



Clinical UM Guideline

Subject: Hospital Beds and Accessories

Guideline #: CG-DME-15

Status: Reviewed

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Description

This document addresses the use of hospital beds, a specialty bed used primarily in the treatment of individuals with an illness or injury. Hospital bed accessories are durable medical equipment items used in conjunction with a hospital bed.

Note: Please see the following related document for additional information:

- [CG-DME-16 Pressure Reducing Support Surfaces – Groups 1, 2 & 3](#)

Clinical Indications

Hospital Beds

Medically Necessary:

A fixed height hospital bed is considered **medically necessary** if *one* or more of the following criteria are met:

1. The individual has a medical condition that requires positioning of the body in ways not feasible with an ordinary bed to alleviate pain, prevent contractures, promote good body alignment or avoid respiratory infections.
2. The individual requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges must have been considered and ruled out. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed.
3. The individual requires special attachments, such as traction equipment, that can only be attached to a hospital bed.

A variable height hospital bed is considered **medically necessary** if the individual meets one or more of the criteria for a fixed height hospital bed **and** requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair, or standing position. This includes, but is not limited to:

1. Severe arthritis;
2. Fractured hips or other lower extremity injuries;
3. Spinal cord injuries;
4. Severe cardiac conditions;
5. Stroke.

A semi-electric hospital bed is considered **medically necessary** if the individual meets one or more of the criteria for a fixed height bed and requires frequent changes in body position or has an immediate need for a change in body position.

A heavy-duty, extra-wide hospital bed is considered **medically necessary** if the individual meets one or more of the criteria for a fixed height hospital bed and the individual's weight is more than 350 pounds, but does not exceed 600 pounds.

An extra heavy-duty hospital bed is considered **medically necessary** if the individual meets one or more of the criteria for a hospital bed and the individual's weight exceeds 600 pounds.

An enclosed crib or enclosed bed is considered **medically necessary** for individuals with seizures, disorientation, vertigo, and neurological disorders, where the individual needs to be restrained to bed. Clinical documentation must be provided that states less invasive strategies (that is, bed rails, bed rail protectors, or environmental modifications) have been tried and have not been successful.

A request for a hospital grade, pediatric crib will be reviewed for **medical necessity** on an individual basis.

Not Medically Necessary:

If the above criteria are not met, the hospital bed will be considered **not medically necessary**.

A total electric hospital bed is considered **not medically necessary**. The height adjustment feature is considered to be a convenience feature.

Ordinary (Non-Hospital) beds are considered **not medically necessary**. An ordinary bed does not meet the definition of durable medical equipment as it is not primarily medical in nature and is not primarily used in the treatment of a disease or injury.

Power or manual lounge beds are considered **not medically necessary** since they are not primarily medical in nature and are considered to be a comfort or convenience item.

Bed Accessories

Medically Necessary:

Trapeze equipment is considered **medically necessary** if the individual is confined to bed and needs this device to sit up because of a respiratory condition, to change body position for other medical reasons, or to get in or out of bed. Heavy duty trapeze equipment is considered **medically necessary** if the individual meets the criteria for regular trapeze equipment and weighs more than 250 pounds.

A bed cradle is considered **medically necessary** when it is necessary to prevent contact with the bed coverings. This includes, but is not limited to individuals with burns, decubitus or diabetic ulcers, or gouty arthritis.

Side rails are considered **medically necessary** when they are required by the individual's condition and they are an integral part of, or an accessory to, a hospital bed.

If an individual's condition requires a replacement innerspring mattress or foam rubber mattress it will be considered **medically necessary** for an individual-owned hospital bed.

Not Medically Necessary:

The following bed accessories are considered **not medically necessary** since they are not primarily medical in nature, are not mainly used in the treatment of a disease or injury and are normally of use to people who do not have a disease or injury:

1. Bedboards;
2. Overbed table;
3. Bed baths, bed spectacles, bed trays/reading tables, call switches, foot boards, bed lapboards;
4. Side rails when requested with a non-hospital or ordinary bed.

A frame/canopy for use with a hospital bed and limb restraints is considered **not medically necessary** since these items are not primarily medical in nature.

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS

Beds

E0250-E0251	Hospital bed, fixed height, with any type side rails
E0255-E0256	Hospital bed, variable height, hi-lo, with any type side rails
E0260-E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails
E0265-E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails
E0290-E0291	Hospital bed, fixed height, without side rails
E0292-E0293	Hospital bed, variable height, hi-lo, without side rails
E0294-E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails
E0296-E0297	Hospital bed, total electric, (head, foot and height adjustments), without side rails
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure
E0301-E0304	Hospital bed, heavy duty/extra heavy duty (includes codes E0301, E0302, E0303, E0304)
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of head board, foot board 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 head board, foot board and side rails up to 24 inches above spring, includes mattress

Accessories

E0271-E0272	Mattress
E0273	Bed board
E0274	Over-bed table
E0280	Bed cradle, any type
E0305	Bed side rails, half-length

E0310	Bed side rails, full-length
E0315	Bed accessory: board, table or support device, any type
E0316	Safety enclosure frame/canopy for use with hospital bed, any type
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

ICD-10 Diagnosis**All diagnoses****Discussion/General Information****Descriptions**

A *fixed height hospital bed* is one with manual head and leg elevation adjustments but no height adjustment.

A *variable height hospital bed* is one with manual height adjustment and with manual head and leg elevation adjustments.

A *semi-electric bed* is one with manual height adjustment and with electric head and leg elevation adjustments.

A *total electric bed* is one with electric height adjustment and with electric head and leg elevation adjustments.

An ordinary bed is one that is typically sold as furniture. It consists of a frame, box springs and mattress. It is a fixed height and has no head or leg elevation adjustments. It is normally for use in the absence of illness or injury.

Power or manual lounge beds, like other ordinary beds, are typically sold as furniture and are not considered durable medical equipment as they are used in the absence of illness or injury. The following are examples of lounge beds:

1. Craftmatic® Adjustable Bed;
2. Adjust-A-Sleep Adjustable Bed;
3. Electropedic® Adjustable Bed (Electropedic Beds, Burbank, CA);
4. Simmons® Beautyrest® Adjustable Bed (Simmons Bedding Company, Norcross, GA);
5. Adjustable, vibrating beds.

The U.S. Food and Drug Administration (FDA) in 2005 determined that the Vail Enclosure Bed poses a significant public health risk because individuals can become entrapped and suffocate, resulting in severe neurological damage or death. Vail Products, Inc of Toledo, Ohio, has permanently ceased manufacture, sale and distribution of all Vail enclosed bed systems.

The Centers for Medicare and Medicaid Services (CMS) criteria were utilized in the development of this document.

References**Peer Reviewed Publications:**

1. Hampton S. Can electric beds aid pressure sore prevention in hospitals? Br J Nurs. 1998; 7(17):1010-1017.

Government Agency, Medical Society, and Other Authoritative Publications:

1. Centers for Medicare and Medicaid Services. National Coverage Determination. Available at: <http://www.cms.gov/mcd/indexes.asp?clickon=index>. Accessed on April 01, 2019.
 - Durable Medical Equipment Reference List. NCD #280.1. Effective May 5, 2005.
 - Hospital Beds. NCD #280.7. This is a longstanding national coverage determination. The effective date of this version has not been posted.
2. CGS Administrators, LLC. Jurisdiction D. Local Coverage Determination for Hospital Beds and Accessories (L33820). Revised 1/1/2017. Available at: http://www.cms.gov/mcd/index_local_alpha.asp?from=alphalmp&letter=A. Accessed on April 01, 2019.
3. U.S. Food and Drug Administration (FDA), Center for Devices and Radiological Health (CDRH). Medical Devices. Hospital beds. Updated August 23, 2018. Available at: <http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/HospitalBeds/default.htm>. Accessed on April 01, 2019.

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Hospital Beds and Accessories

History

Status	Date	Action
Reviewed	06/06/2019	Medical Policy & Technology Assessment Committee (MPTAC) review. Updated Description, Discussion and References sections.
Reviewed	07/26/2018	MPTAC review. The document header wording updated from "Current Effective Date" to "Publish Date". Updated Discussion and References sections.
Reviewed	08/03/2017	MPTAC review. Updated References section.
Revised	08/04/2016	MPTAC review. Updated formatted in clinical indications section. Defined an abbreviation in MN criteria. Updated References section. Removed ICD-9 codes from Coding section.
Reviewed	08/06/2015	MPTAC review. Updated References.
Reviewed	08/14/2014	MPTAC review. Description and Websites updated.
Reviewed	08/08/2013	MPTAC review. Websites and References updated.
	01/01/2013	Updated Coding section with 01/01/2013 HCPCS descriptor change.
Reviewed	08/09/2012	MPTAC review. Websites and References updated.
Reviewed	08/18/2011	MPTAC review. Websites and References updated.
Reviewed	08/19/2010	MPTAC review. Websites and References updated.
Revised	08/27/2009	MPTAC review. Removed not medically necessary statement addressing the Vail enclosure bed. Removed place of service. References updated.
Reviewed	08/28/2008	MPTAC review. References updated.
	01/01/2008	Updated coding section with 01/01/2008 HCPCS changes.
Revised	08/23/2007	MPTAC review. Addition of medically necessary statement for enclosure beds. References and coding updated.
Revised	12/07/2006	MPTAC review. Enclosure beds moved from medically necessary to not medically necessary. Added medically necessary language addressing heavy duty trapeze equipment. References and coding updated.
New	12/01/2005	MPTAC initial guideline development.

Pre-Merger Organizations	Last Review Date	Document Number	Title
Anthem, Inc.			No Document
Anthem CO/NV		DME.211	Hospital Beds and Accessories
Anthem MW	04/08/2005	DME.004	Hospital Beds & Other Bed Accessories
Anthem ME		Benefit Detail	Hospital Bed
Anthem CT	10/01/2004	DME Coverage Criteria Guideline, Section D	Hospital Beds and Accessories
WellPoint Health Networks, Inc.			No Document

Federal and State law, as well as contract language including definitions and specific coverage provisions/exclusions, and Medical Policy take precedence over Clinical UM Guidelines and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Clinical UM Guidelines, which address medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Clinical UM Guidelines periodically. Clinical UM guidelines are used when the plan performs utilization review for the subject. Due to variances in utilization patterns, each plan may choose whether or not to adopt a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the back of the member's card.

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