DEPARTMENT OF PUBLIC HEALTH & HUMAN SERVICES	Health Resources Division: Durable Medical Equipment Program
	Effective Date: 1/1/2025
	Subject: Coverage criteria for total electric hospital beds

Total Electric Hospital Bed Coverage Criteria

1. **Purpose**
   This policy outlines the coverage criteria for total electric hospital beds (HCPCS E0265, E0266, E0296, and E0297).

2. **Coverage Criteria**
   Members Aged 21 and Over
   To be eligible for coverage of a total electric hospital bed, a member must meet one of the requirements for a fixed-height bed **AND** one of the required conditions for a variable-height feature.
   1. **Fixed Height Bed Criteria**
      The member's condition requires one of the following:
      - Positioning of the body in ways not feasible in an ordinary bed.
      - Special attachments that can only be attached to a hospital bed.
      - The height of the bed to be elevated greater than 30 degrees most of the time due to congestive heart failure, a chronic pulmonary diagnosis, or problems with aspiration.

   2. **Variable-Height Feature Criteria**
      In addition to the fixed-height criteria, the member must meet one of the following conditions:
      - Severe arthritis and other injuries to lower extremities (e.g., fracture hip, where the variable height feature is necessary to assist the member to ambulate by enabling the member to place his/her feet on the floor while sitting on the edge of the bed).
      - Severe cardiac conditions, where the member can leave the bed, but must avoid the strain of "jumping" up and down.
      - Spinal cord injuries (including quadriplegic and paraplegic members), multiple limb amputees, and stroke members, where the member can transfer from a bed to a wheelchair (with or without) help.

- Other severely debilitating diseases and conditions, if the member requires a bed height different than a fixed-height hospital bed to permit transfers to chair, wheelchair, or standing position.

Members Aged 20 and Under
For enrolled members aged 20 and under, the criteria for total electric hospital beds are not subject to the criteria outlined above and will be reviewed on a case-by-case basis.

3. **Authorization Requirements**
   All authorization requests must include documentation demonstrating the medical necessity of the request.
   - For members aged 21 and over, the documentation must demonstrate the criteria above is met.
   - For members aged 20 and under, the request must include a complete EPSDT Prior Authorization and Certification of Medical Necessity form.

   Submit prior authorization requests to Mountain Pacific, the Department's utilization review contractor, through the Qualitrac Portal.

Version History

Version Number	Revision Date	Summary Changes
1	N/A	None – Original posting.