



Mattress Non-HCPC Coded Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Mattress Non-HCPC Coded		
MNG #: 103	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input type="checkbox"/> MA Medicare Premier <input type="checkbox"/> MA Medicare Value <input type="checkbox"/> RI Medicare Preferred <input type="checkbox"/> RI Medicare Value <input 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 type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	Approval Date: 03/03/2022;	Last Annual Review Date: 8/23/2022;
Last Revised Date:	Next Annual Review Date: 03/03/2023;	Retire Date:

OVERVIEW:

Non-HCPC coded mattresses are provided to members who have a documented medical need for these mattresses and their need cannot be met by a standard hospital bed mattress and/or HCPC coded support surfaces...

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: Non-HCPC coded mattress is indicated if the member’s need cannot be met by a hospital bed mattress or any of the HCPC coded mattresses or if they need a size other than what is available for HCPC coded mattresses. These mattresses must be able to meet the medical need of the patient and are not supplied for non-medical needs.

Determination of need:

- Member has a documented medical condition or injury that requires the use of a non-HCPC coded mattress such as but not limited to: pain, numbness, insomnia, altered sensation, impaired bed mobility, need of keeping head or legs elevated while in bed, body habitus that cannot be accommodated in medical size mattress or increased bed area is required for member’s care.
- Member has not been successful in meeting needs with other mattresses.

LIMITATIONS/EXCLUSIONS:

- The support surface must be provided by a CCA contracted provider.
- The member has no medical condition or injury that requires a non-medical mattress



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- The member already has a mattress that is able to meet their needs and is in good working order.
- The member's needs could be met with a less costly alternative.
- The mattress cannot reasonably be expected to make a meaningful contribution to the treatment of a member's illness or injury

KEY CARE PLANNING CONSIDERATIONS:

N/A

AUTHORIZATION:

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).

E1399

Requires prior authorization including review of documentation by a physical or occupational therapist of the medical necessity and successful trial of requested the mattress.

Documentation Requirements:

- Standard Written Order (SWO)
- Letter of Medical Necessity (LMN)
- Manufactures Invoice

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:

Mass Health; 130 CMR 450.204: Medical Necessity; 130CMR 428.402
Definitions; 130CMR 409.402: Definitions; 130CMR 409.414 Non-covered services



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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.

ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION



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APPROVALS:

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03/03/2022

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