PARTNERSHIP HEALTHPLAN OF CALIFORNIA

GUIDELINE / PROCEDURE

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<tr><td colspan="5">Guideline/Procedure Number: MCUG3134</td><td colspan="3">Lead Department: Health Services
Business Unit: Utilization Management</td></tr>
<tr><td colspan="5">Guideline/Procedure Title: Hospital Bed/ Specialty Mattress Guidelines</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 01/20/2016</td><td colspan="5">Next Review Date: 08/12/2027
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<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="4">Approval Date: 08/12/2026</td></tr>
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I. RELATED POLICIES:

A. MCUP3041 – Treatment Authorization Request (TAR) Review Process
B. MCUP3013 – Durable Medical Equipment (DME) Authorization
C. MCUP3133 – Wheelchair Mobility, Seating and Positional Components
D. MPUP3039 – Direct Members
E. MPUP3139 – Criteria and Guidelines for Utilization Management

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services

III. DEFINITIONS:

A. The stages of decubitus ulcer severity are follows:
   1. Stage I - a reddened area, skin unbroken
   2. Stage II - a superficial blister or open area involving the epidermis
   3. Stage III - a deeper lesion that invades the dermis and subcutaneous tissue
   4. Stage IV - an extension lesion that may involve muscle and bone

B. Prevention of decubitus ulcers includes the following:
   1. Elimination of moisture
   2. Proper patient positioning with hourly changes
   3. Relief of spasticity
   4. Reduction of shear force
   5. Weight dispersion

Direct Members are those whose service needs are such that Primary Care Provider (PCP) assignment would not meet their care needs. Assignment to Direct Member status is based on the Member's aid code, prime insurance, demographics, or administrative approval based on qualified circumstances. A Referral Authorization Form (RAF) is not required for Direct Members to see Partnership network providers and/or certified Medi-Cal providers willing to bill Partnership for covered services. However, many specialists will still request a RAF from the PCP to communicate background patient information to the specialist and to maintain good communication with the PCP. When a PCP is not assigned, Partnership supports coordination of care among providers.

IV. ATTACHMENTS:

A. N/A

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V. PURPOSE:

These guidelines are used by Utilization Management (UM) staff to review Treatment Authorization Requests (TARs) for hospital beds and specialty (antidecubitus) beds or mattresses, utilizing medical necessity criteria as outlined in policy MPUP3139 Criteria and Guidelines for Utilization Management.

VI. GUIDELINE / PROCEDURE:

A. HOSPITAL BEDS

1. A hospital bed must be ordered by the Primary Care Provider (PCP) or specialist who is treating the Member through a referral from the PCP. For Direct Members, the hospital bed must be ordered by the provider who is currently managing the medical care for the Member.
2. Bariatric beds for a Member weighing greater than 350 pounds will be considered for authorization on a case-by-case basis. These requests will require:
    a. Documentation from a specialist provider delineating the Member's medical need for this equipment.
    b. Evaluation of the Member's home, documenting the compliance of the structure to safely install the bed in this home.
    c. Documentation of Member/caretaker's ability to use the equipment safely.
    d. A recent weight measurement of the patient within the last 12 months.
3. A hospital bed can be ordered for a Member with a medical condition that requires positioning of the body not feasible in a non-hospital bed; promotion of body alignment to prevent contractures in a patient with history of contractures or a documented medical condition that causes risk of contractures; recipient needs elevation of the head of the bed more than 30 degrees due to conditions such as congestive heart failure, chronic obstructive lung disease or history of aspiration; or recipient needs use of special attachments or traction equipment. Hospital beds are not covered if elevation of the head/upper body is less than 30 degrees. Documentation must also indicate that less intensive alternatives such as pillows and wedges are not sufficient to meet the Member's needs.
4. The TAR must include documentation of medical necessity for the use of the hospital bed that includes the following information related to the condition:
    a. Description of the severity and frequency of the symptoms
    b. Description of need for any attachments for the bed
    c. Evaluation of the Member's functional abilities
    d. Length of time Member will need the equipment
    e. Care giver status
5. The TAR must include information regarding the Member's or caretaker's ability to properly use the hospital bed.
6. For semi-electrical beds, the TAR must include documentation that the electric feature is medically necessary for one of the following reasons:
    a. Condition requires the electric feature to allow the patient to independently transfer to chair or standing position by enabling the patient to sit up unassisted.
    b. Condition requires frequent change in body position and/or an immediate need for a change in position and the patient can operate the controls to cause the required position changes.
    c. Requests for full electric hospital beds will be reviewed on a case-by-case basis. Convenience or caregiver preference alone does not constitute medical necessity.
7. Durable Medical Equipment (DME) items are covered as medically necessary only to preserve the bodily functions essential to activities of daily living or to prevent significant physical disability, but not necessarily to restore the Member to previous function. Authorization will be based on the least costly medically appropriate item that meets the Member's clinical needs, consistent with California Code of Regulations (CCR), Title 22, Section 51321(g).
8. UM staff will compare the cost of purchase versus rental of the equipment and authorize the most cost-effective option.

B. SPECIALTY BEDS/ MATTRESSES

1. A specialty bed or mattress must be ordered by the PCP or specialist who is treating the Member through a referral from the PCP. For Direct Members, the specialty bed or mattress must be ordered by the provider who is currently managing the medical care for the Member.
2. Documentation required for the initial TAR includes the following:
   a. Diagnosis
   b. Prescription signed by a prescribing clinician
   c. Documentation of bed-bound status and wound history
   d. Whether wound(s) are currently present or not
   e. If wounds are present, documentation of prior treatments and why they were not effective
   f. If wounds are present at time of TAR submission, the following clinical documentation must also be submitted with the TAR:
      1) Number of wounds
      2) The stage and size of each wound
      3) Description of each wound
      4) Location of each wound
      5) Relevant wound history, including any prior pressure sore(s)
      6) Relevant history of patient's use of pressure sore equipment
3. TARs will be reviewed in 3-month increments.
   a. Documentation requirements for reauthorization of a TAR include the following:
      1) Updated treatment & care plans, as indicated
      2) Re-evaluation of healing status of the pressure sore(s), including update of size, number and location of wounds
      3) Evidence of clinical benefit, such as wound healing, stabilization, or prevention of deterioration.
4. A specialty bed or mattress may be ordered for a Member with a history of pressure decubitus ulcers unresponsive to conservative therapy.
   a. Requests for specialty beds (e.g., Clinitron, Mediscus, Hydrofloat, Hydrothermic, KinAir, Flexicair, etc.) are generally authorized only for a Member with the following conditions:
      1) Severe decubitus ulcers (Stage III or IV)
      2) History of recurrent Stage II or higher decubitus ulcers on the trunk or pelvis that are unresponsive to conservative therapy
5. There are three levels of bed support surfaces which may be authorized as appropriate:
   a. Group 1 includes gel overlays, foam mattresses and alternating pressure pads with pump which are appropriate for:
      1) Current Stage I or II pressure sore(s) on trunk of body
      2) History of stage III or IV pressure sore(s) on trunk of body, OR
      3) Member is bed bound & requires support surface for pressure sore prevention
   b. Group II includes Alternating Pressure Pump and Pad System (APP) mattresses and low air loss mattresses which are appropriate for current Stage III or IV pressure sore(s) on trunk of the body
   c. Group III includes complete bed systems also known as air-fluidized beds and requests will be reviewed on a case-by-case basis. Level of support surface authorized must align with severity of Member's condition and prior treatment response. Requests for higher-level surfaces may require additional clinical justification.
6. Requests for decubitus wheelchair pads and cushions may be authorized for Members with the following conditions:
   a. Stage I or II ulcer
   b. Bed or wheelchair bound Member to prevent development of ulcers (see policy MCUP3133 Wheelchair Mobility, Seating and Positional Components for wheelchair specifics).

7. The TAR must include information regarding the Member's or caretaker's ability to properly use the specialty bed and the type of care currently being provided for the ulcer.
8. Durable Medical Equipment (DME) items are covered as medically necessary only to preserve the bodily functions essential to activities of daily living or to prevent significant physical disability but not necessarily to restore the Member to previous function.
9. UM staff evaluate all options for care of the decubitus ulcer and authorize the most appropriate modality that will assist in healing of the ulcer.
10. Specialty beds/mattresses are initially approved for 3 months with reauthorization dependent upon documentation of significant improvement in the decubitus ulcers and prognosis of further healing that requires the continued use of the specialty bed.
    a. Re-evaluation for the continued need of a specialty mattress will occur in 3-month authorization periods until the item capitates to purchase at the end of ten months, consistent with Medi-Cal billing guidelines.
    b. Once a decubitus ulcer is healed, a Group 3 Low Air Loss Mattress should be downsized to a lesser product (i.e. gel overlay) for prevention of skin breakdown.
11. Decubitus Pads, Cushions and Mattress
    a. Pads, cushions, mattresses, alternating pressure pads, etc., require at least 3 to 4 inches thickness to be effective in the treatment of pressure sores.
    b. Gel foam mattresses and other special mattresses are useful in the care of a decubitus ulcer and may be authorized as appropriate. Other options include alternating pressure mattresses and dry flotation mattresses.
12. Specialty Beds
    a. An anti-decubitus ulcer bed is generally authorized for use in long-term care facilities, or for home use, where it can be documented that appropriate nursing care and the use of more conservative treatments have failed, or would fail, to prevent or treat the patient's pressure sores.
    b. The use of the bed permits care for a chronically ill patient at a lower level of care than acute hospital level and may prevent or reduce recurrent hospitalization for treatment of decubiti.

VII. REFERENCES:

A. Medi-Cal Provider Manual/ Guidelines: Durable Medical Equipment (DME): Therapeutic Anti-Decubitus Mattresses and Bed Products *(dura thp)* and Durable Medical Equipment (DME): Billing Codes *(dura cd)*
B. California Code of Regulations (CCR), Title 22 - Medi-Cal Program
C. CCR Title 22, Section 51321(g)
D. Code of Federal Regulation, Title 42 §438.210: Coverage and Authorization of Services

VIII. DISTRIBUTION:

A. Partnership Department Directors
B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

REVISION DATES:
02/17/16; 02/15/17; 11/15/17; *02/13/19; 02/12/20; 02/10/21; 05/11/22; 06/14/23; 06/12/24; 08/13/25; 08/12/26

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

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PREVIOUSLY APPLIED TO:

MCUG3021 (previously UG100321) **Hospital Bed Guidelines**
Original date: 05/30/1995
Revision Dates: 04/28/00; 11/28/01; 10/16/02; 04/16/03; 10/20/04; 10/19/05; 08/20/08; 01/19/11; 02/20/13; 02/18/15 ARCHIVED 01/20/2016

MCUG3040 (previously UG100340) **Specialty Bed/Mattress Guidelines**
Original date: 05/30/1995
Revision Dates: 04/28/00; 10/17/01; 10/16/02, 04/16/03; 10/20/04; 10/19/05; 08/20/08; 11/18/09; 05/18/11; 02/20/13; 03/18/15 ARCHIVED 01/20/2016

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.