



Physician and Durable Medical Equipment

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HOSPITAL BEDS CRITERIA

Effective for dates of services on or after December 27, 2007, the following criteria applies to coverage of manual and semi-electric hospital beds.

Manual Hospital Beds

Manual, fixed height hospital beds are covered if pillows and/or wedges for positioning have been tried and/or ruled out (reason must be documented in the participant record) **and** one of the following criteria is met:

1. Participant has a diagnosis of congestive heart failure, chronic pulmonary disease or problems with aspiration and the requires head/upper body elevation of at least 30 degrees; **or**
2. Participant requires positioning in ways not feasible with an ordinary bed due to a medical condition and requires head and upper body elevation of at least 30 degrees; **or**
3. Participant requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.

A manual, variable height hospital bed is covered if the criteria for a manual, fixed height hospital bed is met and the participant requires a bed height different than a fixed height to permit transfers to a chair, wheelchair or standing position.

Semi-Electric Hospital Beds

A semi-electric hospital bed is covered if the patient meets one of the criteria for a fixed height bed and requires frequent changes in body position and/or has an immediate need for a change in body position.

Total Electric Hospital Bed

Effective December 27, 2007, a total electric hospital bed will no longer be covered by MO HealthNet. The height adjustment feature of a total electric hospital bed is a convenience feature.

MO HEALTHNET MAXIMUM ALLOWABLE AMOUNT CHANGES – HOSPITAL BEDS

The following MO HealthNet Maximum Allowable Amounts are effective for dates of services on or after December 27, 2007:

HCCPS CODE	MODIFIER	DESCRIPTION	MAXIMUM ALLOWABLE
E0250	NU	Hospital Bed, fixed height, with any type side rails, with mattress	\$1,026.48
E0250	RR	Hospital Bed, fixed height, with any type side rails, with mattress	\$85.54
E0251	NU	Hospital Bed, fixed height, with any type side rails, without mattress	\$777.84
E0251	RR	Hospital Bed, fixed height, with any type side rails, without mattress	\$64.82
E0255	NU	Hospital Bed, variable height, hi-lo, with any type of side rails, with mattress	\$1,048.53
E0255	RR	Hospital Bed, variable height, hi-lo, with any type of side rails, with mattress	\$87.38
E0256	NU	Hospital bed, variable height, hi-lo, with any type of side rails, without mattress	\$743.93
E0256	RR	Hospital bed, variable height, hi-lo, with any type of side rails, without mattress	\$61.99
E0260	NU	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	\$1474.83
E0260	RR	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	\$122.90
E0261	NU	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	\$1,222.20

HCPGS CODE	MODIFIER	DESCRIPTION	MAXIMUM ALLOWABLE
E0261	RR	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	\$101.85
E0290	NU	Hospital bed, fixed height, without side rails, with mattress	\$667.07
E0290	RR	Hospital bed, fixed height, without side rails, with mattress	\$55.59
E0291	NU	Hospital bed, fixed height, without side rails, without mattress	\$484.68
E0291	RR	Hospital bed, fixed height, without side rails, without mattress	\$40.39
E0292	NU	Hospital bed, hi-lo, without side rails, with mattress	\$800.21
E0292	RR	Hospital bed, hi-lo, without side rails, with mattress	\$66.68
E0293	NU	Hospital bed, hi-lo, without side rails, without mattress	\$638.19
E0293	RR	Hospital bed, hi-lo, without side rails, without mattress	\$53.18
E0294	NU	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	\$1,166.03
E0294	RR	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	\$97.17
E0295	NU	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	\$1,136.63
E0295	RR	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	\$94.72

PRE-CERTIFICATION REQUIREMENT

The MO HealthNet Division (MHD) is implementing pre-certification (Smart PA™) requirements for additional durable medical equipment (DME) services. Pre-certification serves as a utilization management tool, allowing payment for services that are medically necessary, appropriate and cost-effective without compromising the quality of care to MO HealthNet participants. Effective for dates of service on or after December 27, 2007, the manual hospital bed and semi-electric hospital bed codes listed in the above table will require pre-certification for all MO HealthNet participants.

Requests must meet medical criteria established by the MHD in order to be approved. These medical criteria can be referenced in the [clinical edit criteria](#) for manual hospital beds and semi-electric hospital beds posted on the [MHD Web site](#).>

CONVERSION OF APPROVED CERTIFICATES OF MEDICAL NECESSITY AND PRIOR AUTHORIZATION REQUESTS

Manual and semi-electric hospital beds currently require either an approved Certificate of Medical Necessity (CMN) form or prior authorization request for reimbursement of services. CMN and prior authorization requests that are submitted and approved prior to December 27, 2007 will be converted to a pre-certification effective December 27, 2007. A new pre-certification will not be required until the expiration date of the approved CMN or prior authorization request. An approved CMN is valid for 6 months from the prescription date. A prior authorization is valid for the dates indicated on the disposition letter.

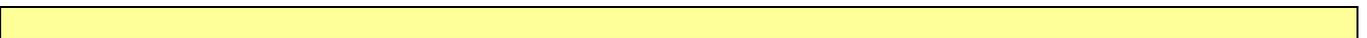
INITIATING PRE-CERTIFICATION REQUESTS FOR DME

Pre-certification of DME is a two-step process. Requests for pre-certification must be initiated by enrolled MO HealthNet providers who write prescriptions for items covered under the DME Program. Authorized DME prescribers include physicians or nurse practitioners who have a collaborative practice agreement with a physician that allows for prescription of such items. The enrolled DME provider will access the pre-certification initiated by the prescriber to complete the second step of the pre-certification process. All requests must be approved by the MHD.

Providers are encouraged to sign up for the new MO HealthNet Web tool – [CyberAccessSM](#) – which automates the pre-certification process. To become a CyberAccessSM user, contact the ACS-Heritage help desk at 1-888-581-9797 or 573-632-9797 or send an e-mail to [MOHealthNetCyberaccessSM@heritage-info.com](mailto:MOHealthNetCyberaccess@heritage-info.com). The CyberAccessSM tool allows each pre-certification to automatically reference the individual recipient's claim history, including ICD-9 diagnosis codes and procedure codes. Requests for pre-certification will also be taken by the MO HealthNet call center at 800-392-8030. Requests for pre-certification must meet medical criteria established by the MHD in order to be approved. [Medical criteria](#) is published in [provider bulletins](#) and posted on the MHD [Web site](#) prior to implementation. If a pre-certification request submitted through CyberAccessSM is denied, providers may click on the box to have a MO HealthNet call center representative contact them. The call center is available Monday through Friday, from 8:00 am to 5:00 pm, excluding state holidays.

PLEASE NOTE: An approved pre-certification request does not guarantee payment. The provider must verify participant eligibility on the date of service using the Interactive Voice Response (IVR) System at (573) 635-8908 or by logging the MO HealthNet [Web portal](#). For participants residing in a nursing home, hospital beds are included as part of the nursing home per diem rate and are not reimbursed separately.

Please continue to monitor the [MHD Web site](#) for updates on this process.



Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin site.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Website at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via e-mail.

Mo HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One.

Provider Communications Hotline

573-751-2896