MO HealthNet PA Criteria

Medical Procedure Class:	**Semi-Electric Hospital Beds** - E0260RR, E0261RR, E0294RR, E0295RR
Implementation Date:	**August 1, 2018**
Prepared for:	**MO HealthNet**
Prepared by:	**Conduent Business Services, LLC**

☐ **New Criteria**   ☐ **Revision of Existing Criteria**

Executive Summary

Purpose:	To allow a more consistent and streamlined process for authorization of Hospital Beds.

Why was this Issue Selected:	Senate Bill 577 passed by the 94th 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	E0260RR: Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress E0261RR: Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress E0294RR: Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress E0295RR: Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress.

Setting & Population:	All MO HealthNet fee-for-service participants.

Type of Criteria:	☐ **Increased risk of ADE** ☐ **Appropriate Indications**	☒ **Non-Preferred Agent** ☒ **Medicare**

Data Sources:	☒ **Medicare LCD**	☒ **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 (See Appendix A for Codes)	
Condition	**Date Range**
Congestive heart failure, chronic pulmonary disease, problems with aspiration or cerebral palsy	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: Physician specified length of need up to purchase price (12 months of rental payments for E0261, E0294, and E0295) (22 months of rental payments for E0260)

Appendix A: Approval Procedure Codes and Diagnoses

Appendix A Manual
Hospital Bed.docx

Appendix B: Potential Questions for Step 1 and Step 2

**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.

- **Does the patient's medical record document one of these diagnoses?**

- **Does the patient require positioning in ways not feasible with an ordinary bed due to a medical condition?**

- **Does the patient require positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain?**

- **Does the patient require upper body elevation of $\geq$ 30 degrees?**

- **Does the patient's medical record reflect that the patient has tried and/or ruled out pillows and/or wedges for positioning?**

- **Does the patient require frequent changes in body position and/or have an immediate need for a change in body position?**

- **What is the duration of need? _____ (Fill in value)**