



Medical Pre-certification Criteria

Medical Procedure Class:	Manual Hospital Beds - E0250, E0251, E0255, E0256, E0290, E0291, E0292, E0293
Implementation Date:	December 27, 2007

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose:	To allow a consistent and streamlined authorization process for manual 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	E0250: Hospital Bed, fixed height, with any type side rails, with mattress E0251: Hospital Bed, fixed height, with any type side rails, without mattress E0255: Hospital Bed, variable height, hi-lo, with any type of side rails, with mattress E0256: Hospital bed, variable height, hi-lo, with any type of side rails, without mattress E0290: Hospital bed, fixed height, without side rails, with mattress E0291: Hospital bed, fixed height, without side rails, without mattress E0292: Hospital bed, hi-lo, without side rails, with mattress E0293: Hospital bed, hi-lo, without side rails, without mattress.	
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: Manual Hospital Beds
- Age range: All MO HealthNet eligible 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	

Fixed Height Hospital Bed (E0250, E0251, E0290, E0291)

- Pt. has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed and requires head/upper body elevation 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 (See **Appendix A** for approval diagnosis codes), 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 of head have been tried and/or ruled out.

Variable Height Hospital Bed (E0255, E0256, E0292, E0293)

- Patient meets one of the criteria for a fixed height hospital bed and requires a **variable** bed height other than fixed height to permit transfers to chair, wheelchair or standing position.

Denial Criteria

- Pt. fails to meet fixed height hospital bed approval criteria for diagnosis or condition.
- 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.
- 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 pt. have a medical condition which requires positioning in ways not feasible with an ordinary bed?
3. Does the pt. require head/upper body elevation of ≥ 30 degrees?
4. Does the patient require positioning of the body in ways not feasible with an ordinary bed, in order to alleviate pain,?
5. Does the patient's medical record contain documentation that pillows and/or wedges have been tried for positioning and/or ruled out?
6. Does the patient require an adjustable bed height to permit transfers to chair, wheelchair or standing position?
7. What is the duration of need?(Fill in)_____