



Guidelines for Medical Necessity Determination for Hospital Beds

These Guidelines for Medical Necessity Determination (Guidelines) 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.

Providers should consult MassHealth regulations at 130 CMR 409.000 and 450.000, Subchapter 6 of the *Durable Medical Equipment Manual*, and the *MassHealth DME and Oxygen Payment and Coverage Guidelines Tool* for information about coverage, limitations, service conditions, and prior-authorization requirements. Providers serving members enrolled in a MassHealth-contracted managed care organization (MCO) should refer to the MCO's medical policies for covered services.

MassHealth requires prior authorization for all hospital beds. MassHealth reviews requests for prior authorization on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

Section I. General Information

A hospital bed allows adjustments to head and leg elevation and can accommodate or support special attachments (e.g., traction equipment) that could not be used on an ordinary bed. A hospital bed provides a safe environment for individuals who cannot be accommodated in an ordinary bed. An ordinary bed is typically sold as a furniture item and does not meet the definition of a hospital bed or durable medical equipment (DME) as defined in 130 CMR 409.402. Hospital beds are categorized as follows.

- A **fixed height hospital bed** allows manual adjustments to head and leg elevation but not to height.
- A **variable height hospital bed** allows manual adjustments to height and to head and leg elevation.
- A **semi-electric hospital bed** allows manual adjustments to height and electric adjustments to head and leg elevation.
- A **total electric hospital bed** allows electric adjustments to height and to head and leg elevation.
- A **pediatric hospital bed** may be manual, semi-electric, or total electric and may include a safety device such as a 360 degree side enclosure.
- A **pediatric crib** is a hospital grade bed and may include an added safety enclosure.

MassHealth considers approval for coverage of hospital beds on an individual, case-by-case basis, in accordance with 130 CMR 409.000 and 130 CMR 450.204.

Section II. Clinical Guidelines

A. Clinical Coverage

MassHealth bases its determination of medical necessity for hospital beds on clinical data including, but not limited to, indicators that would affect the relative risks and benefits of the equipment (which may include post-operative recovery). These criteria include, but are not limited to, the following, for each type of hospital bed listed below.

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);
 - b. the member requires positioning the body in ways not feasible with an ordinary bed in order to alleviate pain;
 - 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 only be attached to a hospital bed.
2. A **variable height hospital bed** requires that the member meet one of the criteria for a fixed-height hospital bed and 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 one of the criteria for a fixed-height hospital bed and requires frequent changes in body position and/or may need immediate change in body position and that the member is 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.
5. A **heavy duty, extra wide, hospital bed** requires that the member meet one of the criteria for a fixed-height hospital bed and that the member's weight is more than 350 pounds, but does not exceed 600 pounds.
6. An **extra heavy duty, extra wide hospital bed** requires that the member meet one of the criteria for a fixed-height hospital bed and that the member's weight exceeds 600 pounds.
7. A **pediatric hospital bed or crib (without added safety enclosure)** requires that the member meet the criteria for any of the above-mentioned hospital beds.
8. A **pediatric hospital bed or crib (with added safety enclosure)** requires that all of the following criteria (a-c) are met:
 - a. the member has a medical condition that puts her or him at risk for falling out of or seriously injuring himself/herself while in an ordinary bed or standard hospital bed (for example, cognitive or communication impairment or a severe behavioral disorder);
 - b. the member has a history of behavior involving unsafe mobility (e.g., climbing out of bed) that puts the member at risk for serious injury while in an ordinary bed or standard hospital bed; and
 - c. less costly alternatives (e.g., wearing a protective helmet) were tried and were unsuccessful or contraindicated.

B. Noncoverage

MassHealth does not consider hospital beds to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the following.

1. The bed is used primarily and customarily for a nonmedical purpose and is not considered medical equipment (i.e., an ordinary bed).
2. There is insufficient documentation to establish medical necessity for using a hospital bed for the treatment of a member's illness or injury.
3. The therapeutic benefits of using a hospital bed (e.g., upper body elevation of more than 30 degrees) can be achieved using less costly alternatives (e.g., using pillows or wedges).
4. There is duplication of equipment, i.e., the member already has a hospital bed that meets his/her medical needs.

Section III. Submitting Clinical Documentation

- A.** All hospital beds require prior authorization (PA) from MassHealth. Requests for prior authorization for each type of hospital bed must be accompanied by clinical documentation that supports the medical necessity for the bed, as described below, and must be submitted to MassHealth in accordance with **130 CMR 409.418**. As part of the PA request, the provider of DME must obtain a written prescription and letter of medical necessity signed by the member's prescribing provider. The prescription and letter of medical necessity must meet the requirements at **130 CMR 409.416**. Use the [MassHealth Prescription and Medical Necessity Review Form for Hospital Beds](#) for this purpose. Any additional clinical documentation supporting medical necessity must be submitted with the prior authorization request. Providers are strongly encouraged to submit PA requests electronically, and all information pertinent to the request must be submitted using the Provider Online Service Center (POSC) or by completing a MassHealth Prior Authorization Request form (PA-1) and attaching the documentation. Questions about POSC access should be directed to MassHealth Customer Service at 1-800-841-2900.
- B.** Documentation of medical necessity must include the following for each type of hospital bed listed below.
1. **Fixed-height hospital bed**
Documentation of medical necessity must include a description of one or more of the following (a-d):
 - a. the member's medical condition and justification of the need for a hospital bed for positioning in accordance with Section II(A) above. Documentation must also justify the degree of elevation that is required;
 - b. the type of positioning that is required to alleviate pain and justification of the need for a hospital bed in accordance with Section II(A) above;
 - c. the member's medical condition and explanation of the need for elevation that is greater than 30 degrees. Documentation must also describe attempts at use of pillows or wedges and the results of those attempts; or
 - d. the member's medical condition that necessitates traction or other equipment that can only be attached to a hospital bed. Documentation must specify the equipment to be used, what the equipment is to be used for, and for how long.
 2. **Variable-height hospital bed**
Documentation of medical necessity must include both of the following (a and b):
 - a. documentation of at least 1 of the 4 criteria for a fixed-height hospital bed; and
 - b. description of the medical condition(s) requiring variable height.
 3. **Semi-electric hospital bed**
Documentation of medical necessity must include all of the following (a-c):
 - a. documentation of at least 1 of the 4 criteria for a fixed-height hospital bed;

- b. description of the medical condition(s) requiring frequent and/or immediate need for changing of body position; and
 - c. documentation that the patient is capable of operating the controls independently, including use of adaptive equipment to operate the bed.
- 4. Total electric hospital bed**
Documentation of medical necessity must include both of the following (a and b):
- a. documentation of medical necessity for variable-height hospital bed and semi-electric hospital bed are met; and
 - b. documentation that the total electric hospital bed is the least costly medically appropriate alternative for the member's care.
- 5. Heavy duty, extra wide, hospital bed**
Documentation of medical necessity must include both of the following (a and b):
- a. documentation of at least 1 of the 4 criteria for a fixed-height hospital bed; and
 - b. documentation that the member's weight is more than 350 pounds, but does not exceed 600 pounds.
- 6. Extra, heavy duty, extra wide hospital bed**
Documentation of medical necessity must include both of the following (a and b):
- a. documentation of at least 1 of the 4 criteria for a fixed-height hospital bed; and
 - b. documentation that the member's weight is more than 600 pounds.
- 7. Pediatric hospital bed/crib (without added safety enclosure)**
Documentation of medical necessity must include documentation of the criteria for any of the above-mentioned hospital beds in accordance with Section II(A) above.
- 8. Pediatric hospital bed/crib (with added safety enclosure)**
Documentation of medical necessity must include all of the following (a-d):
- a. documentation of the medical necessity for a pediatric hospital bed or crib in accordance with Section II(A) above;
 - b. description of medical condition and clinical need for a safety enclosure;
 - c. evidence of proven safety risk including documentation of history of behavior involving unsafe mobility and history of injuries or risk that have occurred up to this request; and
 - d. description of less costly alternatives tried and the results.

Select References

Fan JY. Effect of backrest position on intracranial pressure and cerebral perfusion pressure in individuals with brain injury: a systematic review. *J Neurosci Nurs*. 2004 Oct;36(5):278-88.

Hou JY, Reger SI, Sahgal V. Durable Medical Equipment. In: Walsh D, Caraceni AT, Fainsinger R, et al. *Palliative Medicine*. 1st ed. Philadelphia, PA: Saunders Elsevier; 2009.

Johnson KL, Meyenburg T. Physiological rationale and current evidence for therapeutic positioning of critically ill patients. *AACN advanced critical care*. 2009 Jul-Sep;20(3):228-40; quiz 241-2.

Lewarski JS, Gay PC. Current issues in home mechanical ventilation. *Chest*. 2007;132:671-676.

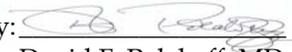
Nelson A, Powell-Cope G, Gavin-Dreschnack D, et al. Technology to promote safe mobility in the elderly. *The Nursing clinics of North America*. 2004 Sep;39(3):649-71.



Tablan OC, Anderson LJ, Besser R, Bridges C, Hajjeh R. Guidelines for preventing health-care-associated pneumonia, 2003: recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee. *MMWR Recomm Rep.* [serial online]. 2004 Mar 26;53(RR-3):1-36. Available from: Centers for Disease Control and Prevention. Accessed December 29, 2009.

These Guidelines are based on review of the medical literature and current practice in Durable Medical Equipment. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals, including DME providers, to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products or services. Some language used in this communication may be unfamiliar to other readers; in this case, contact your health-care provider for guidance or explanation.

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