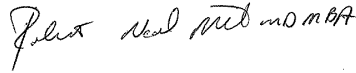


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Developed By: Medical Criteria Committee	



Approved:

Neal Mills MD, MBA

Date: 3/15/2011

Description:

The term hospital bed applies to a type of bed that is adjustable to suit the particular needs of a patient.

There are four main categories of hospital beds:

1. **Manual, fixed height:** the bed has adjustable head and foot elevations, which are manipulated by using the hand appliance (usually a crank), but does not have an adjustment for the height of the bed. Side rails can be added for safety.
2. **Manual, variable height:** in addition to the ability to adjust the head and foot elevation, one can also adjust the overall height of the bed by using a hand appliance (usually a crank).
3. **Semi-Electric:** has the ability to adjust the head and foot elevations by using electric controls, but the height of the bed is adjusted by hand appliance (usually a crank).
4. **Total Electric:** has the ability to adjust all functions of the bed, head and foot elevations and height of the bed with use of electric controls.
5. **Heavy Duty:** is designed to accommodate patients that weigh more than 350 pounds

Criteria:

Note: Coverage for hospital beds and accessories is subject to plan benefits and limitations for durable medical equipment (DME). Refer to applicable plan handbook for specific benefit information.

Manual, fixed height bed will be covered to plan limitations when **one or more** of the following indications are present and expected to last for at least 30 days:

1. The patient requires positioning in ways that cannot be accomplished in an ordinary bed. This may be due to treatment options, pain control, presence of contractures, or post-operative positioning; or
2. The patient requires the head of the bed to be elevated more than 30 degrees most of the time due to a medical condition (i.e. congestive heart failure, chronic pulmonary disease or problems with aspiration). Other methods of elevating the head of the bed (i.e. pillows or wedges) have been unsuccessful or have been found impractical for reasons other than convenience; or
3. The patient requires the use of equipment that has been designed for use in conjunction with a hospital bed, such as traction.

Manual, variable height bed will be covered to plan limitations when **all** of the following indications are present:

1. One or more of the above indications for a manual fixed height bed are met; and
2. The patient requires a bed height different from that provided by the standard fixed height bed, such as for transfers to a chair or wheelchair or to assist the patient in assuming a standing position

Semi-Electric bed will be covered to plan limitation when **all** of the following indications are present:

1. One or more of the above indications for a manual fixed height bed are met; and
2. The patient requires frequent changes in position or, due to body size, structure or level of consciousness, the patient is difficult to move or reposition and may not be able to assist in repositioning.

Total electric bed will be covered to plan limitations when case-by-case review indicates medical necessity based on unique and/or extreme circumstances. Authorization is always required.

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Heavy duty bed will be covered to plan limitations when **all** of the following indications are present:

1. One or more of the above indications for a manual fixed height bed are met; and
2. The patient weighs more than 350 pounds, but less than 600 pounds.

Extra heavy duty bed will be covered to plan limitations when all of the following indications are present:

1. One or more of the above indications for a manual fixed height bed are met; and
2. The patient weighs more than 600 pounds.

Hospital Bed Accessories:

1. Trapeze bar may be covered to plan limitations when the patient is unable to assume a sitting position independently due to a medical condition, and/or to change position for any other medical reason.
2. Side rails may be covered to plan limitations if the patient is considered to be at risk for safety issues or, if the rails are an integral part of the bed.
3. Innerspring mattress or foam rubber mattress may be covered to plan limitations as a replacement for a hospital bed owned by the patient, or to accommodate unusual medical conditions. These will be reviewed on a case-by-case basis.
4. A bed cradle may be covered to plan limitations for a patient who has a condition which requires freedom from weight of linen or non contact with linen, such as burns, gouty arthritis, skin ulcerations or infection.
5. Hospital beds with built-in scales are considered medically necessary only for non-ambulatory individuals who require frequent weight measurements.

Non-covered items:

1. Beds, mattresses, and/or supplies provided by a non-DME supplier. This includes all nonhospital adjustable beds (i.e. Craftmatic Adjustable Bed, Adjust-A-Sleep Adjustable Bed, Simmons Beauty rest Adjustable Bed, etc).
2. Institutional-type beds are not appropriate for home use. These include oscillating beds, springbase beds, circulating beds, cage beds, and stryker frame beds.
3. Bed boards
4. Over-bed tables and trays are considered a convenience item and not medically necessary as their use is not primarily medical in nature.
5. Bed elevators (i.e. blocks, lifters)
6. Bed rail pads
7. Bed wedges/pillows
8. Call switches
9. Water beds
10. Safety accessories such as bed enclosures or canopies

Information to be Submitted with Pre-Authorization Request:

1. Chart notes from the treating physician
2. Diagnosis and expected length of duration for use of the hospital bed
3. Supporting information, which may determine the type of bed and/or accessories required

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