

Hospital Beds and Accessories for Home use

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Developed By: Medical Necessity Criteria Committee

I. Description

The term hospital bed applies to a type of bed that is adjustable to suit the particular needs of a member. Categories of hospital beds include:

1. Manual, fixed height: the bed has adjustable head and foot elevations, which are manipulated by using the hand appliance (usually a crank) but does not have an adjustment for the height of the bed. Side rails can be added for safety.
2. Manual, variable height: in addition to the ability to adjust the head and foot elevation, one can also adjust the overall height of the bed by using a hand appliance (usually a crank).
3. Semi-Electric: has the ability to adjust the head and foot elevations by using electric controls, but the height of the bed is adjusted by hand appliance (usually a crank).
4. Total Electric: has the ability to adjust all functions of the bed; head and foot elevations and height of the bed with use of electric controls.
5. Heavy Duty: is designed to accommodate members that weigh more than 350 pounds

II. Criteria: CWQI HCS-0034

Note: Coverage for hospital beds and accessories is subject to plan benefits and limitations for durable medical equipment (DME). **Refer to applicable plan handbook for specific benefit information.**

- A. Moda Health covers hospital beds for **1 or more of the following**:
 - a. Manual, fixed height bed (E0250, E0251, E0290, E0291, E0328) will be covered to plan limitations when **1 or more** of the following indications are present:
 - i. The member has a medical condition that requires positioning of the body that is not feasible or cannot be accomplished in an ordinary bed (i.e. control pain, to promote good body alignment due to *presence of contractures, or post-operative positioning, avoid respiratory infections*),
 - ii. The member requires the head of the bed elevated more than 30 degrees most of the time due to a medical condition, and the use of pillows or wedges has been tried (*i.e. congestive heart failure, chronic pulmonary diseases or problems with aspiration*)
 - iii. The member requires the use of special equipment that has been designed for use in conjunction with a hospital bed, such as traction and cannot be fixed and used on an ordinary bed

- b. Manual variable height beds, (E0255, E0256, E0292, E0293) the member requires a bed height different than that provided by the standard fixed height bed and meets 1 or more of the following:
 - i. Member has severe arthritis or other injuries to lower extremities (*e.g., fractured hip*), where the variable height feature is necessary to assist the member to ambulate in and out of bed
 - ii. The member has severe cardiac conditions, where they can leave the bed, but must avoid the strain of “jumping” up and down
 - iii. The member has a spinal cord injury (*i.e. quadriplegic and paraplegic*), multiple limb amputees, or stroke, where the member can transfer from a bed to a wheelchair, with or without help
 - iv. The member has other severely debilitating diseases and conditions, requiring a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair, or standing position.
- c. Semi-Electric beds (E0260, E0261, E0294, E0295, and E0329) will be covered to plan limitation when **ALL** of the following indications are present.
 - i. The member meets **1 or more** of the above indications for fixed height beds; **and**
 - ii. The member requires frequent changes in body position and/or has an immediate need for a change in body position
- d. Heavy duty extra wide bed (E0301, E0303) will be covered to plan limitations when **ALL** of the following indications are present:
 - i. Member meets **1 or more** of the above indications for a manual fixed height bed; **and**
 - ii. The member weighs more than 350 pounds but does not exceed 600 pounds.
- e. Extra heavy duty bed (E0302, E0304) will be covered to plan limitations when all of the following indications are present:
 - i. Member meets **1 or more** of the above indications for a manual fixed height bed; **and**
 - ii. The member’s weight exceeds 600 pounds.
- f. Total Electric Beds (E0265, E0266, E0296, E0297) will **NOT** be covered. A total electric bed is one with electric height adjustment and with electric head and leg elevation adjustments.

B. Hospital Bed Accessories

- a. Trapeze bar (E0910, E0940) may be covered to plan limitations when the member is unable to assume a sitting position independently due to a medical condition, get in or out of bed, and/or to change position for any other medical reason.
- b. Heavy duty trapeze equipment (E0911, E0912) is covered if the member meets the criteria for regular trapeze equipment and the member’s weight is more than 250 pounds.
- c. Innerspring mattress (E0271) or foam rubber mattress (E0272) may be covered to plan limitations as a replacement for a hospital bed or to accommodate unusual medical conditions. These will be reviewed on a case-by-case basis.
 - i. Replacement mattress will be approved if the hospital bed has already been authorized and the current mattress is unable to be repaired.

- d. Hospital beds with built-in scales are considered medically necessary only for non-ambulatory individuals who require frequent weight measurements.

C. Hospital Beds – Non-covered items:

- a. Beds, mattresses, and/or supplies provided by a non-DME supplier. This includes all nonhospital adjustable beds (i.e. Craftmatic Adjustable Bed, Adjust-A-Sleep Adjustable Bed, Simmons Beauty Rest Adjustable Bed, etc).
- b. Institutional-type beds are not appropriate for home use. These include oscillating beds, springbase beds, circulating beds, cage beds, and stryker frame beds.
- c. Bed boards
- d. Over-bed tables and trays are considered a convenience item and not medically necessary as their use is not primarily medical in nature.
- e. Bed elevators (e.g. blocks, lifters)
- f. Bed rail pads
- g. Bed wedges/pillows
- h. Call switches
- i. Water beds
- j. Safety accessories such as bed enclosures or canopies

III. Information Submitted with the Prior Authorization Request:

1. Chart notes from the treating physician
2. Diagnosis and expected length of duration for use of the hospital bed
3. Supporting information, which may determine the type of bed and/or accessories required

IV. CPT or HCPC codes covered:

Codes	Description
E0250	Hospital bed, fixed height, with any type side rails, with mattress
E0251	Hospital bed, fixed height, with any type side rails, without mattress
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress
E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
E0271	Mattress, innerspring
E0272	Mattress, foam rubber
E0290	Hospital bed, fixed height, without side rails, with mattress
E0291	Hospital bed, fixed height, without side rails, without mattress
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress
E0300	Pediatric crib, hospital grade, fully enclosed

E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress
E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress
E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress
E0910	Trapeze bars, also known as Patient Helper, attached to bed, with grab bar
E0911	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar
E0912	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar
E0940	Trapeze bar, freestanding, complete with grab bar

V. CPT or HCPC codes NOT covered:

Codes	Description
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress
E0270	Hospital bed, institutional type includes oscillating, circulating and Stryker frame, with mattress
E0273	Bed board
E0274	Over-bed table
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress
E0305	Bedside rails, half-length
E0310	Bedside rails, full-length
E0316	Safety enclosure frame/canopy for use with hospital bed, any type

VI. Annual Review History

Review Date	Revisions	Effective Date
11/2012	Annual Review: Added table with review date, revisions, and effective date.	12/01/2012
09/2013	Annual Review: No changes	09/25/2013
12/2014	Annual Review: No changes	12/3/2014
07/2015	Added Medicare Reference	8/28/2015
10/2016	Annual review: Updated with new Medicare Guidelines	10/26/2016
12/2017	Annual review: Updated to new template; no changes	12/06/2017
11/2018	Annual Review: No changes	11/28/2018
11/2019	Annual Review: Updated to indicate noncoverage for side rails and total electric beds, updated covered and non-covered codes list	12/5/2019
05/2020	Update: A statement was added indicating that, Total electric beds will not be covered	5/28/2020
11/2020	Annual Review: update, E0270 placed on noncovered table. No content changes	12/1/2020

VII. References

1. Australian wound Management Association (AWMA), Pressure Ulcer Interest Sub-Committee. Clinical Practice Guidelines for the Prediction and Prevention of Pressure Ulcers. West Leederville, Australia: AWMA; 2001
2. Centers for Medicare & Medicaid Services (CMS). Medicare coverage database. National coverage determination for hospital beds (280.7). Accessed on October 19, 2016. at: http://www.cms.hhs.gov/mcd/viewnacd.asp?ncd_id=280.7&ncd_version=1&basket=ncd%3A280%2E7%3A1%3AHospital+Beds
3. Cullum, N., Petherick, E. Pressure ulcers. (2007). BMJ Clinical Evidence. London, UK. BMJ Publishing Croup; updated February 2007.
4. Marik, P. Fink, M. One good turn deserves another! Crit Care Med. 2002;30(9):2146-2148.
5. OMAP Administrative Rulebook & Provider Archive. Durable Medical Equipment.
6. Powell –Cope, G., Baptiste, A., Nelson, A. Modification of bed systems and use of accessories to reduce the risk of hospital-bed entrapment. Rehabil Nurs. 2005; 30(1);9-17.
7. Centers for Medicare and Medicaid Services; Local Coverage Determination (LCD): Hospital Beds AND Accessories (L33820); Noridian Healthcare Solutions, LLC: Original Effective date 10/01/2015; Revision Effective Date 07/01/2016
8. Centers for Medicare and Medicaid Services; Local Coverage Article: Hospital Beds and Accessories- Policy Article-Effective October 2015 (A52508); Noridian Healthcare Solutions, LLC; Original Article Effective Date 10/01/2015; Revision Effective Date 07/01/2016.
9. Physician Advisors

Appendix 1 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):
	CMS National Coverage Determination (NCD) Hospital Beds (280.7)
	https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=227&ncdver=1&DocID=280.7&ncd_id=280.7&ncd_version=1&basket=ncd*3a%24280.7*3a%241*3a%24Hospital+Beds&bc=gAAAAABAAAA&

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC