Hospital Beds

A hospital bed allows adjustments to the head and leg elevation and can support or accommodate special attachments. Ordinary beds are typically sold as furniture and do not meet the definition of a hospital bed or durable medical equipment (DME).

The purpose of these guidelines is to provide detailed coverage criteria for hospital beds and summarizes the types of hospital beds covered and the clinical documentation required to support the medical necessity for each type of hospital bed. These guidelines pertain to adults only in the Medicaid program.

Hospital bed types:

Fixed Height: allows manual adjustment to head and leg elevation but not to height.

Variable Height: allows manual adjustment to head and leg elevation and to height.

Semi electric: allows for manual height adjustment and electric adjustment to head and leg elevation.

Total electric: allows electric adjustments to height, and to head and leg elevation.

Coverage and Payment Policy

Prior authorization is required. All requests for hospital beds require completion and submission of a RI Certificate of Medical Necessity for hospital beds. The DME provider must submit any and all clinical documentation with prior authorization request as necessary.

Coverage Requirements:

These criteria include, but are not limited to, the following for each type of hospital bed listed below:

1. Fixed Height: requires one or more of the following;
    a. Beneficiary has a medical condition that requires positioning the body in ways not feasible with an ordinary bed (elevation of the head or body to 30 degrees or less does not meet this criterion);
    b. Beneficiary requires positioning the body in ways not feasible with an ordinary bed in order to alleviate pain;

   c. Beneficiary requires head or upper body elevation of greater than 30 degrees and pillows or wedges have been tried and failed as a solution;
   d. Beneficiary requires traction or other equipment that can only be applied to a hospital bed.
2. Variable Height: beneficiary meets one of the criteria for a fixed height hospital bed and requires a bed height different from a fixed height hospital bed to permit transfers.
3. Semi-electric: beneficiary meets one of the criteria for a fixed height hospital bed and requires frequent or immediate changes in body position and is able to operate the bed controls.
4. Total electric: beneficiary meets the criteria for a variable height hospital bed and semi-electric hospital bed, and it is the least costly medical alternative.
5. Heavy duty/extra wide: beneficiary must meet one of the criteria for a fixed-height hospital bed and weigh more than 350, but does not exceed 600 pounds.
6. Extra heavy duty/extra wide: beneficiary must meet one of the criteria for a fixed-height hospital bed and weight exceeds 600 pounds.

Enclosed Bed Systems:

An enclosed bed system is a specialized bed that has been manufactured or customized with additional protection and/or enclosure components. These beds can be fully or partially enclosed with zippered mesh panels or fabricated with wooden or metal side panels or side rails with interior padding that may only be opened from the outside, and include other safety components. Other enclosed beds components include those which provide ventilation, manual or electric height adjustability, head and/or lower extremity elevation, and for respiratory and feeding purposes.

Due to the restrictive nature of an enclosed bed use of a specialized bed with protective components should only be considered after it has been determined that all available and less restrictive alternatives have been ineffective in maintaining the safety of the beneficiary. Protective or enclosure beds are medically necessary for individuals especially susceptible to harm from injury by exiting the bed unsafely and are unable to use a less intensive and restrictive alternative. Coverage determinations are based on an individual assessment of the beneficiary and his or her clinical needs.

Enclosed Bed Systems may be considered clinically appropriate when the beneficiary meets all of the following criteria and documentation submitted for review:

1. The beneficiary has one of the following diagnoses:
   a. Traumatic Brain Injury

   b. Cerebral Palsy
   c. Seizure Disorder
   d. Severe Behavioral Disorder, AND
2. There is cognitive and communication impairment, AND
3. There is documentation of medical necessity that includes at least one of the following:
   a. Daily tonic-clonic seizure activity
   b. Uncontrolled perpetual movement related to diagnosis
   c. Self-injurious behavior, such as head banging, where a helmet was tried and failed, AND
4. The person demonstrates unsafe mobility, including mobility that will put the individual at risk for serious injury, not just a possibility of injury (e.g., climbing out of bed, not just standing at the side of the bed) AND
5. There is documentation regarding this person's history of injuries related to this request, AND
6. There is documented evidence of a proven safety risk despite use of multiple, less invasive strategies and less costly alternatives have been tried and demonstrated to be ineffective.

In general, Enclosed Bed Systems are not considered clinically appropriate:

1. For adults who suffer from confusion or dementia
2. When the purpose is to restrain the person due to behavioral conditions

Approved by: _____ Associate Medical Director

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