



**BlueCross BlueShield
of Vermont**

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Corporate Medical Policy

Hospital Beds

File name: Hospital Beds

Origination: 4/18/07

Last Review: 4/07

Next Review: 4/08

Effective Date: 5/2/08

Description

See also the Medical Equipment and Supplies Durable Medical Equipment (DME) BCBSVT medical policy.

Hospital beds may be considered medically necessary when a member's needs cannot be met in a standard bed as outlined in this policy.

Fixed height hospital bed: Manual head and leg elevation adjustments but no height adjustment.

Variable height hospital bed: Manual height adjustment and with manual head and leg elevation adjustments.

Semi-electric hospital bed: Manual height adjustment and with electric head and leg elevation adjustments.

Total electric hospital bed: Electric height adjustment and with electric head and leg elevation adjustments.

Policy

Benefits are subject to all terms, limitations and conditions of the subscriber contract.

Prior approval may be required subject to all terms, limitations and conditions of the subscriber contract.

For New England Health Plan (NEHP) members an approved referral authorization is required.

When service or procedure is covered

The Plan provides benefits for the rental, rental to purchase or purchase of Durable Medical Equipment (DME) based upon medical necessity.

Hospital beds may be considered medically necessary when:

1. The member's condition requires positioning of the body; e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections, in ways not feasible in an ordinary bed; *or*
2. The member 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; *or*
3. The member's condition requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed.

Use of the air fluidized bed is appropriate when all of the following indications are met for patients who:

- are bedridden and are unable to fully or partially ambulate;
- have a stage 3 (full-thickness tissue loss) or stage 4 (deep tissue destruction) pressure sore;
- have exhausted conservative treatment without improvement;
- in the absence of an air fluidized bed, the patient would require institutionalization;
- have a trained adult caregiver available to assist the patient with activities of daily living, fluid balance, dry skin care, repositioning, recognition and management of altered mental status, dietary needs, prescribed treatments, and management and support of the air fluidized bed system and its problems such as leakage;
- have a physician who directs the home treatment regimen, and reevaluates and recertifies the need for the air fluidized bed on a monthly basis;
- have utilized and ruled out all other alternative equipment. Such alternatives include, but are not limited to, gel flotation pads, egg crate mattresses, and pressure pads and pumps.

When service or procedure may not be covered

- *When prior approval is required and not obtained.*
- When the above medical necessity criteria has not been met.
- In addition: home use of the air fluidized bed is **not medically necessary** under any of the following circumstances:
 - the patient requires treatment with wet soaks or has moist wound dressings that are not protected with an impervious covering such as plastic wrap;
 - the caregiver is unable to provide the type of care required by the patient on an air fluidized bed;
 - structural support is inadequate to support the weight of the air fluidized system (it weighs 1600 pounds or more);
 - the home electrical system is insufficient for the anticipated increase in energy consumption.

Information required (if plan approval required)

1. Detailed clinical summary from a physician including, but not limited to, member's diagnosis, summary of hospital stay if applicable, prognosis, description of disabilities requiring the functions of a hospital bed.
2. Anticipated length of time bed will be needed.
3. HCPCS code, and monthly rental and purchase price.

Billing and Coding/Physician Documentation Information

See Attachment I

Eligible Providers

Medical Equipment and Supplies Durable Medical Equipment (DME) providers

Policy Implementation/Update information

Reviewed by CAC 7/07

3/08 Annual review. Naturopathic Physician added as eligible provider. Reviewed by CAC 5/08.

Scientific Background and Reference Resources

Blue Cross and Blue Shield Association Medical Policy, Air Fluidized Beds 1.01.01

A search of literature was completed through the MEDLINE database for the period of January 1992 through April 1995. The search strategy focused on references containing the following Medical Subject Headings:

- Decubitus
- Prevention and Control

Research was limited to English-language journals on humans.

See also:

Medicare Guidelines for Air Fluidized Bed

Approved by BCBSVT Medical Director Date Approved

Stephen E. Perkins M.D.

Attachment 1
Hospital Beds

Hospital Beds		
	<u>E0194</u>	<u>Air fluidized bed</u>
	<u>E0196</u>	<u>Gel pressure mattress</u>
	<u>E0197</u>	<u>Air pressure pad for a mattress</u>
	<u>E0250</u>	<u>Hospital bed fixed height with mattress and any type side rails</u>
	<u>E0251</u>	<u>Hospital bed fixed height without mattress and any type side rails</u>
	<u>E0255</u>	<u>Hospital bed variable height with mattress</u>
	<u>E0256</u>	<u>Hospital bed variable height without mattress</u>
	<u>E0260</u>	<u>Hospital bed semi electric with mattress</u>
	<u>E0261</u>	<u>Hospital bed semi electric without mattress</u>
	<u>E0265</u>	<u>Hospital bed total electric with mattress</u>
	<u>E0266</u>	<u>Hospital bed total electric without mattress</u>
	<u>E0270</u>	<u>Hospital bed institutional type with oscillating/circulating and stryker frame with mattress</u>
	<u>E0271</u>	<u>Mattress innerspring</u>
	<u>E0272</u>	<u>Foam rubber mattress</u>
	<u>E0277</u>	<u>Powered pressure reducing air mattress</u>
	<u>E0290-E0297</u>	<u>Hospital beds</u>
	<u>E0300</u>	<u>Pediatric crib hospital grade fully enclosed</u>
	<u>E0302-E0304</u>	<u>Heavy duty hospital beds</u>
	<u>E0371, E0373</u>	<u>Non power pressure reducing mattress</u>
	<u>E0328</u>	<u>Hospital bed, pediatric manual</u>
	<u>E0329</u>	<u>Hospital bed, pediatric electric or semi-electric</u>
	<u>E0372</u>	<u>Powered air overlay for a mattress</u>