



ENCLOSED BED SYSTEMS FOR MEDICAID MEMBERS

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Status: Current

I. DESCRIPTION

Priority Health may provide coverage for an enclosed bed system when medically necessary to prevent injury to a member. An enclosed bed system includes the mattress, bed frame, and enclosure as one unit.

II. POLICY/CRITERIA

- A. An enclosed bed system may be covered if both of the following apply:
 - 1. There is a diagnosis/medical condition (e.g. seizure activity), which is likely to result in injury in a standard bed or hospital bed.
 - 2. There is no other economic alternative to meet the needs.
- B. Prior authorization is required and must include the following information:
 - 1. Diagnosis/medical condition requiring the use of the bed and any special features (if applicable).
 - 2. Documentation of safety issues resulting from the medical condition and related to the need for an Enclosed Bed System.
 - 3. Other products or safety methods already tried without success, (e.g. bumper pads, rails, bed alarms). Without success means that other methods were tried and failed.
 - 4. Type of bed requested.
 - 5. Type of special features requested with documentation of medical necessity, if applicable.
- C. Enclosed beds are not covered for children under the age of 3 nor are they covered for adults who suffer from confusion or dementia.
- D. Enclosed cribs are not covered.

III. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

**IV. APPLICATION TO PRODUCTS**

This policy applies to Medicaid members only.

V. CODING INFORMATION:**ICD-9 codes that may support medical necessity:**

- 780.3 Convulsions
- 780.31 Febrile convulsions
- 780.39 Other convulsions
- 345.0 Generalized nonconvulsive epilepsy
- 345.00 Generalized nonconvulsive epilepsy without mention of intractable epilepsy
- 345.1 Generalized convulsive epilepsy
- 345.10 Generalized convulsive epilepsy without mention of intractable epilepsy
- 345.11 Generalized convulsive epilepsy with intractable epilepsy
- 345.2 Epileptic petit mal status
- 345.3 Epileptic grand mal status
- 345.4 Partial epilepsy with impairment of consciousness
- 345.40 Partial epilepsy with impairment of consciousness, without mention of intractable epilepsy
- 345.41 Partial epilepsy with impairment of consciousness, with intractable epilepsy
- 345.5 Partial epilepsy without mention of impairment of consciousness
- 345.50 Partial epilepsy without mention of impairment of consciousness, without mention of intractable epilepsy
- 345.51 Partial epilepsy without mention of impairment of consciousness, with intractable epilepsy
- 345.6 Infantile spasms
- 345.60 Infantile spasms without mention of intractable epilepsy
- 345.61 Infantile spasms with intractable epilepsy
- 345.7 Epilepsia partialis continua
- 345.70 Epilepsia partialis continua without mention of intractable epilepsy
- 345.71 Epilepsia partialis continua with intractable epilepsy
- 345.8 Other forms of epilepsy
- 345.80 Other forms of epilepsy without mention of intractable epilepsy
- 345.81 Other forms of epilepsy with intractable epilepsy
- 345.9 Unspecified epilepsy
- 345.90 Unspecified epilepsy without mention of intractable epilepsy
- 345.91 Unspecified epilepsy with intractable epilepsy
- 779.0 Convulsions in newborn

CPT/HCPCS Codes:

Note: Authorized HCPCS code must match billed code.

- 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 side rails, with mattress
- E0256 Hospital bed, variable height, hi-lo, with any type side rails, without mattress
- E0260 Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress



- E0261 Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
- E0265 Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress
- E0266 Hospital bed, total electric (head, foot, and height adjustments), with any type 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, variable height, hi-lo, without side rails, with mattress
- E0293 Hospital bed, variable height, hi-lo, without side rails, without mattress
- E0294 Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
- E0295 Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress
- E0296 Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress
- E0297 Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress
- E0301 Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress
- E0302 Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress
- E0303 Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress
- E0304 Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress
- E0316 Safety enclosure frame/canopy for use with hospital bed, any type

- E0328* Hospital bed, pediatric, manual, 360 degree 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, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress

**New 01/01/2008 coverage pended until Medicaid 2008 fee schedule posted*

VI. REFERENCES



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