



Hospital Beds Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Hospital Beds		
MNG #: 077	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MA Medicare Premier <input checked="" type="checkbox"/> MA Medicare Value <input checked="" type="checkbox"/> RI Medicare Preferred <input checked="" type="checkbox"/> RI Medicare Value <input checked="" type="checkbox"/> RI Medicare Maximum	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Benefit Type: <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	Approval Date: 7/1/2021;	Effective Date: 9/28/2021
Last Revised Date:	Next Annual Review Date: 7/1/2022;	Retire Date:

OVERVIEW:

A hospital bed is a bed specially designed for members in need of positioning or safety that cannot be provided by an ordinary bed. These beds have special features both for the comfort and well-being of the patient and for the convenience of caregivers. Common features include adjustable height for the entire bed, the head, and the feet, adjustable side rails, and electronic buttons to operate both the bed and the ability to support medically necessary equipment.

DECISION GUIDELINES:

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

Clinical Eligibility:

- Hospital beds are authorized for CCA members who have needs of positioning that cannot be accomplished in an ordinary bed.
- These needs include but are not limited to head or foot elevation, frequent position changes, and changes in height of bed for safe transfers or for members who have a history of falls in/out of bed.
- Hospital beds may also be provided to assist caregivers in caring for the member.

Determination of need: For the following beds member must meet one of the above clinical eligibility criteria as well as the appropriate below category criteria.

Fixed height hospital beds: (E0250, E0251, E0290, E0291, and E0328) are provided for members who do not require frequent or independent changes in their position of the height of the mattress.

Variable height hospital beds (E0255, E0256, E0292, and E0293) are provided for members who require frequent or independent changes in their position of the height of the mattress.



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Semi-electric beds hospital beds (E0260, E0261, E0294, E0295, and E0329) are provided for members who require frequent or independent changes in the position of their head or feet, but do not require changes in the height of the mattress.

Total-electric hospital beds (E0265, E0266, E0296, and E0297) are provided for members who require frequent or independent changes in their position or the height of the bed for transfers or for the provision of care.

Heavy duty-extra wide hospital beds (E0301, E0303) are provided when the member weight is greater than 350 pounds, or the member requires additional surface area to accommodate the member's body habitus or to enable caregivers to provide necessary care.

Extra heavy-duty, extra wide hospital bed (E0302, E0304) is covered if the beneficiary meets one of the criteria for a hospital bed and the beneficiary's weight exceeds 600 pounds.

LIMITATIONS/EXCLUSIONS:

Hospital beds are not provided to members who:

- Can be adequately positioned in a regular bed with or without additional pillows or wedges.
- Already have equipment that serves the same purpose and is able to meet their need
- Are able to use less costly equipment to meet their need
- Are not reasonably expected to obtain a meaningful contribution to the treatment of their illness or injury from its use
- Can the member operate the standard control pendant for the bed?

KEY CARE PLANNING CONSIDERATIONS:

- Does the member require a specific mattress height for safety or transfers?
- Is any additional equipment used with the bed such as trapeze, over the bed table, traction equipment?
- Does the member require bed rails? If so full or half rails? If half rails head of bed only or both head and foot of bed?
- Does the member require padding or covers for safety?

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).



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The Following HCPCS codes are covered when medically necessary, without prior authorization:

Code	Description
E0250	Hospital bed, fixed height, with any type side rails, with mattress
E0251	Hospital Bed, fixed height, with any type side rails, without mattress
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress
E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress
E0270	AAC+30% (Purchase) Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress
E0290	Hospital bed, fixed height, without side rails, with mattress
E0291	Hospital bed, fixed height, without side rails, without mattress
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress



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E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress
E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure

The following HCPCS Codes require a prior authorization.

Code	Description
E0301	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress
E0303	Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress
E0304	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress
E0328	Hospital bed, pediatric, manual, 360-degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress

AUTHORIZATION DOCUMENTATION REQUIREMENTS:

- Standard Written order (SWO)
- Face to face note- A practitioner (MD, DO, DPM, PA, NP, CNS) has had a face-to-face examination with the member within the six months prior to the written order.
- Letter of medical necessity (LMN) information (including continued need/use if applicable)
 - If the face-to-face note does not provide the medical necessity information an LMN should be included in the submitted documentation.
- Manufacturer's quote for code E0328.

REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:



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Medicare Local Coverage Determination (LCD): Hospital Beds and Accessories (L33820)

Mass Health Guidelines for Medical Necessity Determination for Hospital Beds; Mass Health; 130 CMR 450.204: Medical Necessity; 130CMR 428.402 Definitions; 130CMR 409.402: Definitions; 130CMR 409.414 non-covered services

RELATED REFERENCES:

Disclaimer

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

CCA has the mission to address all of our complicated members' health needs. Care partners can identify members with Behavioral Health and HOPE (*) challenges who may benefit from extending these guidelines to support our at-risk members' unique health challenges. CCA encourages our clinicians to clearly document our members' unique health contexts when requesting care which does not meet this formal DST's conditions and recommendations.

*High Opiate Patient Engagement = members with high doses of opiates whom we hope to help by treating their pain alternatively and reducing their exposure to dangerous opiates.

REVISION LOG:

REVISION DATE	DESCRIPTION
12/31/23	Utilization Management Committee approval



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APPROVALS:

David Mello

Senior Medical Director, Utilization Review
and Medical Policy

CCA Senior Clinical Lead [Print]

Title [Print]

A handwritten signature in black ink that reads 'David Mello'.

12/31/23

Signature

Date

CCA Senior Operational Lead [Print]

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Nazlim Hagmann

Chief Medical Officer

CCA CMO or Designee [Print]

Title [Print]

A handwritten signature in black ink that reads 'Nazlim Hagmann'.

12/31/23

Signature

Date