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Private Inpatient Hospital Rooms
Corporate Medical Policy

File Name: Private Inpatient Hospital Rooms
File Code: 10.99.VT84
Origination: 04/01/2024
Last Review: 04/2025
Next Review: 04/2026
Effective Date: 08/01/2025

Description/Summary

Hospital facilities often have different types of accommodations available including semi-private and private rooms. This corporate medical policy guides when a private hospital room is considered medically necessary.

Policy

When a service may be considered medically necessary

A private hospital room is considered **medically necessary** in any of the following:

- **Need for isolation:**
  - A private room is considered **medically necessary** when isolation of a member is required:
    - to avoid jeopardizing their health and/or recovery; **OR**
    - to avoid jeopardizing the recovery of other patients who are likely to be alarmed or disturbed by the member's condition

  NOTE: Communicable disease, heart attack, cerebrovascular accident, and psychotic episodes, among other conditions, may require isolation of the patient for certain periods.

- **Admission required and only private rooms available:**
  - A private room is considered **medically necessary** even though the member's condition does not require isolation if they need immediate hospitalization (i.e., their medical condition is such that hospitalization cannot be deferred) and the facility has no semi-private or ward accommodations available at the time of admission.

- **All-private room facilities:**
  - If the patient is admitted to a facility that has only private accommodations and no semi-private or ward accommodations, accommodations provided will be considered **medically necessary**.

When a service is considered not medically necessary

Use of private hospital room primarily at the member's request, when semi-private accommodations are otherwise available, is considered **not medically necessary.**

Provider charges specifically for deluxe accommodations are **not medically necessary.**

Use of private hospital rooms that do not meet the above criteria is considered **not medically necessary.**

Reference Resources

1. Medicare Benefit Policy Manual - Chapter 1 - Inpatient Hospital Services Covered Under Part A. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c01.pdf
2. SSA Program Operations Manual System (POMS). https://secure.ssa.gov/poms.nsf/lnx/0600601015
3. Infection prevention: Precautions for preventing transmission of infection - UpToDate. Literature review current through 3/2025. Accessed 4/2025.
4. Siegel JD, Rhinehart E, Jackson M, Chiarello L; Health Care Infection Control Practices Advisory Committee. 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings. Am J Infect Control. 2007 Dec;35(10 Suppl 2):S65-164. doi: 10.1016/j.ajic.2007.10.007. PMID: 18068815; PMCID: PMC7119119.

Related Policies
N/A

Document Precedence

Blue Cross and Blue Shield of Vermont (Blue Cross VT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, Blue Cross VT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances

of non-compliance with this medical policy, Blue Cross VT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval / prenotification may be required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered compete, see policy guidelines above.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

04/2024	Policy origination. Policy created to address medical necessity of private inpatient hospital rooms.
04/2025	Policy reviewed. No change to policy statement. Reference updated.

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by Blue Cross VT Medical Directors

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