

	Hospital Bed Guidelines	
Guideline # 6183	Categories Clinical → Care Management CM, TCHP Guidelines, Utilization Management UM	This Guideline Applies To: Texas Children's Health Plan
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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
 - *Allows adjustment of the head and foot of the bed*
- 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.

PRIOR AUTHORIZATION GUIDELINES

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.
 - 3.1.1. The age, length, and weight of the member.
 - 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 any of the following criteria are met:
 - 4.1.1. The individual has a medical condition that requires positioning of the body in ways not feasible with an ordinary bed to alleviate pain, prevent contractures, promote good body alignment or avoid respiratory infections.
 - 4.1.2. The individual requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges must have been considered and ruled out. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed.
 - 4.1.3. The individual 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 individual 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:
 - 4.2.1.1. Severe arthritis;
 - 4.2.1.2. Fractured hips or other lower extremity injuries;
 - 4.2.1.3. Spinal cord injuries;
 - 4.2.1.4. Severe cardiac conditions;
 - 4.2.1.5. Stroke.

- 4.3. 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 or has an immediate need for a change in body position.
 - 4.4. A heavy-duty, extra-wide hospital bed is considered medically necessary if the individual meets one or more of the criteria for a fixed height hospital bed and the individual's weight is more than 350 pounds, but does not exceed 600 pounds.
 - 4.5. An extra heavy-duty hospital bed is considered medically necessary if the individual meets one or more of the 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 neurological disorders, where the individual needs to be restrained to bed. 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. 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.
 6. 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.
 7. 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:**

- Hampton S. Can electric beds aid pressure sore prevention in hospitals? Br J Nurs. 1998; 7(17):1010-1017.

Government Agency, Medical Society, and Other Publications:

- Texas Medicaid Provider Procedures Manual June 2019
http://www.tmhp.com/TMHP_File_Library/Provider_Manuals/TMPPM/2019/Jun_2019%20TMPPM.pdf

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