



ENCLOSED BED SYSTEMS FOR MEDICAID MEMBERS

Effective Date: January 19, 2005

Review Dates: 01/05, 12/05, 12/06, 12/07, 12/08,
12/09

Date Of Origin: January 19, 2005

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. Coverage is determined by the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html.

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

VI. REFERENCES



AMA CPT Copyright Statement:

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.

Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.