

	<h2>Hospital Bed Guidelines</h2>	
<p>Guideline # 6183</p>	<p>Categories Clinical → Care Management CM, TCHP Guidelines, Utilization Management UM</p>	<p>This Guideline Applies To: Texas Children's Health Plan</p>
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GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of all Hospital Beds.

DEFINITIONS:

Hospital beds are a specialty bed used primarily in the treatment of individuals with an illness or injury. It must contain the following elements in order to be considered for authorization:

- A headboard
- A footboard
- A mattress
- Side rails of any type (A side rail is defined as a hinged or removable rail, board, or panel of any height.)
- An articulating frame that allows adjustment of the head and foot of the bed

Note: Without all the components listed above, TCHP will not consider a request for any hospital bed

Pediatric Hospital Bed

A pediatric hospital bed or pediatric crib is defined as a fully enclosed bed with all of the following features:

- A bed that allows adjustment of the head and foot of the bed.
- A manual pediatric hospital bed (procedure code E0328) or pediatric crib (procedure code E0300) allows manual adjustment to the head and leg elevation.
- A semi-electric or fully electric hospital bed (procedure code E0329) allows manual or electric adjustments to height and electric adjustments to head and leg elevation.
- A headboard
- A footboard
- A mattress
- Side rails of any type (A side rail is defined as a hinged or removable rail, board, or panel.)

Note: Pediatric hospital beds and pediatric cribs that do not have all of these features will not be considered for prior authorization.

A bed that has side rails that extend 24 inches or less above the mattress is considered a pediatric hospital bed (procedure code E0328 or E0329) and are restricted to members who are 20 years of age and younger.

A bed that has side rails that extend more than 24 inches above the mattress is considered a pediatric crib (procedure code E0300).

A *fixed height hospital bed* is one with manual head and leg elevation adjustments but no height adjustment.

A *variable height hospital bed* is one with manual height adjustment and with manual head and leg elevation adjustments.

A *semi-electric bed* is one with manual height adjustment and with electric head and leg elevation adjustments.

A *total electric bed* is one with electric height adjustment and with electric head and leg elevation adjustments.

An ordinary bed is one that is typically sold as furniture. It consists of a frame, box springs and mattress. It is a fixed height and has no head or leg elevation adjustments. It is normally for use in the absence of illness or injury.

Power or manual lounge beds, like other ordinary beds, are typically sold as furniture and are not considered durable medical equipment or medically necessary as they are used in the absence of illness or injury. The following are examples of lounge beds:

Craftmatic® Adjustable Bed;

Adjust-A-Sleep Adjustable Bed;

Electropedic® Adjustable Bed (Electropedic Beds, Burbank, CA);

Simmons® Beautyrest® Adjustable Bed (Simmons Bedding Company, Norcross, GA);

Adjustable, vibrating beds.

GUIDELINE

1. All requests for prior authorization for Hospital Beds are received via fax, phone or mail by the Utilization Management Department and processed during normal business hours.
2. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the Hospital Bed as an eligible service.
3. To request prior authorization for a Hospital Bed, the following documentation must be provided:
 - 3.1. The diagnosis, medical needs, treatments, developmental level, and functional skills of the member. A diagnosis alone is insufficient information to consider prior authorization of the requested equipment. The following must be submitted:
 - 3.1.1. The age, length or height, and weight of the member.
 - 3.1.2. Functional mobility status
 - 3.1.3. Use of any pressure-reducing support surfaces, if applicable
 - 3.2. A description of any other devices that have been used, the length of time used, and why they were ineffective.

- 3.3. How the requested equipment will correct or ameliorate the member's condition beyond that of a standard crib or regular bed.
 - 3.4. The name of the manufacturer and the manufacturer's suggested retail price (MSRP).
4. Medical necessity for hospital beds:
- 4.1. A fixed height hospital bed or crib is considered medically necessary if at least one of the following criteria are met:
 - 4.1.1. The member has a medical condition that requires positioning of the body in ways not feasible with an ordinary bed, such as to alleviate pain, prevent contractures, promote good body alignment or avoid respiratory infections.
 - 4.1.2. It is necessary to elevate the head of the bed 30 or more degrees most of the time due to, but not limited to, congestive heart failure, chronic pulmonary disease, or problems with aspiration, and alternative measures such as wedges or pillows, have been attempted but have failed to manage the client's medical condition.
 - 4.1.3. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed.
 - 4.1.4. The member requires special attachments, such as traction equipment, that can only be attached to a hospital bed.
 - 4.2. A variable height hospital bed is considered medically necessary if the member meets one or more of the criteria for a fixed height hospital bed and requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair, or standing position. This includes, but is not limited to:
 - 4.2.1. Severe arthritis and other injuries to lower extremities that require the variable height feature to assist in ambulation by enabling the member to place his or her feet on the floor while sitting on the edge of the bed.
 - 4.2.2. Fractured hips or other lower extremity injuries
 - 4.2.3. Spinal cord injuries (including quadriplegia and paraplegia), muscular dystrophies, multiple limb amputations, and stroke, where the client is able to transfer from a bed to a wheelchair with or without help.
 - 4.2.4. Severe cardiac conditions, where the member is able to leave the bed, but must avoid the strain of "jumping" up and down.
 - 4.2.5. Other severely debilitating diseases and conditions if the member requires a bed height different than a fixed-height hospital bed to permit transfers to a chair, wheelchair, or to a standing position.
 - 4.2. A semi-electric hospital bed is considered medically necessary if the individual meets one or more of the criteria for a fixed height bed and requires frequent changes in body position might require an immediate need for a change in body position to avert a life threatening situation.
 - 4.3. Fully-Electric Hospital Bed. A fully-electric bed (procedure code E0265), which allows electric adjustments to height and head and leg elevation, may be considered for prior authorization when all of the following criteria are met:
 - 4.3.1. The member has paraplegia or hemiplegia
 - 4.3.2. The fully-electric hospital bed will allow the member to have functional independence with self-care.

- 4.3.3. Documentation must include an attestation statement from the member's treating physician or physical or occupational therapist that verifies a determination has been made that the fully-electric hospital bed will allow the member to independently meet their daily self-care needs.
- 4.4. A heavy-duty, extra-wide hospital bed is considered medically necessary if the individual meets criteria for a t hospital bed AND the individual's weight is more than 350 pounds, but does not exceed 600 pounds.
- 4.5. An extra heavy-duty, extra wide hospital bed is considered medically necessary if the individual meets criteria for a hospital bed AND the individual's weight exceeds 600 pounds.
- 4.6. An enclosed crib or enclosed bed is considered medically necessary for individuals with seizures, disorientation, vertigo, and similar neurological disorders, when needed for patient safety. It is not considered a benefit when it is used as a restraint or for the convenience of family or caregivers.
 - 4.6.1 Clinical documentation must be provided that states less invasive strategies (i.e., bed rails, bed rail protectors, or environmental modifications) have been tried and have not been successful.
5. Non-covered Items. The following types of beds will not be considered for prior authorization, because they are not considered medically necessary or are inappropriate for use in the home setting:
 - 5.1. Institutional type beds (procedure code E0270).
 - 5.2. An ordinary or standard bed typically sold as furniture (may consist of a frame, box spring, and mattress, and is of fixed height with no head or leg elevation adjustments). These types of beds are not primarily medical in nature, not primarily used in the treatment of disease of injury, and are normally of use in the absence of illness or injury.
 - 5.3. All non-hospital adjustable beds available to the general public as furniture. These types of beds are not primarily medical in nature, not primarily used in the treatment of disease or injury, and are normally of use in the absence of illness or injury. They are a comfort and convenience item.
 - 5.4. Power or manual lounge beds, like other ordinary beds, are typically sold as furniture and are not considered durable medical equipment or medically necessary as they are used in the absence of illness or injury.
 - 5.5. Adjustable, vibrating beds.
 - 5.6. Hospital beds without rails. Side rails are an integral part of a medically necessary bed.
 - 5.7. Beds with rails of any height that do not allow head and foot elevation (e.g., platform beds with rails), and are primarily used to prevent clients from leaving the bed. This types of beds are not primarily medical in nature.
6. Requests for mattresses for pressure sores, replacements of bed rails and frames, and any other hospital bed accessory not specifically identified in this guideline will be subject to the medical policy documented in the current Texas Medicaid Provider Procedures Manual.
7. Requests that do not meet the criteria established by this procedure will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.
8. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the

medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

REFERENCES:**Peer Reviewed Publications:**

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Government Agency, Medical Society, and Other Publications:

Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, Accessed June 17, 2020

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