



Medical Assistance BULLETIN

ISSUE DATE January 29, 2026	EFFECTIVE DATE January 29, 2026	NUMBER 01-26-43, 08-26-43, 09-26-43, 10-26-02, 24-26-43, 25-26-02, 31-26-43, 33-26-42
SUBJECT Prior Authorization Guidelines for Manual Hospital Beds and Accessories		BY <i>Sally A. Kozak</i> Sally Kozak Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.pa.gov/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents.html>

PURPOSE:

The purpose of this bulletin is to advise providers of new guidelines for prior authorization and new handbook pages to support the medical necessity of prescriptions for manual hospital beds and accessories for purchase or after three months of rental.

SCOPE:

This bulletin applies to physicians, certified registered nurse practitioners, physician assistants, certified nurse midwives, acute care hospitals, inpatient medical rehabilitation hospitals, inpatient medical rehabilitation units, hospital-based medical clinics, Federally Qualified Health Centers, Rural Health Clinics, independent medical surgical clinics, pharmacies and durable medical equipment (DME) suppliers enrolled in the Medical Assistance (MA) Program who order, refer, prescribe, or render services for manual hospital beds and accessories for purchase or after three months of rental to MA beneficiaries in the Fee-for-Service delivery system. Providers who order, refer, prescribe, or render services in the MA managed care delivery system should address any prior authorization questions to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

The Department of Human Services (Department) is mandated by Title XIX of the Social Security Act to implement a statewide utilization review program that safeguards against unnecessary or inappropriate use of services and excessive payments, assesses the quality of those services, and controls utilization of services. Prior authorization is meant to ensure that services are medically necessary and appropriate. Additionally, Section 443.6(b)(2)-(3) of the

<p align="center">COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p align="center">Fee-for-Service Provider Service Center: 1-800-537-8862</p> <p align="center">Visit the Office of Medical Assistance Programs website at: https://www.pa.gov/agencies/dhs/departments-offices/omap-info</p>
--

act of June 13, 1967, (P.L. 31, No. 21) (62 P.S. §443.6), known as the Human Services Code, requires prior authorization for the purchase of specific equipment that costs more than six hundred dollars and for the rental of equipment for a period in excess of three months.

Manual hospital beds and accessories are covered in the MA Program under the DME provision to ensure beneficiaries receive medically necessary support for recovery, safety, and functional mobility within the home. Manual hospital beds are adjustable beds that are operated by hand cranks that allow beneficiaries to change body positions. Manual hospital beds are prescribed when a standard bed cannot meet a beneficiary's needs. Accessories for manual medical beds include trapeze bars and fracture frames, which assist beneficiaries with mobility, positioning, and support during recovery or treatment.

On June 24, 2025, the Department advised providers of the change to from InterQual to Milliman Care Guidelines (MCG) in MA Bulletin 99-25-03 titled, "Updates to Screening Guidelines for Prior Authorization". There are no MCG guidelines for manual hospital beds and accessories to determine medical necessity. Therefore, the Department is advising providers of the clinical guidelines to be utilized for prior authorization of manual hospital beds and accessories for purchase or after three months of rental.

PROCEDURE:

Effective with the issuance of this bulletin, providers are to refer to the attachments for the guidelines for the prior authorization review of manual hospital beds and accessories. Providers may also refer to the Department's website to access the PROMISe™ Provider Handbooks at:

<https://www.pa.gov/agencies/dhs/resources/for-providers/promise/promise-provider-handbooks-guides>.

As set forth in 55 Pa. Code § 1101.67(a), the procedures described in the handbook pages must be followed to ensure appropriate and timely processing of prior authorization requests for products that require prior authorization.

ATTACHMENTS:

Attachment 1 - PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form, Section 7.1.2.7, Prior Authorization of Manual Hospital Beds and Accessories, Effective January 29, 2026.

Attachment 2 - PROMISe™ Provider Handbook 837 Institutional/UB-04 Claim Form, PROMISe™ Provider Handbook, Section 7.1.2.5, Prior Authorization of Manual Hospital Beds and Accessories, Effective January 29, 2026.

7.1.2.7 Prior Authorization of Manual Hospital Beds and Accessories

- I. General Requirements for Prior Authorization of Manual Hospital Beds and Accessories
 - A. Prescriptions that Require Prior Authorization
 - B. Documentation for Review
 - C. Review of Documentation for Medical Necessity
 - D. Clinical Review Process
 - E. References

I. GENERAL REQUIREMENTS FOR PRIOR AUTHORIZATION OF MANUAL HOSPITAL BEDS AND ACCESSORIES

A. Prescriptions that Require Prior Authorization

1. All prescriptions for manual hospital beds for purchase or rental after three months.
2. All prescriptions for trapeze bars and fracture frames for purchase or rental after three months.

B. Documentation for Review

The following information should be submitted with an authorization request for manual hospital beds, fixed or variable height, and accessories:

1. Diagnosis relevant to requested equipment.
2. Medical records demonstrating current level of function of the beneficiary (i.e., full or reduced capacity, ambulatory, bedfast, or similar description) and demonstrating transfer ability and required assistance from bed to wheelchair.
3. Documentation of required positioning of the body to alleviate pain, promote body alignment, prevent contractures, and/or avoid respiratory infections.
4. X-ray and/or MRI reports, if available.
5. Physical or occupational therapy evaluation and assessment, if appropriate.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for manual hospital beds and accessories, the determination of whether the requested service is medically necessary will take into account whether the beneficiary:

1. For manual hospital beds, fixed or variable height:
 - a. Does one of the following conditions exist and are wedges or pillows insufficient to assist with positioning:
 - i. Mobility impairments: In patients who have significant difficulty repositioning themselves due to musculoskeletal or neurological disorders or injuries; **OR**
 - ii. Post-surgical recovery: In patients recovering from major surgeries where adjustable positioning is needed to enhance recovery or serious complications; **OR**
 - iii. Chronic respiratory disorders: In patients where elevation of the head of the bed more than 30 degrees is necessary to reduce respiratory distress and promote better oxygenation; **OR**
 - iv. Any medical condition which requires special attachments that cannot be fixed and used on an ordinary bed.

2. For trapeze bars:
 - a. Requires changing body position, sitting up, or getting in and out of bed and are unable to otherwise position themselves.
3. For fractures frames:
 - a. Has one of the following conditions:
 - i. Post surgical support to stabilize the affected area and facilitate healing; **OR**
 - ii. Fracture Management: provides immobilization for non-surgical fractures or post-reduction stabilization of displaced fractures.

D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C to assess the medical necessity of a prescription for manual hospital beds and accessories. If the guidelines in Section C are met, the reviewer will prior authorize the service. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

E. References

1. Adler, D., Pépin, J.L., Dupuis-Lozeron, E., Espa-Cervena, K., Merlet-Violet, R., Muller, H., Janssens, J.P., & Brochard, L. (2017). “Comorbidities and subgroups of patients surviving severe acute hypercapnic respiratory failure in the intensive care unit.” *American Journal of Respiratory and Critical Care Medicine*, 196(2), 200–207. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/27973930/>
2. Berlowitz, D., VanDeusen Lukas, C., Parker, V., Niederhauser, A., Silver, J., Logan, C., Ayello, E., & Zulkowski, K. (2011). “Preventing Pressure Ulcers in Hospitals.” *Agency for Healthcare Research and Quality*. Retrieved from <https://www.ahrq.gov/patient-safety/settings/hospital/resource/pressureulcer/tool/index.html>
3. Centers for Medicare & Medicaid Services. (n.d). “National Coverage Determination (NCD): Hospital beds.” *Medicare Coverage Database*. Retrieved from <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdId=227>
4. Tazrean, R., Nelson, G., & Twomey, R. (2022). “Early mobilization in enhanced recovery after surgery pathways: current evidence and recent advancements.” *Journal of Comparative Effectiveness Research*, 11(2), 121–129. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/35045757/>

7.1.2.5 Prior Authorization of Manual Hospital Beds and Accessories

- I. General Requirements for Prior Authorization of Manual Hospital Beds and Accessories
 - A. Prescriptions that Require Prior Authorization
 - B. Documentation for Review
 - C. Review of Documentation for Medical Necessity
 - D. Clinical Review Process
 - E. References

I. GENERAL REQUIREMENTS FOR PRIOR AUTHORIZATION OF MANUAL HOSPITAL BEDS AND ACCESSORIES

A. Prescriptions that Require Prior Authorization

1. All prescriptions for manual hospital beds for purchase or rental after three months.
2. All prescriptions for trapeze bars and fracture frames for purchase or rental after three months.

B. Documentation for Review

The following information should be submitted with an authorization request for manual hospital beds, fixed or variable height, and accessories:

1. Diagnosis relevant to requested equipment.
2. Medical records demonstrating current level of function of the beneficiary (i.e., full or reduced capacity, ambulatory, bedfast, or similar description) and demonstrating transfer ability and required assistance from bed to wheelchair.
3. Documentation of required positioning of the body to alleviate pain, promote body alignment, prevent contractures, and/or avoid respiratory infections.
4. X-ray and/or MRI reports, if available.
5. Physical or occupational therapy evaluation and assessment, if appropriate.

C. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization of a prescription for manual hospital beds and accessories, the determination of whether the requested service is medically necessary will take into account whether the beneficiary:

1. For manual hospital beds, fixed or variable height:
 - a. Does one of the following conditions exist and are wedges or pillows insufficient to assist with positioning:
 - i. Mobility impairments: In patients who have significant difficulty repositioning themselves due to musculoskeletal or neurological disorders or injuries; **OR**
 - ii. Post-surgical recovery: In patients recovering from major surgeries where adjustable positioning is needed to enhance recovery or serious complications; **OR**
 - iii. Chronic respiratory disorders: In patients where elevation of the head of the bed more than 30 degrees is necessary to reduce respiratory distress and promote better oxygenation; **OR**
 - iv. Any medical condition which requires special attachments that cannot be fixed and used on an ordinary bed.

2. For trapeze bars:
 - a. Requires changing body position, sitting up, or getting in and out of bed and are unable to otherwise position themselves.
3. For fractures frames:
 - a. Has one of the following conditions:
 - i. Post surgical support to stabilize the affected area and facilitate healing; **OR**
 - ii. Fracture Management: provides immobilization for non-surgical fractures or post-reduction stabilization of displaced fractures.

D. Clinical Review Process

Prior authorization personnel will review the request for prior authorization and apply the clinical guidelines in Section C to assess the medical necessity of a prescription for manual hospital beds and accessories. If the guidelines in Section C are met, the reviewer will prior authorize the service. If the guidelines are not met, the prior authorization request will be referred to a physician reviewer for medical necessity determination. Such a request for prior authorization will be approved when, in the professional judgement of the physician reviewer, the services are medically necessary to meet the medical needs of the beneficiary.

E. References

1. Adler, D., Pépin, J.L., Dupuis-Lozeron, E., Espa-Cervena, K., Merlet-Violet, R., Muller, H., Janssens, J.P., & Brochard, L. (2017). “Comorbidities and subgroups of patients surviving severe acute hypercapnic respiratory failure in the intensive care unit.” *American Journal of Respiratory and Critical Care Medicine*, 196(2), 200–207. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/27973930/>
2. Berlowitz, D., VanDeusen Lukas, C., Parker, V., Niederhauser, A., Silver, J., Logan, C., Ayello, E., & Zulkowski, K. (2011). “Preventing Pressure Ulcers in Hospitals.” *Agency for Healthcare Research and Quality*. Retrieved from <https://www.ahrq.gov/patient-safety/settings/hospital/resource/pressureulcer/tool/index.html>
3. Centers for Medicare & Medicaid Services. (n.d). “National Coverage Determination (NCD): Hospital beds.” *Medicare Coverage Database*. Retrieved from <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdId=227>
4. Tazreean, R., Nelson, G., & Twomey, R. (2022). “Early mobilization in enhanced recovery after surgery pathways: current evidence and recent advancements.” *Journal of Comparative Effectiveness Research*, 11(2), 121–129. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/35045757/>