eggcrate mattresses, and decubitus care pads". M840.3. These items, must, however, "arrest, retard or alleviate a medical condition". In order to make this determination, the regulations call for the prescribing physician to have "examined the beneficiary within a reasonable time period and/or have sufficient knowledge of the beneficiary's condition to prescribe" the durable equipment and to give "sufficient information to document the medical necessity of the item". M840.4.

After reviewing the information provided by the petitioner and her physician, PATH concluded that it was insufficient to show that she had a medical necessity for a fluidized air mattress. PATH was justified in this conclusion because her physician never supported a fluidized air mattress. The type of fluidized mattress that the petitioner has requested has typically been granted to persons with decubitis ulcers and sores as a result of an inability to change positions or get out of bed for any length of time. That is not the petitioner's diagnosis.

Because her physician did indicate that she needed some kind of therapeutic mattress, the parties agreed to have a more specific recommendation made by someone who specializes in this area. The result of that consultation was that no specialized mattress is indicated at this time. Despite this recommendation, the Department is still willing to purchase a firm, therapeutic mattress for the petitioner.

The petitioner had been strongly advised to seek physical therapy and counseling. As a Medicaid recipient, these services are covered for her. She is urged to follow the advice of the consultants and to take the Department up on its offer to provide her with a firm therapeutic mattress. If her

physical therapists recommend a different type of bed at a future date, the petitioner may reapply at that time.

# # #