5101:3-10-18 **Hospital beds and pressure-reducing support surfaces.**

(A) Hospital beds.

Generally, coverage of hospital beds will be limited to patients who meet the following criteria.

(1) Variable height hospital bed.

A "variable height" hospital bed is one with manual height, head and leg elevation adjustments. A request for authorization must include accompanying documentation signed by the prescribing physician which specifies the medical condition, severity and frequency of symptoms and the estimated duration of need and documents that:

(a) The patient's diagnosis/condition (including but not limited to the weight of the patient) warrants the need for a variable height hospital bed (e.g., a variable height hospital bed is required to position the body in ways not feasible with an ordinary bed), or

(b) The patient requires traction equipment which can only be attached to a hospital bed, or

(c) The bed is required to assist the patient with mobility and/or transfers (e.g., to a chair, wheelchair or standing position), or

(d) The bed is required to facilitate frequent interventions by a care giver (e.g., turning the patient every two hours).

(2) Semi-electric bed.

A "semi-electric" bed is one with manual height adjustment and with electric head and leg elevation adjustments. A semi-electric hospital bed may be approved when the patient meets the general requirements in paragraph (A)(1) of this rule and there is documentation that the specific medical needs of the patient cannot be met in any other way.

(3) Total electric bed.

A "total electric" bed is one with electric height, head and leg elevation adjustments. Total electric beds and other institutional type beds are not ordinarily covered by the medicaid program.

(B) Pressure-reducing support surfaces.

Coverage of pressure-reducing support surfaces is generally limited to those group 1, group 2, and group 3 codes specified on the medicaid supply list found in appendix A of rule 5101:3-10-03 of the Administrative Code. A support surface must have a group 1, group 2 or group 3 HCPCS code assigned by the medicare statistical analysis durable medical equipment regional carrier (SADMERC) in order to be considered for coverage. Prior authorization is required for all group 2 and group 3 surfaces. Refer to the medicaid supply list found in appendix A of rule 5101:3-10-03 of the Administrative Code, for prior authorization requirements for group 1 surfaces.

(1) Group 1.

(a) Definition.

"Group 1" pressure reducing support surfaces are typically defined as non-powered pressure reducing mattress overlays. These devices are designed to be placed on top of an ordinary hospital bed or home mattress. Group-1 pressure reducing support surfaces may be, but are not limited to, gel or gel-like overlays, air pressure or dry pressure, synthetic sheepskin, or lambswool sheepskin overlays. Group 1 may also include some powered pressure reducing mattress overlay systems (alternating pressure or low air loss), which are not included in group 2 pressure reducing support surfaces.

(b) Coverage criteria.

A group 1 mattress overlay or mattress is covered if the patient has limited mobility, i.e., patient cannot independently make changes in body position significant enough to alleviate pressure. For those group 1 surfaces that do not require prior authorization, the provider must maintain on file the physician prescription documenting the patient's mobility limitations. If prior authorization is required, the physician prescription documenting the patient's mobility limitations must be submitted with the prior authorization form (~~ODHS 3142~~JFS 03142).

(2) Group 2.

(a) Definition.

"Group 2" pressure reducing support surfaces are typically defined as: ~~A~~a powered air floatation bed (low air loss therapy); a powered pressure-reducing air mattress; a nonpowered advanced pressure reducing overlay for a mattress of standard length and width; a powered

air overlay for a mattress of standard length and width; or a nonpowered advanced pressure reducing mattress. A "low air loss bed" is defined as a hospital bed with a fully integrated power pressure reducing mattress which has all of the following characteristics:

(i) An air pump or blower which provides either sequential inflation and deflation of the air cells or a low interface pressure throughout the mattress~~, and~~;

(ii) Inflated cell height of the air cells through which the air being circulated is five inches or greater~~, and~~;

(iii) Height of the air chambers, proximity of the air chambers to one another, frequency of air cycling (for alternating pressure mattresses), and air pressure provide adequate patient lift, reduce pressure and prevent bottoming out~~, and~~;

(iv) A surface designed to reduce friction and shear~~;~~; and,

(v) Can be placed directly on a hospital bed frame or ordinary bed frame.

(b) Coverage criteria.

Generally, a group 2 support surface (i.e., an air-floatation bed) for use by an eligible recipient in a private residence or a long-term care facility (LTCF) may be prior-authorized when the patient has:

(i) Pressure sore(s) in stage III or stage IV of tissue breakdown, as defined in appendix A of this rule, located on the trunk, or

(ii) Burns of third degree with or without graft sites, or

(iii) Multiple wounds at stage II, or

(iv) Had a recent surgical procedure (within sixty days prior to the date of the authorization request) of wound closure involving skin grafts and/or skin flaps. (Note: for the first thirty days following a skin graft and/or a skin flap procedure, an original copy of a physician's prescription shall be considered sufficient documentation for medical necessity. Subsequent approvals must meet the requirements of this rule.)

(3) Group 3.

(a) Definition.

"Group 3" pressure reducing support surfaces are typically defined as air-fluidized beds. An "air-fluidized bed" is a device employing the circulation of filtered air through silicone coated ceramic beads creating the characteristics of fluid. It is utilized for the treatment of a patient who has stage III or stage IV pressure sores.

(b) Coverage criteria.

A group 3 support surface (i.e., an air-fluidized bed) may be prior authorized when the patient has a stage III wound or a stage IV wound. The department's prior authorization unit will review the request and determine if an alternative support surface, such as a group 2 support surface, may be more appropriate.

(C) Pressure reducing support surfaces - medical necessity documentation requirements.

The following current (within the last thirty days), signed and dated documentation must be submitted with the completed prior authorization form (~~ODHS 3142~~JFS 03142) for all group 2 and group 3 support surfaces, except for surfaces prescribed for the first thirty days after skin graft/skin flap surgery, as per paragraph (B)(2)(b)(iv) of this rule. Each piece of documentation must be labeled with the resident's name.

(1) A current physician's prescription or order for the support surface.

(2) A current physician's prescription or order for treatment of wounds.

(3) The patient's current diagnosis.

(4) The patient's weight history for at least sixty days.

(5) The patient's current comprehensive nutritional assessment by a licensed/registered dietitian.

(6) Laboratory reports of blood tests, performed within twenty one days prior to submission of the authorization request, showing, at a minimum:

(a) Serum protein,

(b) Serum albumin/prealbumin,

(c) Hemoglobin, and

(d) Hematocrit.

(7) The patient's current wound descriptions and history describing wound appearance, length, width, depth, and location, prepared by a licensed nurse, and describing wound stage as defined in appendix A of this rule.

(8) Photograph(s) taken of the patient's wound(s), within twenty one days prior to the submission of the authorization request. Each photograph should be labeled as follows:

(a) Patient's name~~,~~;

(b) Date the photograph was taken~~,~~; and,

(c) Wound location(s).

(9) A statement from the LTCF which specifies the end date of the patient's medicare part A benefits must be submitted for patients who are eligible for medicare.

(D) When the medical necessity for the pressure-reducing support surface has been established, the patient's overall health status and any complicating conditions will be considered when authorizing the most appropriate and cost-effective support surface (air-fluidized or low air loss).

(E) For those support surfaces requiring ~~(~~prior~~)~~ authorization, the initial and any subsequent periods of coverage will be authorized at the discretion of the department.

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