



HOSPITAL AND SPECIALTY BEDS

BRIEF COVERAGE STATEMENT

A hospital bed is defined as a single bed with a frame in three sections, so that the head or middle or foot can be raised as required.

A specialty bed is defined as a pediatric or non-traditional hospital bed.

SERVICES ADRESSED IN OTHER STANDARDS

- Mattresses and Overlays

ELIGIBLE PROVIDERS

RENDERING PROVIDERS

Providers who may supply hospital or specialty beds include:

- Accredited Durable Medical Equipment (DME) Suppliers enrolled with Colorado Medicaid.

PRESCRIBING PROVIDERS

Providers who can prescribe hospital or specialty beds include:

- Doctors of Medicine (MD)
- Doctors of Osteopathy (DO)
- Physician Assistants; and
- Advanced Practice Nurse

ELIGIBLE PLACE OF SERVICE

- Client's place of residence

ELIGIBLE CLIENTS

Each client must be individually assessed for risk, including the possibility of entrapment, prior to prescription. The bed prescribed must be appropriate for the client's size and diagnosis.

Clients who cannot physically or safely use a conventional bed, are eligible to receive a hospital or specialty bed medically necessary for one or more of the following reasons:

- The client's condition requires positioning of the body in ways not feasible in a conventional bed; e.g., to alleviate pain, promote good body alignment, prevent contractures, or avoid respiratory infections; or



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- The client's condition requires the elevation of the head of the bed higher than 30 degrees a majority of the time due to illnesses such as congestive heart failure, chronic pulmonary disease, or other medical conditions; or
- The client's condition requires special attachments that cannot be affixed to - and used on - a conventional bed.

SPECIAL PROVISION: EXCEPTION TO POLICY LIMITATIONS FOR CLIENTS AGED 20 AND YOUNGER

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid program that requires the state Medicaid agency to cover services, products, or procedures for Medicaid clients ages 20 and younger if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition (health problem) identified through a screening examination (includes any evaluation by a physician or other licensed clinician). EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure that is

- Unsafe, ineffective, or experimental/investigational.
- Not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

COVERED SERVICES

STANDARD BEDS

- The client has symptoms of such severity and frequency that the condition necessitates a hospital bed for positioning versus fixed attachments used on a conventional bed.
- May include fixed or variable height options.
- The prescription must establish medical necessity, as described in the Eligible Clients section of this standard, and include a description of the medical condition addressed by the equipment prescribed (e.g. cardiac disease, chronic obstructive lung disease, quadriplegia, etc).



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SEMI-ELECTRIC BED

- Must meet above Standard Bed requirements; **and**
- The client has functional limitations that precludes use of a conventional bed or a Standard Bed; **and**
- The client's judgment and skill level must be adequate to operate the controls; **and**
- The caregiver must have the physical ability to operate a manual bed.

TOTAL ELECTRIC BED

- All beds in this section must be appropriate for the size of the client; **and**
- Must meet above Semi-Electric Bed requirements; **and**
- A significant amount of care must be provided by a caregiver to the client in bed; **and**
- A change of bed height is required at least once a day to enable the caregiver to assist with client care; **and**
- The caregiver is physically unable to change bed height manually.

HEAVY DUTY AND EXTRA-HEAVY DUTY, EXTRA WIDE BED

- Must meet above Standard Bed requirements; **and**
- The client's weight must exceed the weight-limit for a Standard Bed.
- If the client's weight is greater than 350 pounds, but less than or equal to 600 pounds, a heavy duty bed may be prescribed ; **or**
- If the client's weight is greater than 600 pounds, an extra-heavy duty bed may be prescribed.

PEDIATRIC BED (MANUAL)

- Must meet above Standard Bed requirements; **and**
- Bed size must be appropriate to meet the recipient's needs over the next 5 years.

PEDIATRIC BED (SEMI-ELECTRIC)

- Must meet above Pediatric Bed (Manual) requirements; **and**
- Either the client or the caregiver has sufficient judgment to operate the controls; **and**
- There are functional limitations on the part of the recipient and the caregiver that preclude the use of a manual hospital bed.

PEDIATRIC BED (ELECTRIC)

- Must meet above Pediatric Bed (Semi-Electric) requirements **and**;
- A significant amount of care must be provided by a caregiver to the client in bed; **and**
- A change in height is required at least once a day to enable the caregiver to assist with client care; **and**
- The caregiver is physically unable to change the bed height manually.

SPECIALTY BEDS

POWERED AIR FLOTATION SPECIALTY BED



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- Client must meet above Standard Bed requirements; and
- Client must meet the criteria for a pressure release mattress as specified in the Mattresses and Overlays Benefit Coverage Standard.
- Requires completion of both Questionnaire 1 and 2 (see Appendices below).

BED CRADLE

- Client must meet criteria for a Standard Bed.

PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED

- Client must meet above Standard Bed requirements; **and**
- Be younger than 4 years of age (certain exceptions may be made on a case-by-case basis).

ROCKING BED

- Client must meet above Standard Bed requirements.
- This product is rental only.

NON-COVERED SERVICES

- Any conventional bed (i.e. home furniture bed), consisting of a frame, box spring and mattress.

Any item not designated for use as a hospital bed or specialty bed is not considered durable medical equipment and is not covered by Colorado Medicaid.

PRIOR AUTHORIZATION REQUIREMENTS

A Prior Authorization Request (PAR) for a hospital or specialty bed must include the manufacturer make and model of the equipment.

- PARs for hospital and specialty beds must include Questionnaire 1 (see Appendices below).
- All customized items must be identified and justified.

Always refer to the current Colorado Medical Assistance Program Supply and Durable Medical Equipment (DME) Billing Manual for PAR requirements.

BILLING

- All requirements for client eligibility and proper claim submission must be met before reimbursement will be made.
- The provider is responsible for verifying the client's eligibility status on the date of service and securing appropriate primary care physician authorizations and billing information.
- If the PAR does not identify special billing instructions, claim can be billed electronically.
- Beds that include side rails and a mattress are not eligible for a separate claim for mattress or side rails.



- Bed rails and mattress may not be requested if a client does not meet the requirements for a hospital bed.
- Requests for accessories and replacement parts and attachments must be sent to the Colorado Medicaid fiscal agent.

For complete billing instructions please refer to the provider services DME Billing Manual.

DEFINITIONS

TERM	DEFINITION
Fixed height hospital bed	A bed with manual head and leg elevation adjustments but no height adjustment.
Variable height hospital bed	A bed with manual height adjustment and with manual head and leg elevation adjustments.
Semi-electric hospital bed	A bed with manual height adjustment and with electric head and leg elevation adjustments.
Total electric hospital bed	A bed equipped with electric height adjustment and electric head and leg elevation adjustments.
Heavy-duty, extra wide hospital bed	A bed capable of supporting a client who weighs more than 350 pounds but no more than 600 pounds.
Extra heavy-duty hospital bed	A bed capable of supporting a client who weighs more than 600 pounds.



REFERENCES

2009 Texas Medicaid Provider Procedures Manual Policy 24.4.27-24.4.27.10

Kansas Health Policy Authority (KHPA) Medical Assistance Program Provider Manual DME

Minnesota Department of Human Services MHCP Provider Manual Equipment and Supplies
Rev. 02-17-2010

North Carolina Division of Medical Assistance Durable Medical Equipment Clinical Coverage
Policy #5A 10-30-2009

BlueCross BlueShield of North Carolina, Corporate Medical Policy, Power operated vehicles,
DME0230, 6/2008

www.medicare.gov/coverage ; May 8, 2009; Medicare Coverage information

<http://www.cms.gov/mcd/view> ; NCD for Hospital Beds (280.7), publication number 100-3,
manual section number 280.7

APPENDIX A

Questionnaire 1

APPENDIX B

Questionnaire 2