Effective Date: Mar 20, 2015

Nevada Health Solutions LLC

NHS MEDICAL POLICY

Hospital Bed
DME 2015-001

A hospital bed may be indicated when any **ONE** of the following is present:

1	The provider documented a condition that requires positioning of the body (e.g., to alleviate pain, promote good body alignment, prevent contractures, or avoid respiratory infections) in ways not feasible in an ordinary bed.
2	The provider documented a condition that requires special attachments (e.g., traction equipment) that cannot be fixed and used on an ordinary bed.
3	The provider documented a condition that requires the head of the bed to be elevated more than 30 degrees most of the time in ways not feasible in an ordinary bed. (Some examples are congestive heart failure, chronic pulmonary disease, or problems with aspiration.)
4	The provider documented a condition that requires positioning of the bed to assist with bed mobility and transfers in ways not feasible in an ordinary bed.

SOURCES

1. Davis K Jr, Johannigman JA, Campbell RS, et al. The acute effects of body position strategies and respiratory therapy in paralyzed patients with acute lung injury. Crit Care. 2001;5(2):81-87
2. www.UpToDate.com was accessed Feb 4, 2015:
    - Treatment of acute decompensated heart failure: Components of therapy
    - Management of stable chronic obstructive pulmonary disease
    - Aspiration pneumonia in adults
3. Lyon LJ, Nevins MA. Nontreatment of hip fractures in senile patients. JAMA 1977; 238:1175.
4. Centers for Medicare & Medicaid Services, cms.gov, National Coverage Determination (NCD) for Hospital Beds (publication number 100-3, manual section number 280.7, version 1).

Proprietary and Confidential

5. http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/HospitalBeds/ucm123676.htm

CODE REFERENCE (This may not be a comprehensive list of codes to apply to this policy.)

E0260

POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
03/20/2015	Approved in UM committee
12/16/2015	Annual review and approval by UM Committee
12/14/2016	Annual review and approval by UM Committee
12/13/2017	Annual review and approval by UM Committee
12/13/2018	Annual review and approval by UM Committee
12/12/2019	Annual review and approval by UM Committee
12/10/2020	Annual review and approval by UM Committee
12/10/2021	Annual review and approval by UM Committee
12/21/2022	Annual review and approval by UM Committee
12/20/2023	Annual review and approval by UM/QM Committee
12/23/2024	Annual review and approval by UM/QM Committee
09/30/2025	Annual review and approval by UM/QM Committee
09/29/2026	Annual review and approval by UM/QM Committee

PREFERRED POLICY