

State of Vermont Department of Vermont Health Access 280 State Drive, NOB 1 South Waterbury, VT 05671-1010 Agency of Human Services [Phone] 802-879-5903 [Fax] 802-879-5963 [Email] <u>AHS.DVHAClinicalUnit@vermont.gov</u> www.dvha.vermont.gov

<u>The Department of Vermont Health Access</u> <u>Supplement to InterQual® Criteria</u>

Note: DVHA utilizes InterQual® criteria as a resource for coverage determination. In order to ensure compliance with other relevant <u>Health Care Rules</u> and requirements, DVHA may base coverage determinations on information supplemental to InterQual® criteria. See services listed below.

To access InterQual® criteria, please log into your account at the <u>Vermont Medicaid Portal</u>, go to secure options and click on InterQual® Solution from the dropdown menu.

Subject: Trapezes and other bed mobility aids Last Review: December 17, 2024* Past Revisions: N/A

*Please note: Most current content changes will be highlighted in yellow.

Description of Service or Procedure

Definitions:

Bed mobility is defined as movement within a bed, for repositioning. Moving side to side, or up and down in a bed, or lifting part of the body up from a bed or getting from supine to sitting are all considered bed mobility. Transfers involve leaving the bed and so are not considered part of bed mobility.

Bed mobility aids are devices that assist in the performance of bed mobility. Devices that lift an individual off the bed (lifts) or that move them from the bed to another surface (transfer devices) are not considered bed mobility devices.

A **trapeze** is an overhead bar that is suspended from a frame, which may be freestanding or attached to the bed.

Criteria Supplemental to InterQual®

Trapezes and bed mobility aids may be covered for members who:

In addition to the guidance provided by InterQual®, the following information should be considered by DVHA reviewers:



Trapezes and other bed mobility aids are found in InterQual® in the hospital beds criteria under Accessories. In addition to the guidance provided by InterQual®, the following information will be considered by Department of Vermont Health Access (DVHA) reviewers:

All bed mobility aid requests require documentation of an in-home assessment by a physical or occupational therapist. The skill of a physical or occupational therapist is required to evaluate for devices that maximize the member's independence and safety.

Trapezes:

- The member must require the device to elevate the lower part of the body (for example, for bedpan use, changing bedclothes, or pressure relief). A trapeze is not a safe or effective tool for transitioning from supine to a sitting position, or for getting out of bed.
- The member must not be able to perform the activities that require elevating the lower part of the body, such as the above examples, without the device. For example, many individuals can roll to either side for a change of bedclothes or perform a bridge or a roll to the side for bedpan placement or pressure relief.
- The member must have no medical contraindications for lifting a significant part of their body weight with their upper extremities, such as a shoulder injury or uncontrolled hypertension.
- Freestanding trapeze equipment will be considered only if it is less expensive than the type which attaches to the bed, particularly if a hospital bed is required.
- A physical or occupational therapist must be available to instruct the user in the correct use of the equipment. For example, trapeze users should exhale during trapeze use to avoid a Valsalva effect.

Other Bed Mobility Devices

- Other devices which may be considered to accomplish independent bed mobility include bed ladders and slippery tubes such as the "Phil-e-slide." These devices may be considered if it is demonstrated that less expensive techniques such as using the head raising feature of the hospital bed, or using bed linens to slide the member, will not be efficacious.
- Caution must be used when considering side rails for bed mobility. There can be entrapment issues related to side rail use. Also, individuals experiencing confusion may try to climb over side rails, resulting in injury.

Cautions: All members with bed mobility issues should be evaluated by a physical or occupational therapist to determine the best techniques or devices to use. Caregiver training is imperative to avoid injury during bed mobility. Good bed mobility is essential to avoiding loss of skin integrity and must be part of a comprehensive program that includes nutrition, skin care, therapeutic exercise to preserve/increase strength, and good pulmonary hygiene.

Type of service or procedure not covered (this list may not be all inclusive)

Freestanding trapezes will not be covered if an attached trapeze can meet the medical need.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertain to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at

https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrativerules-hcar/adopted-rules

- 7102.2 Prior Authorization Determination
- 4.101 Medical Necessity for Covered Services
- 4.104 Medicaid Non-Covered Services
- 4.106 Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- 4.209 Durable Medical Equipment

Coverage Position

Trapezes and other bed mobility aids may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont Office of Professional Regulation's website*, Statute, or Rule who is knowledgeable regarding Trapezes and other bed mobility aids, and who provides medical care to the member AND
- When the clinical criteria above are met.

* Vermont's Office of Professional Regulation's website: https://sos.vermont.gov/opr/

Clinical criteria for repeat service or procedure

Replacement device(s) is covered when:

• The device is no longer functional through normal wear and tear or when the useful lifetime has been reached (HCAR Rule 4.209). See the DME limitation list on the VT Medicaid Portal under Provider Resources at http://vtmedicaid.com/#/resources.

Type of service or procedure covered

Trapezes and other bed mobility aids including sliding sheets and tubes, and side rails where it can be clearly shown that the the risk of entrapment has been minimized.

Coding guidelines

Please see the Medicaid Portal at <u>http://vtmedicaid.com/#/feeSchedule</u> for fee schedules, code coverage, and applicable requirements.

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- Centers for Medicare and Medicaid Services. (2017). *Early and Periodic Screening, Diagnostic, and Treatment* | *Medicaid*. Medicaid.gov. https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-andtreatment/index.html
- Coman, R. L., Caponecchia, C., & McIntosh, A. S. (2018). Manual handling in aged Care: Impact of environment-related interventions on mobility. *Safety and Health at Work*, 9(4), 372–380. <u>https://doi.org/10.1016/j.shaw.2018.02.003</u>
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- Kayser, S. A., Wiggermann, N. E., & Kumpar, D. (2020). Factors associated with safe patient handling practice in acute care and its relationship with patient mobilization: A crosssectional study. *International Journal of Nursing Studies*, 104, 103508. <u>https://doi.org/10.1016/j.ijnurstu.2019.103508</u>
- Osuala, E. (2014). Innovation in prevention and treatment of pressure ulcer: Nursing implication. *Tropical Journal of Medical Research*, *17*(2), 61. <u>https://link.gale.com/apps/doc/A383764095/AONE?u=vol_template&sid=googleScholar&</u> <u>xid=0b0f80c0</u>
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This document has been classified as public information.