



Montana Healthcare Programs Provider Notice

January 15, 2025

Informational

Durable Medical Equipment, Indian Health Service (IHS), Pharmacy, Physician, Mid-Level, and Tribal 638 Providers

Total Electric Hospital Bed Coverage Criteria

Total electric hospital beds (HCPCS Codes E0265, E0266, E0296, or E0297) are covered when all the following criteria are met, and prior authorization is obtained.

Members Aged 21 and Over

Coverage of a total electric hospital bed requires a member to 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

- a. Member's condition requires positioning of the body in ways not feasible in an ordinary bed;
- b. Member's conditions require special attachments that can only be attached to a hospital bed; or
- c. Member requires the height of the bed to be elevated greater than 30 degrees most of the time due to congestive heart failure, chronic pulmonary diagnosis, or problems with aspiration.

AND

2. Variable Height Feature

- a. 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 their feet on the floor while sitting on the edge of the bed);
- b. Severe cardiac conditions, where the member can leave the bed, but must avoid the strain of "jumping" up and down;
- c. 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; or
- d. Other severely debilitating disease 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. Submit prior authorization requests to Mountain Pacific via the Qualitrac Portal and include a completed EPSDT prior authorization form, available on the Forms page of the [Provider Information website](#).

Contact and Website Information

If you have questions, please contact Maggie Irby, Durable Medical Equipment (DME) Program Officer, at (406) 444-4518 or email Margaret.Irby@mt.gov.

For prior authorizations submissions, access the [Mountain Pacific Provider Portal](#) or call the Mountain Pacific Call Center at (800) 219-7035.

For claims questions or additional information, contact Montana Provider Relations at (800) 624-3958 or (406) 442-1837 or email [Montana Provider Relations Helpdesk](#).

Visit the [Montana Healthcare Programs Provider Information website](#) to access your provider type page. Choose Resources by Provider Type in the left-hand menu.

Visit the [Contact Us page](#) on the Provider Information website for additional DPHHS contact numbers.