



Medical Pre-certification Criteria

Medical Procedure Class:	Semi-Electric Hospital Beds - E0260, E0261, E0294, E0295
Implementation Date:	December 27, 2007

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose:	To allow a consistent and streamlined authorization process for semi-electric hospital beds.	
Why was this Issue Selected:	Senate Bill 577 passed by the 94 th General Assembly directs the MO HealthNet Division to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.	
Procedures Subject To Pre-certification	<p>E0260: Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress</p> <p>E0261: Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress</p> <p>E0294: Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress</p> <p>E0295: Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress.</p>	
Setting & Population:	All MO HealthNet fee-for-service participants.	
Type of Criteria:	<input type="checkbox"/> Increased risk of ADE <input type="checkbox"/> Appropriate Indications	<input checked="" type="checkbox"/> Non-Preferred Agent <input checked="" type="checkbox"/> Medicare
Data Sources:	<input checked="" type="checkbox"/> Medicare LCD	<input checked="" type="checkbox"/> Databases + Prescriber-supplied

Setting & Population

- Procedure Group for review: Semi-Electric Hospital Beds
- Age range: All MO HealthNet eligible fee for service participants.

Approval Criteria

Approval Diagnoses (Appendix A)

Condition	Submitted ICD-9 Diagnoses	Date Range	Client Approval (Initials)
Congestive heart failure, chronic pulmonary disease, problems with aspiration or cerebral palsy	398.91, 428.xx, 11.xx-11.56, 277.0x, 416.xx, 490.xx-518.89, 748.4-770.70, 150.xx, 230.1, 519.xx, 530-531.1, 787.2, V440, V550, 767.4, 806.xx, 907.2, 952.xx, 436.xx-438.90, 997.02, 343.xx	Past 24 months	

- Pt. has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed and requires head/upper body positioning of 30 degrees or more; or
- Pt. requires the head/upper body to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, problems with aspiration or cerebral palsy. or
- Pt. requires positioning of body in ways not feasible with an ordinary bed in order to alleviate pain; and
- Pillows and/or wedges for positioning have been tried and/or ruled out and patient requires frequent changes in body position and/or has an immediate need for a change in body position.

Denial Criteria

- Pt. does not meet diagnosis or condition approval criteria for hospital bed.
- Pt. has diagnosis of congestive heart failure, chronic pulmonary disease, problems with aspiration or cerebral palsy but does not require special positioning or bed elevation of 30 degrees or more.
- Pillows and/or wedges have not been tried or ruled out.
- Patient does not require frequent changes in body position nor does the patient have an immediate need for a change in body position.
- Claim history includes dispensing of a Hospital Bed in the past 5 years.

Approval Period

- Rental: duration of need 0-11 months
- Purchase: duration of need 12 months or more

Appendix A: Possible Step 1 and Step 2 Questions

****The following questions may be encountered as part of the approval and denial criteria. Depending on the patient's history and the way previous questions may be answered, not every question may be asked for every patient and may not be encountered in the exact order below.**

1. Does the patient's medical record document one of these diagnoses?
2. Does the patient require positioning in ways not feasible with an ordinary bed due to a medical condition?
3. Does the patient require positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain?
4. Does the patient require upper body elevation of ≥ 30 degrees?
5. Does the patient's medical record reflect that the patient has tried and/or ruled out pillows and/or wedges for positioning?
6. Does the patient require frequent changes in body position and/or have an immediate need for a change in body position?
7. What is the duration of need? _____ (Fill in value)