

Document ID:	Title: Aetna Medicaid Administrator (AMA) 7200.73 Hospital Beds, Mattresses, and Lifts Louisiana Policy	
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Exhibit(s):		
Document Type: Policy and Procedure		

PURPOSE

The purpose of this policy is to describe the health plan’s process for the prior authorization decision-making conditions in which Hospital Beds, Mattresses and Lifts may be authorized according to the directives from state of Louisiana Medicaid.

SCOPE

The scope of this policy applies to the Louisiana Prior Authorization staff and all colleagues processing authorization requests for Hospital beds, Mattresses, and Lifts

POLICY

It is the policy of the Plan that specific state directives, in addition to MCG criteria are used when processing authorization requests for Hospital Beds, Mattresses and Lifts. Louisiana state qualifications, authorization and documentation requirements must be met. Louisiana Medicaid covers Hospital beds, Mattresses, and Lifts. It defines additional Louisiana state qualifications and authorization and documentation requirements.

PROCEDURE - NA

STANDARD

Coverage of Hospital Beds, Mattresses and Lifts requires prior authorization. All Providers (both facility and ordering physicians) must be registered in the state and the health plan’s registry. The provider should be a preferred provider for the health plan.

Member Criteria and Prior Authorization Requirements¹

Hospital beds and lifts do require prior authorization. Hospital bed mattresses are included with the hospital bed. Any specialty mattress requires authorization. To be eligible for a hospital bed, mattress or life, specific requirements follow.

Standard Hospital Beds

Standard hospital beds are approved if the beneficiary is confined to a bed and their condition necessitates positioning the body in a way that is not possible in an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed.

¹ 2023 Louisiana Medicaid Service Manual Chapter 18.2.23 Durable Medical Equipment: Hospital beds p. 3 of 8

Prior authorization requests for all covered hospital beds (as described in this section) must include the following:

- The member requires positioning of the body in ways not feasible with an ordinary bed due to a medical condition that is expected to last for at least one month.
- 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 tried and failed; and
- The member has a condition that requires special attachments (such as a trapeze, foot board, or traction equipment) that cannot be fixed and used on an ordinary home bed.

Hospital Beds, Fixed and Variable Height (More specific criteria may apply as described for each covered hospital bed type).

- A fixed height hospital bed is one with manual head and leg elevation adjustments but no height adjustment.
- A variable height hospital bed is one with manual height adjustment and manual head and leg elevation adjustments.
- In addition to the required documentation for PA requests as described under Hospital Beds above, the request must also include that the member has a condition that requires special attachments (such as a trapeze, foot board, or traction equipment) that cannot be fixed and used on an ordinary home bed.
- Variable height bed must document that the member requires a bed height different than a fixed height hospital bed to permit safe transfers to a chair or for adequate bed care.

Hospital Bed, Semi-Electric

- A semi-electric hospital bed is one with manual height adjustment and electric head and leg elevation adjustments.
- In addition to the required documentation as previously listed under Hospital Beds, the PA request must document that the beneficiary requires a bed height different than a fixed height hospital bed to permit safe transfers to a chair or for adequate bed care.
- The PA request must also include that the beneficiary is alone for extended periods of time, requires frequent and immediate changes in body position and can operate the bed controls independently.

Hospital Bed, Total Electric

- A total electric hospital bed is one with electric height adjustment and electric head and leg elevation adjustments.
- In addition to the required documentation as previously listed under Hospital Beds, the PA request must document that the beneficiary requires a bed height different than a fixed height hospital bed to permit safe transfers to a chair or for adequate bed care.

- The PA request must also include that the beneficiary is alone for extended periods of time, requires frequent and immediate changes in body position and can operate the bed controls independently.
- Documentation submitted on the PA request must also indicate one of the following:
 - The member has tried multiple means of transfer and can only transfer with a total electric bed; and
 - 2. The member has a caregiver with a documented medical condition stating an inability to use a crank on a semi-electric bed.

Pediatric Hospital Beds

Pediatric Hospital Beds may be authorized as manual, semi-electric or fully electric adjustment to the head and leg elevation. With one full side rail. ² A pediatric hospital bed without an added safety enclosure is covered when ALL of the following criteria are met:

The pediatric member must have documentation that:

1. They are under 21 years of age.
2. Meet the criteria for a hospital bed (see Hospital Bed Criteria in this section).
3. Have a medical condition that prevents the use of a standard size hospital bed and is best met by a pediatric sized hospital bed.
4. Have a medical condition that requires positioning of the body ordered by the physician so that the head of the bed elevation is greater than 30 degrees or have documented problems with aspirations; and
5. Have a medical condition that is expected to last greater than 6 months which requires positioning of the body in ways that are not feasible with an ordinary bed, or hospital bed.
6. The desired medical benefit is not attainable by the use of an ordinary bed. All alternative methods have been tried and failed.
7. An ordinary bed cannot be modified or adapted by commercially available items to meet the medical needs; and
8. Pillows and wedges must have been considered and ruled out.

Pediatric hospital beds are not covered when:

1. Lack of caregiver monitoring of beneficiary's safety.
2. The safety enclosure frames are used as a restraint or for the convenience of family or caregiver.
3. The bed is an ordinary bed, typically sold as furniture, which consists of a frame, box spring, and mattress.
4. The bed is an Institutional type of hospital beds (e.g., oscillating beds, spring-base beds, circulating beds, continuous lateral rotation beds, and Stryker frame beds).

² 2023 Louisiana Medicaid Service Manual Chapter 18.2.23 Durable Medical Equipment: Hospital beds p. 4 of 8

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5. The enclosed bed is for a member with 24-hour care from caregivers who are required to be awake and actively caring for the child.
6. The enclosed bed systems are not approved by the FDA (e.g., Vail Enclosure Bed, Posey Bed Enclosure System); and
7. The hospital bed has a manufacturer that is not registered and cleared to market with the FDA.

Trapeze accessory³

Trapeze bare may be authorized but require documentation of need for assistance to sit up in bed and because of a respiratory condition or a need to change body positions for other medical reasons.

Patient Lifts⁴

Patient lifts are approved if the following conditions are met. Hydraulic lifts are a covered benefit, but electric lifts are not covered. Lift slings or seats (either canvas or nylon) are considered part of the lift and are only covered as replacement items.

1. The member is confined to bed, chair or room and is unable to transfer or unable to achieve needed movement with or without assistance.
2. Caregivers are unable without the use of the lift, to provide periodic movement necessary to arrest or retard deterioration of the member's condition, thus affecting improvement in rehabilitation; and
3. Caregivers are unable to transfer the member from chair to bed or bath because of member's size or weight.

Documentation Requirements⁵

The following documentation must be submitted to support the medical necessity for this equipment:

1. Prior Authorization form – (PA-01 Form).
2. Physician prescription.
3. Louisiana Medicaid Pediatric Hospital Bed Evaluation (BHSF-PHB-Form 1) completed by a Louisiana State licensed physician and physical or occupational therapist in its entirety (see Appendix G); and
4. Original manufacturer's price.

Hospital bed mattresses are considered part of the hospital bed and will only be approved to

³ 2023 Louisiana Medicaid Service Manual Chapter 18.2.24 Durable Medical Equipment: Trapeze. 1 of 1

⁴ 2023 Louisiana Medicaid Service Manual Chapter 18.2.23.2 Durable Medical Equipment: Patient Lift p. 8 of 8

⁵2023 Louisiana Medicaid Service Manual Chapter 18.2.23 Durable Medical Equipment: Hospital beds p. 7 of 8

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replace mattresses that are no longer functional when the beneficiary meets the criteria to receive a hospital bed. Pressure relieving air mattresses must be ordered and authorized separately.

APPLICABLE CPT CODES

This policy applies the additional definitions, qualifications, criteria, and documentation requirements to the procedure codes listed below. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS	Description
E0250	Hospital Bed – fixed height, with any side rails and mattress
E0260	Hospital Bed – Semi electric (head and foot adjustment) with any side rails and mattress; manual height adjustment
E0265	Hospital Bed – total electric (head, foot, height adjustments) with any siderails and mattress
E0290	Hospital Bed – fixed height, with no side rails and mattress
E0293	Hospital Bed – variable height, hi-lo, without rails; without mattress
E0294	Hospital Bed - Semi electric (head and foot) without siderails; with mattress
E0295	Hospital Bed - Semi electric (head and foot) without siderails; without mattress
E0296	Hospital Bed – Total electric (head, foot height) without side rails, with mattresses
E0297	Hospital Bed – Total electric (head, foot, height) without side rails or mattress
E0300	Hospital Bed – Pediatric crib, hospital grade, fully enclosed, with or without top enclosure
E0301	Hospital Bed – Heavy duty; extra wide; bed capacity over 350 lbs. But less than 600 lbs.; with any type of side rails and without mattress
E0302	Hospital Bed – Heavy duty; extra wide; bed capacity greater than 600 lbs.; with any type of side rails and without mattress
E0303	Hospital Bed – Heavy duty; extra wide; bed capacity greater than 350 lbs. But less 600 lbs.; with any type of side rails and with mattress
E0304	Hospital Bed – Heavy duty; extra wide; bed capacity greater than 600 lbs.; with any type of side rails and with mattress
E0305	Bedside rails half length
E0310	Bedside rails full length

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E0315	Bed accessory- board table or support device any type
E0316	Safety enclosure frame/canopy for use with hospital bed
E0328	Hospital bed, pediatric; manual; 360o side enclosures, top of headboard, footboard, and side rails up to 24 inches above the spring, includes mattress
E0329	Hospital bed, pediatric; electric or semi electric; 360o side enclosures, top headboard, footboard, and side rails up to 24 inches above the spring, includes mattress
E0621	Sling or seat, patient lift, canvas, or nylon
E 0630	Member lift, hydraulic or mechanical, includes any seat, sling, strap, or pad.
E0635	Member lift, electric with seat of sling.
E0639	Member lift, moveable from room to room with disassembly and reassembly includes all components/accessories.
E0910	Trapeze
E0940	Trapeze

DEFINITIONS:

Lift	A mechanical device that helps caregivers move dependent patients from place to place with minimal strain.
MCG ®	A set of nationally standardized criteria used to make medical necessity determinations for authorization requests.
Prior Authorization (PA)	Approval from the health plan that is required before receiving a service in order for the service to be covered
Trapeze	A triangular metal device that hangs from above the hospital bed. It allows patient to grab the device and move or lift themselves in the bed.

REVIEW AND REVISION HISTORY

Date	Revision No.	Reason for Change	Sections Affected
2/9/2024	New Policy		All

Aetna Better Health of Louisiana

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STANDARD

- 2023 Louisiana Medicaid Managed Care Organization Attachment A Model Contract,
- 2023 Louisiana Medicaid Managed Care Organization (MCO) Manual
- 2023 Louisiana Medicaid Services Manual Chapter 18.2.23 Durable Medical Equipment Hospital Beds