Hospital Bed Benefit to Change for Home Health
Effective March 1, 2013
Information posted January 11, 2013

Effective for dates of service on or after March 1, 2013, benefit criteria for hospital beds will change for home health services.

A hospital bed is defined as a medical device with all of the following features:

- An articulating frame that allows adjustment of the head and foot of the bed
- A headboard
- A footboard
- A mattress
- Side rails of any type (A side rail is defined as a hinged or removable rail, board, or panel of any height.)

Hospital beds that do not have all of these features will not be considered for prior authorization.

Prior authorization requests for any type of hospital bed that is for the convenience of a caregiver will not be approved.

Fixed-Height Hospital Bed
A fixed-height hospital bed (procedure code E0250), which allows manual adjustment to the head and leg elevation but not height may be considered for prior authorization if at least one of the following criteria exists:

- The client’s medical condition requires positioning of the body in ways that are not feasible in an ordinary bed.
- The client’s medical condition requires special positioning to alleviate pain.
- It is necessary to elevate the head of the bed 30 or more degrees most of the time due to, but not limited to, congestive heart failure, chronic pulmonary disease, or problems with aspiration, and alternative measures such as wedges or pillows, have been attempted but have failed to manage the client’s medical condition.  
  
  **Note:** Texas Medicaid defines a failed measure as having no clinically significant improvement after being introduced.

- The client requires traction equipment that can only be attached to a hospital bed.

Variable-Height Hospital Bed
A variable-height hospital bed (procedure code E0255), which allows manual adjustments to height as well as to head and leg elevations, may be considered for prior authorization if the client meets the criteria for a fixed-height hospital bed and requires a bed height that is different from a fixed-height hospital bed to permit transfers in and out of the bed to a chair or wheelchair or to a standing position. Medical conditions that require a variable-height hospital bed include, but are not limited to, the following:
• Severe arthritis and other injuries to lower extremities that require the variable height feature to assist in ambulation by enabling the client to place his or her feet on the floor while sitting on the edge of the bed.

• Severe cardiac conditions, where the client is able to leave the bed, but must avoid the strain of “jumping” up and down.

• Spinal cord injuries (including quadriplegia and paraplegia), multiple limb amputations, and stroke, where the client is able to transfer from a bed to a wheelchair with or without help.

• Other severely debilitating diseases and conditions if the client requires a bed height different than a fixed-height hospital bed to permit transfers to a chair, wheelchair, or to a standing position.

**Semi-Electric Hospital Bed**

A semi-electric hospital bed (procedure code E0260), which allows manual adjustments to height and electric adjustments to head and leg elevation, may be considered for prior authorization if the client meets the criteria for a fixed-height hospital bed and has a condition that requires frequent changes in body position or might require an immediate change in body position to avert a life-threatening situation.

**Fully-Electric Hospital Bed**

A fully-electric hospital bed (procedure code E0265), which allows electric adjustments to height and head and leg elevation, may be considered for prior authorization when all of the following criteria are met:

- The client has paraplegia or hemiplegia.
- The fully-electric hospital bed will allow the client to have functional independence with self-care.

Documentation must include an attestation statement from the client’s physician or physical or occupational therapist that verifies a determination has been made that the fully-electric hospital bed will allow the client to independently meet their daily self-care needs.

**Accessories**

A mattress of any size with innerspring may be considered for prior authorization with procedure code E0271.

Replacement rails and hospital bed frame padding or covers may be considered for prior authorization as a hospital bed accessory (procedure code E0315) with documentation that the padding, covers, or rails are required to prevent injury (for example, related to seizure activity) or to prevent entrapment.

**Non-covered Beds**

The following types of beds will not be considered for prior authorization, because they are not considered medically necessary or are inappropriate for use in the home setting:

- Institutional type beds (procedure code E0270).
• An ordinary or standard bed typically sold as furniture (may consist of a frame, box spring, and mattress, and is of fixed height with no head or leg elevation adjustments.) These types of beds are not primarily medical in nature, not primarily used in the treatment of disease or injury, and are normally of use in the absence of illness or injury. They are not considered durable medical equipment (DME) by Texas Medicaid.

• All non-hospital adjustable beds available to the general public as furniture. These types of beds are not primarily medical in nature, not primarily used in the treatment of disease or injury, and are normally of use in the absence of illness or injury. They are a comfort and convenience item and are not considered DME by Texas Medicaid.

• Hospital beds without rails. Texas Medicaid considers side rails an integral part of a medically necessary bed.

• Beds with rails of any height that do not allow head and foot elevation (e.g., platform beds with rails), and are primarily used to prevent clients from leaving the bed. These types of beds are not primarily medical in nature.

For more information, call the TMHP Contact Center at 1-800-925-9126.