MEDICAL POLICY

Medical Policy Title	**Private Rooms**
Policy Number	**12.01.06**
Current Effective Date	**November 19, 2026**
Next Review Date	**November 2027**

Our medical policies are guides to evaluate technologies or services for medical necessity. Criteria are established through the assessment of evidence based, peer-reviewed scientific literature, and national professional guidelines. Federal and state law(s), regulatory mandates and the member's subscriber contract language are considered first in the determination of a covered service.
(Link to Product Disclaimer)

POLICY STATEMENT(S)

I. 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 **ANY** of 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 or others and requires one-on-one care by a staff member or seclusion due to extreme psychological conditions;

   F. Patient has severe eclampsia.

RELATED POLICIES

Not Applicable

POLICY GUIDELINE(S)

I. Private rooms are generally excluded from coverage under the Health Plan's subscriber contracts and certificates.

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."

SUPPORTIVE LITERATURE

Not Applicable

PROFESSIONAL GUIDELINE(S)

The Center for Disease Control's (CDC) guideline for isolation precautions to prevent transmission of infectious agents in the healthcare setting (CDC 2007, updated 2024) state single patient rooms are preferred when there is a concern about transmission of an infectious agent. Single-patient rooms are always indicated for patients placed on airborne precautions and in a protective environment and are preferred for patients who require contact or droplet precautions. They go on to say when there are only a limited number of single-patient rooms, it is prudent to prioritize them for those patients who have conditions that facilitate transmission of infectious material to other patients (e.g., draining wounds, stool incontinence, uncontained secretions) and for those who are at increased risk of acquisition and adverse outcomes resulting from hospital acquired infections (HAI) (e.g., immunosuppression).

REGULATORY STATUS

Not Applicable

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
Not Applicable	

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HCPCS Codes

Code	Description
Not Applicable	

ICD10 Codes

Code	Description
Not Applicable	

REFERENCES

Siegel JD, et al., the Healthcare Infection Control Practices Advisory Committee. Center for Disease Control [Internet]. 2007 Guideline for isolation precautions: preventing transmission of infectious agents in healthcare settings. 2024 Sep [accessed 2026 Oct 20]. Available from: https://www.cdc.gov/infection-control/media/pdfs/Guideline-Isolation-H.pdf

SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

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 2026 Oct 20].

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, 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 HISTORY/REVISION

Committee Approval Dates

10/18/01 through 01/05, 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, 12/08/16, 12/14/17, 12/13/18, 12/12/19, 12/10/20, 11/18/21, 11/17/22, 11/16/23, 11/21/24, 11/20/25, 11/19/26

Date	Summary of Changes
11/19/26	• Annual review, policy intent unchanged.
11/20/25	• Annual review, policy intent unchanged.

01/01/25	• Summary of changes tracking implemented.
10/18/01	• Original effective date