

**NEW YORK STATE MEDICAID**  
**HOSPITAL BED GUIDELINES**

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<b>Introduction</b>	<b>1</b>
<b>General Definitions</b>	<b>1</b>
<b>Criteria for Coverage</b>	<b>2</b>
<b>Non-Covered Indications</b>	<b>4</b>
<b>General Requirements</b>	<b>4</b>

## **Introduction**

The purpose of these guidelines is to provide detailed coverage criteria for hospital beds and accessories to all stakeholders so that medically necessary equipment is provided to Medicaid beneficiaries in a timely manner. These guidelines are the product of extensive collaboration with practitioners, therapists, medical equipment providers, advocates and NYS Medicaid medical review staff and are the basis of compliance with applicable Medicaid policies. Written comments and feedback on this document may be directed to:

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## **I. General Definitions**

1. 18 NYCRR 505.5, states that durable medical equipment (DME) means devices and equipment, other than prosthetic or orthotic appliances, which have been ordered by a qualified licensed practitioner and which have all the following characteristics:
  - A. Can withstand repeated use for a protracted period of time;
  - B. Are primarily and customarily used for medical purposes;
  - C. Are generally not useful in the absence of an illness or injury;
  - D. Are not usually fitted, designed or fashioned for a particular individual's use. Where equipment is intended for use by only one beneficiary, it may be either custom-made or customized.
  
2. Hospital beds must be DME and used in the home. The manufacturer of a hospital bed must be registered with the United States Food and Drug Administration. The hospital bed itself must be listed or cleared to market by the FDA. A hospital bed as defined must include a mattress, bed ends with casters, IV sockets, side rails and be capable of accommodating/supporting a trapeze bar, overhead frame and/or other accessories. In addition,
  - A. A **fixed height hospital bed** is one with manual head and leg elevation adjustments but no height adjustment.
  - B. A **variable height hospital bed** is one with manual height adjustment and with manual head and leg elevation adjustments.
  - C. A **semi-electric hospital bed** is one with manual height adjustment and with electric head and leg elevation adjustments.

- D. A **total hospital electric bed** is one with electric height adjustment and with electric head and leg elevation adjustments.
  - E. A **heavy duty hospital bed** is one that is capable of supporting a patient who weighs more than 350 pounds, but no more than 600 pounds.
  - F. An **extra heavy duty hospital bed** is one that is capable of supporting a patient who weighs more than 600 pounds.
  - G. An **enclosed pediatric manual hospital bed** is one with a full side rail (360 degrees, up to 24 inches high) enclosure.
  - H. A **hospital bed safety enclosure frame/canopy** features fully enclosed sides and a top that is attached to a hospital bed.
3. In no instance will an ordinary bed be covered by the Medicaid Program. An ordinary bed is one which is typically sold as furniture and does not meet the definition of DME or a hospital bed.

## **II. Criteria for Coverage**

1. A fixed height hospital bed (E0250) is covered if one or more of the following criteria (A-D) are met:
  - A. The patient has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed; or
  - B. The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain; or
  - C. The patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges must have been considered and ruled out; or
  - D. The patient requires traction equipment, which can only be attached to a hospital bed.
2. A variable height hospital bed (E0255) is covered if the patient meets one of the criteria A-D above and:
  - E. The patient requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.
3. A semi-electric hospital bed (E0260) is covered if the patient meets one of the criteria A-D above and:
  - F. The patient requires frequent changes in body position and/or has an immediate need for a change in body position.
4. A heavy duty extra wide (E0303) hospital bed is covered if the patient meets one of the criteria A-D above and:
  - G. The patient's weight is more than 350 pounds, but does not exceed 600 pounds.

5. An extra heavy-duty hospital bed (E0304) is covered if the patient meets one of the criteria A-D above and:
  - H. The patient's weight exceeds 600 pounds.
  
6. A total electric hospital bed (E0265) is covered if the patient meets one of the criteria A-D and both criteria E and F above, and:
  - I. The patient can independently effect the adjustment by operating the controls.
  
7. An enclosed pediatric manual hospital bed (E0328) is covered when the patient meets criteria J-N:
  - J. The patient has a diagnosis-related cognitive or communication impairment or a severe behavioral disorder that results in risk for safety in bed; and
  - K. There is evidence of mobility that puts the patient at risk for injury while in bed (more than standing at the side of the bed), or the patient has had an injury relating to bed mobility; and
  - L. Less costly alternatives have been tried and were unsuccessful or contraindicated (e.g., putting a mattress on the floor, padding added to ordinary beds or hospital beds, transparent plastic shields, medications, helmets); and
  - M. The ordering practitioner has ruled out physical and environmental factors reasons for patient behavior such as hunger, thirst, restlessness, pain, need to toilet, fatigue due to sleep deprivation, acute physical illness, temperature, noise levels, lighting, medication side effects, over- or under-stimulation, or a change in caregivers or routine.
  - N. For patients with a behavioral disorder, a behavioral management plan.
  
8. A hospital bed safety enclosure frame/canopy (E0316) is covered when criteria J-P are met, and Q and R, if applicable:
  - O. The patient's bed mobility results in risk for safety in bed that cannot be accommodated by an enclosed pediatric manual hospital bed; and
  - P. A written monitoring plan approved by the ordering and all treating practitioners has been completed which describes when the bed will be used, how the patient will be monitored at specified time intervals, how all of the patient's needs will be met while using the enclosed bed (including eating, hydration, skin care, toileting, and general safety), identification by relationship of all caregivers providing care to the patient and an explanation of how any medical conditions (e.g., seizures) will be managed while the patient is in the enclosed bed; and
  - Q. In the absence of injury relating to bed mobility, a successful trial in the home or facility; and
  - R. For patients residing in an OMRDD certified residence, approval as a restraint with the agency's Human Rights Committee.
  
9. Trapeze/traction equipment is covered if the patient needs this device to sit up because of a respiratory condition, to change body position for other

medical reasons, or to get in or out of bed. Heavy duty trapeze equipment is covered if the patient meets the criteria for regular trapeze equipment and the patient's weight is more than 250 pounds.

10. Side rail pads and shields (E1399) are covered when there is a documented need to reduce the risk of entrapment or injury.
11. If a patient's condition requires a replacement innerspring mattress (E0271), foam rubber mattress (E0272) and/or side rails (E0310), it will be covered for a patient owned hospital bed.
12. When the extent and duration of the medical need is not known at the time of ordering, hospital beds and related accessories should be rented.

### **III. Non-covered Indications**

A hospital bed is **not medically necessary, medically contraindicated and not covered** for all other indications.

### **IV. General Requirements**

Department regulations and policies regarding ordering and provision of DME are available at: <http://www.nyhealth.gov/nysdoh/phforum/nycrr18.htm>, and in the DME Provider Manual, at [www.emedny.org/ProviderManuals/DME/index.html](http://www.emedny.org/ProviderManuals/DME/index.html). Specifically:

1. Payment for rental equipment includes all necessary equipment, delivery, maintenance and repair costs, parts, supplies and services for equipment set-up, maintenance and replacement of worn essential accessories and parts.
2. All services must be supported by the original, signed written order specific to the item being requested from a qualified licensed prescriber (DME Manual, Policy Section).
3. All providers are responsible for assuring that adequate and less costly alternatives for services have been explored and, where appropriate and cost effective, are provided (18 NYCRR 513).
4. It is an unacceptable practice to order or furnish inappropriate, improper, unnecessary or excessive services. Providers engaging in unacceptable practices are subject to liability for overpayments or penalties and administrative action that could affect their continued participation in the Medicaid program (18 NYCRR 515.2).
5. The financial liability of the ordering practitioner as well as the provider of any durable medical equipment determined on audit not to be medically necessary is set forth in 18 NYCRR 518.