



Guidelines for Medical Necessity Determination for Hospital Beds

This edition of *Guidelines for Medical Necessity Determination* (Guidelines) identifies 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 Guideline Tool* for information about coverage, limitations, service conditions, and prior-authorization (PA) requirements.

Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), integrated care organization (ICO), senior care organization (SCO), or program of all-inclusive care for the elderly (PACE), should refer to the ACPP's, MCO's, ICO's, SCO's, or PACE's medical policies for covered services.

MassHealth requires PA for all hospital beds. MassHealth reviews requests for PA 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

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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](#).

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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). For each type of hospital bed listed below, these criteria include, but are not limited to, the following.

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.
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 meets 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) be 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 generally useful in the absence of illness, injury or disability (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 or her medical needs.

SECTION III: SUBMITTING CLINICAL DOCUMENTATION

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- A. All hospital beds require PA from MassHealth. Requests for PA 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 PA request. *Providers are strongly encouraged to submit PA requests electronically.* Providers must submit all information using the appropriate Prior Authorization Request Type in the LTSS Provider Portal, or by completing a [MassHealth Prior Authorization Request form](#) and attaching pertinent documentation. If submitting a non-electronic request, the PA-1 form, and any supporting documentation, should be mailed to the address on the back of the PA-1 form. Questions about portal access should be directed to the LTSS Provider Service Center by calling toll-free at (844) 368-5184.

- 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 be attached only 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 one of the four 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 one of the four 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 or, if applicable, documentation indicating the clinical appropriateness of a semi-electric bed for medically complex, neurologically impaired members.

4. 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.

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 one of the four 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 one of the four 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.

CODE LIST

<u>HCPCS</u>	<u>Beds</u>
E0250-E0251	Hospital bed, fixed height, with any type side rails
E0255-E0256	Hospital bed, variable height, hi-lo, with any type side rails
E0260-E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails
E0265-E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails
E0290-E0291	Hospital bed, fixed height, without side rails
E0292-E0293	Hospital bed, variable height, hi-lo, without side rails
E0294-E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails
E0296-E0297	Hospital bed, total electric, (head, foot and height adjustments), without side rails
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure
E0301-E0304	Hospital bed, heavy duty/extra heavy duty (includes codes E0301, E0302, E0303, E0304)
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of head board, foot board and side rails up to 24 inches above the spring, includes mattress
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of head board, foot board and side rails up to 24 inches above spring, includes mattress
	<u>Accessories</u>
E0271-E0272	Mattress
E0273	Bed board
E0274	Over-bed table
E0280	Bed cradle, any type
E0305	Bed side rails, half-length
E0310	Bed side rails, full-length
E0315	Bed accessory: board, table or support device, any type
E0316	Safety enclosure frame/canopy for use with hospital bed, any type
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar
E0911	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar

The previous codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy.

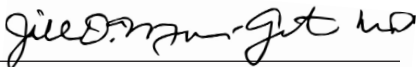
Select References

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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. 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 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 healthcare provider for guidance or explanation.

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Supersedes policy dated December 15, 2010