

UPMC Health Plan POLICY AND PROCEDURE MANUAL

POLICY NUMBER: PAY.061
REVISION DATE: 6/2009
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SUBJECT: Hospital Beds and Accessories
INDEX TITLE: Medical Management
ORIGINAL DATE: July 2008

This policy applies to the following lines of business: (Check those that apply.)

Commercial:					
HMO ()	POS ()	PPO ()	OOA ()		
Fully Insured ()	Self-funded/ASO ()	HSA ()	All (X)		
Medicare Select ()	Medicare Supplement ()				
DPW-MA:					
Health Choices ()	Voluntary ()		All (X)		
CMS-MA:					
OH ()	WV ()	PA ()	All (X)	Other ()	
HMO (X)	PPO (X)	Specialty Needs Plan (X)	Part D ()	PFFS (X)	All ()
PID-CHIP:					
Free ()	Sub ()	Full ()	All (X)		
APPLICABLE TO:					
Community Care ()	Work Partners ()				

I. POLICY

It is the policy of UPMC Health Plan to provide capped rental payment for hospital beds and accessories for use in the home when they are medically necessary and covered by the member's benefit plan.

II. DEFINITIONS

Capped Rental Payment - A Capped Rental Durable Medical Equipment (DME) process has been instituted by UPMC Health Plan for all lines of business. Under the Capped Rental DME program, all DME identified as capped rental equipment will be rented for a period of 10 months without a prior authorization. Rental will be capped at the 10th month, or when item has reached its purchase price.

Extra Heavy Duty Hospital Bed is capable of supporting a patient who weighs more than 600 pounds.

Fixed Height Hospital Bed is one with manual head and leg elevation adjustments but no height adjustment.

Heavy Duty Extra Wide Hospital Bed is capable of supporting a patient who weighs more than 350 pounds, but no more than 600 pounds.

Ordinary Bed is one which is typically sold as furniture. It may consist of a frame, box spring and mattress. It is a fixed height and may or may not have head or leg elevation adjustments.

Semi-electric Hospital Bed is one with manual height adjustment and with electric head and leg elevation adjustments.

Safety Enclosure Frame/Canopy is a safety enclosure used to prevent a patient from leaving the bed.

Total Electric Hospital Bed is one with electric height adjustment and with electric head and leg elevation adjustments.

Variable Height Hospital Bed is one with manual height adjustment and with manual head and leg elevation adjustments.

III. PURPOSE

The purpose of this policy is to define the indications for medical necessity for hospital beds and accessories for use in the home.

IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include, but are not limited to, Medical Management, Benefit Configuration and Claims departments.

V. PROCEDURE

A. Medical Description

N/A

B. Indications

Hospital Beds

Hospital beds are covered for adult and pediatric members when the indications for the following specific beds are met:

Fixed height hospital bed is covered for any one of the following:

1. When the member's medical condition requires positioning of the body in ways not reasonable 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
2. When the member requires positioning of the body in ways not reasonable with an ordinary bed in order to alleviate pain, OR
3. When the member 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

4. When the member requires traction equipment, which can only be attached to a hospital bed.

Extra heavy-duty hospital bed is covered when both the following are met:

1. The member meets one of the indications for a fixed height hospital bed,
AND
2. The member's weight exceeds 600 pounds.

Heavy duty extra wide hospital bed is covered when both of the following are met:

1. The member meets one of the indications for a fixed height hospital bed,
AND
2. The member's weight is more than 350 pounds, but does not exceed 600 pounds.

Semi-electric hospital bed is covered when both the following are met:

1. The member meets one of the indications for a fixed height bed,
AND
2. Requires frequent changes in body position and/or has an immediate need for a change in body position.

Variable height hospital bed is covered when both of the following are met:

1. The member meets one of the indications for a fixed height hospital bed,
AND
2. Requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.

Accessories

Bed cradle is covered:

- When it is necessary to prevent contact with the bed coverings.

Trapeze equipment is covered:

- If the member 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 member meets the criteria for regular trapeze equipment,
AND
- The member's weight is more than 250 pounds.

Side rails or safety enclosures are covered:

- When they are required by the patient's condition,
AND
- They are an integral part of, or an accessory to, a covered hospital bed.

Replacement innerspring mattress or foam rubber mattress is covered:

- When the member owns the bed.

C. Limitations

1. A written signed and dated order must be received by the supplier before a claim is submitted.
2. If documentation does not support the medical necessity for the type of bed billed, payment will be based on the allowance for the least costly medically appropriate alternative.
3. The following are considered not medically necessary and not appropriate for home use and therefore not covered because most items are not primarily medical in nature or are for convenience:
 - Bed board
 - Bed elevators
 - Bed rail pads
 - Bed wedges
 - Bedroom equipment, custom
 - Continuous lateral motion beds
 - Kinetic therapy beds
 - Manual/power lounge beds
 - Non hospital adjustable beds, ordinary beds (e.g., Simmons® Beautyrest® Adjustable bed, Craftmatic® Adjustable bed, Adjust-a Sleep Adjustable bed, Electrometric adjustable bed)
 - Over-bed table
 - Oscillating beds
 - Regular room furniture
 - Safety accessories and devices (e.g., Posey Bed canopy beds, Vail Simmons® Enclosed beds
 - Stryker frame beds
 - Total electric hospital beds
Total electric hospital beds will be paid as the least costly medically appropriate alternative for the comparable semi-electric hospital bed.
 - Waterbeds.

D. Variations

N/A

F. Quality Audit

Quality Audit may monitor policy compliance or billing accuracy at the request of the UPMC Health Plan's Technology Assessment Committee or the Benefits Reimbursement Committee.

G. Records Retention

Records Retention for UPMC Health Plan documents, regardless of medium are provided within the UPMC Health System Policy and as indicated in the UPMC Insurance Services Division Policy and Procedure.

H. References

1. HIC Corp., Hospital Beds and Accessories, LCD # L5049, effective 1/1/08.
http://www.medicarehic.com/dme/medical_review/mr_lcds/mr_lcd_current/L5049_2008-01-01_rev_2008-03-01_PA_2008-01_rev_2008-03-01.pdf
2. UPMC for You Medical assistance Operations response, Pediatric Specialty Beds, Log # QU-E08-0603-6, June 12, 2008
3. Cigna HealthCare Coverage Position Hospital Beds and Accessories, Coverage Position # 0273, revised 1/15/08.
http://www.cigna.com/customer_care/healthcare_professional/coverage_positions/medical/mm_0273_coveragepositioncriteria_hospital_beds_and_accessories.pdf
4. Highmark Medical Policy # E-12, Beds- Accessories and Related Items, effective 1-1-08. <https://secure.highmark.com/ldap/medicalpolicy/wpa-highmark/E-12-013.html>
5. U.S. Food and Drug Administration, Center for Devices and Radiological Health, A Guide to Bed Safety Bed Rails in Hospitals, Nursing Homes and Home Care: The Facts, 2/28/08.
6. North Carolina Department of Health and Human Services, Office of the Controller Special Bulletin Purchase of Medical Care Services, Appendix A; Special Justification Requirements for Certain Types of Adaptive and Assistive devices, Specialized Pediatric Beds, July 2005

Disclaimer:

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

UPMC Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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