

MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	Private Rooms
Policy Number	12.01.06
Category	Contract Clarification
Original Effective Date	10/18/01
Committee Approval Date	10/18/01 through 01/05
Current Effective Date	11/16/23
Archived Date	01/26/06
Archive Review Date	01/26/06, 12/07/06, 12/13/07, 12/11/08, 12/10/09, 12/09/10, 12/08/11, 12/06/12, 12/12/13, 12/11/14, 12/10/15, 12/8/16, 12/14/17, 12/13/18, 12/12/19, 12/10/20, 11/18/21, 11/17/22, 11/16/23
Product Disclaimer	<ul style="list-style-type: none"> If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY STATEMENT

- I. Private rooms are generally excluded from coverage under the Health Plan's subscriber contracts and certificates.
- II. A Health Plan medical director will review the physician's order and the patient's clinical record upon receipt of a request for a private room and may determine that a private room is **medically necessary** based on the following indications:
 - A. Patient has a contagious disease, and isolation is indicated to prevent its spread.
 - B. Patient is immunocompromised, and the risk of infection is serious.
 - C. Patient has radiation implants.
 - D. Patient has severe burns, there is no available bed in a burn unit.
 - E. Patient is a danger to self and/or others and requires one-on-one care by a staff member or seclusion due to extreme psychological conditions.
 - F. Patient has severe eclampsia.

DESCRIPTION

A private room is a hospital room that is occupied by a single patient. It is not designed for semi-private use and is billed by the hospital as a "private room."

CODES

- Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.
- CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.**
- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

Medical Policy: PRIVATE ROOMS

Policy Number: 12.01.06

Page: 2 of 2

- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
No specific code(s)	

Copyright © 2023 American Medical Association, Chicago, IL

HCPCS Codes

Code	Description
No specific code(s)	

ICD10 Codes

Code	Description
Numerous codes	

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently no National Coverage Determination (NCD) or Local Coverage Determination (LCD) for private rooms. However, Bed and Board is addressed in the chapter on Inpatient Hospital Services Covered Under Part A, Section 10.1, in the Medicare Benefit Policy Manual. Please refer to the following website for Medicare members:

<http://www.cms.hhs.gov/manuals/Downloads/bp102c01.pdf> accessed 10/20/23.