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SHP Hospital Beds and Accessories

AUTH: SHP Durable Medical Equipment 03 v4 (AC)

MCG Health
Ambulatory Care
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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products

Authorization Requirements

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- Pre-certification by the Plan is required.
- After 2 months of rental Medical Director approval required for continued use for the following:
 - Advanced pressure-relieving support surface (Hospital bed with a fully integrated powered pressure reducing mattress)
 - Advanced pressure-relieving bed (Air-fluidized bed)

Description of Item or Service

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- Hospital beds are available with various functions allowing for positioning and safety.
- Electric (electric control for all functions) and semi-electric beds (hand cranking for height adjustment but allow electric control) for head and leg positions and height adjustable beds.
- 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, head and leg elevation adjustments.
- An ordinary bed is one that is typically sold as furniture. It may consist of a frame, box spring AND mattress. It is a fixed height AND may or may not have head or leg elevation adjustments.
- Safety enclosures are beds that restrict the individual from getting out of the bed without assistance and maintain least restrictive environment compared to vests, wrist and ankle restraints. Posey All in One Bed and Vail Bed is a brand (model 500, 1000 and 2000)

Exceptions and Limitations

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- A request for a hospital grade pediatric crib will be reviewed for medical necessity on an individual basis.
- There is insufficient scientific evidence to support the medical necessity of the following services as they are not shown to improve health outcomes upon technology review:
 - All nonhospital adjustable beds (e.g., Craftmatic Adjustable Bed, Simmons Beautyrest Adjustable Bed, Adjust-A-Sleep Adjustable Bed.
 - Bed baths, bed spectacles, bed trays/reading tables, call switches, foot boards, bed lapboards
 - Bedboards (except for Medicaid)
 - Continuous lateral rotation beds
 - Institutional type beds
 - Kinetic therapy beds
 - Oscillating beds
 - Overbed table (except for Medicaid)
 - Power or manual lounge beds
 - Side rails when requested with a non-hospital or ordinary bed
 - Stryker frame beds
 - Total electric hospital bed (except for Medicaid-see criteria below)
 - Vail Enclosed Bed System
- There is insufficient scientific evidence to support the medical necessity of hospital beds for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Hospital beds and accessories are considered medically necessary for **1 or more** of the following
 - Individual has Optima Commercial Plan and request is for **1 or more** of the following
 - A fixed hospital bed is considered medically necessary for **1 or more** of the following
 - Individual's medical condition requires positioning of body in ways not feasible with ordinary bed.
 - Individual requires positioning of body in ways not feasible with ordinary bed in order to alleviate pain.
 - Individual requires head of 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 tried and are not sufficient)
 - Individual requires traction equipment, which can only be attached to a hospital bed.
 - A variable height hospital bed is considered medically necessary with **ALL** of the following
 - Individual with **1 or more** of the following
 - Individual's medical condition requires positioning of body in ways not feasible with ordinary bed.
 - Individual requires positioning of body in ways not feasible with ordinary bed in order to alleviate pain.
 - Individual requires head of 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 tried and are not sufficient)
 - Individual requires traction equipment, which can only be attached to a hospital bed.

- Individual requires bed height different than fixed height hospital bed to permit transfers to chair, wheelchair, or standing position
- A semi-electric hospital bed is considered medically necessary with **ALL** of the following
 - Individual with **1 or more** of the following
 - Individual's medical condition requires positioning of body in ways not feasible with ordinary bed.
 - Individual requires positioning of body in ways not feasible with ordinary bed in order to alleviate pain.
 - Individual requires head of 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 tried and are not sufficient)
 - Individual requires traction equipment, which can only be attached to a hospital bed.
 - Individual requires frequent changes in body position and/or has immediate need for change in body position
- An enclosed crib or enclosed bed is considered medically necessary with **ALL** of the following
 - Individual has seizures or disorientation or vertigo or neurological disorder
 - Individual needs to be restrained to bed
 - Less invasive strategies (bed rails, bed rail protectors, environmental modifications) have been tried and failed
 - Product is FDA approved
- A heavy –duty, extra-wide hospital bed is considered medically necessary with **ALL** of the following
 - Individual with **1 or more** of the following
 - Individual has a medical condition that requires positioning of the body in ways not feasible with ordinary bed.
 - Individual requires positioning of body in ways not feasible with ordinary bed in order to alleviate pain
 - Individual requires head of 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 tried and are not sufficient)
 - Individual requires traction equipment, which can only be attached to a hospital bed.
 - Individual's weight is more than 350 pounds but does not exceed 600 pounds.
- An extra heavy-duty hospital bed is considered medically necessary with **ALL** of the following
 - Individual with **1 or more** of the following
 - Individual has a medical condition that requires positioning of the body in ways not feasible with ordinary bed.
 - Individual requires positioning of body in ways not feasible with ordinary bed in order to alleviate pain
 - Individual requires head of 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 tried and are not sufficient)
 - Individual requires traction equipment, which can only be attached to a hospital bed.
 - Individual's weight exceeds 600 pounds.
- Advanced pressure-relieving support surface (Hospital bed with a fully integrated powered pressure reducing mattress - Group 2 support surface) may be indicated when **ALL** of the following
 - Bed is for rental only
 - Clinical need for advanced pressure-relieving support surface, as indicated by **1 or more** of the following
 - Myocutaneous flap or skin graft performed less than 60 days ago
 - Pressure injury treatment, as indicated by **1 or more** of the following
 - Single National Pressure Injury Advisory Panel stage I or greater pressure injury on location other than heel that fails to respond to conservative treatment, including **ALL** of the following
 - Debridement
 - Dressings to maintain moist environment
 - Repositioning
 - Simple pressure-relieving support surface (eg, sheepskin pad, air pressure mattress)
 - Two or more National Pressure Injury Advisory Panel stage I or greater pressure injuries in locations that do not allow individual to be repositioned and offload pressure injuries (eg, sacrum and trochanter)
 - Healthcare professional with training and expertise in wound care has evaluated individual and recommended advanced pressure-relieving support surface.
- Advanced pressure-relieving bed (Air-fluidized bed - Group 3 support surface) may be indicated when **ALL** of the following are present:
 - Bed is for rental only
 - National Pressure Injury Advisory Panel stage III, stage IV, or unstageable pressure injury on location other than heel
 - Individual has limited mobility, as indicated by **1 or more** of the following
 - Individual is unable to roll onto side from supine position unassisted
 - Individual is unable to transfer from lying to sitting position without requiring more than minimal assistance
 - Individual requires total assistance for transferring to and from bed, chair, or wheelchair
 - Healthcare professional with training and expertise in wound care has evaluated individual and recommended advanced pressure-relieving bed
 - Home has adequate structural support for weight of bed
 - Home has sufficient electrical system for anticipated increase in electricity consumption
- Trapeze equipment is considered medically necessary with **1 or more** of the following
 - Device necessary to sit up because of a respiratory condition
 - Device necessary to change body position for other medical reasons
 - Device necessary to get in or out of bed
- Heavy duty trapeze equipment is considered medically necessary with **ALL** of the following
 - Individual weighs more than 250 pounds
 - Individual needs device for **1 or more** of the following
 - Device necessary to sit up because of a respiratory condition
 - Device necessary to change body position for other medical reasons
 - Device necessary to get in or out of bed
- Bed cradle is considered medically necessary to prevent contact with the bed coverings
- Side Rails are considered medically necessary with **ALL** of the following
 - Required by the individual's medical condition
 - They are integral part of, or accessory to, a covered hospital bed
- Safety enclosures are considered medically necessary with **ALL** of the following
 - Required by individual's condition
 - They are integral part of, or accessory to, a covered hospital bed
- Replacement innerspring mattress or foam rubber mattress is considered medically necessary with **ALL** of the following
 - Required by individual's condition
 - For an individual-owned hospital bed
- Individual has Optima Medicare Plan and request is for **1 or more** of the following
 - A fixed hospital bed is considered medically necessary (if individual's condition requires bedside rails, they can be covered when integral part of, or accessory to, hospital bed) as indicated by **1 or more** of the following
 - Individual's condition requires positioning of body (eg, to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections) in ways not feasible in ordinary bed.
 - Individual's condition requires special attachments that cannot be fixed and used on ordinary bed.
 - A variable height hospital bed is considered medically necessary (if individual's condition requires bedside rails, they can be covered when integral part of, or accessory to, hospital bed) as indicated by **ALL** of the following
 - Individual meets one of the criteria for fixed-height hospital bed as indicated by **1 or more** of the following
 - Individual's condition requires positioning of body (eg, to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections) in ways not feasible in ordinary bed.
 - Individual's condition requires special attachments that cannot be fixed and used on ordinary bed.
 - Variable height feature of a hospital bed is medically necessary for **1 or more** of the following
 - Severe arthritis and other injuries to lower extremities (eg, fractured hip). Condition requires variable height feature to assist individual to ambulate by enabling individual to place his or her feet on floor while sitting on edge of bed.

- Severe cardiac conditions. For those cardiac individuals who are able to leave bed, but who must avoid strain of "jumping" up or down
- Spinal cord injuries, including quadriplegic and paraplegic individuals, multiple limb amputee, and stroke individuals who are able to transfer from bed to wheelchair, with or without help
- Other severely debilitating diseases and conditions, if variable height feature is required to assist individual to ambulate
- Semi-Electric-powered hospital bed adjustments (if individual's condition requires bedside rails, they can be covered when integral part of, or accessory to, hospital bed) as indicated by **ALL** of the following
 - Individual meets one of the criteria for fixed-height hospital bed as indicated by **1 or more** of the following
 - Individual's condition requires positioning of body (eg, to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections) in ways not feasible in ordinary bed.
 - Individual's condition requires special attachments that cannot be fixed and used on ordinary bed.
 - Individual's condition requires frequent change in body position and/or there may be immediate need for change in body position (ie, no delay can be tolerated).
 - Individual can operate controls and make adjustments, or individual has spinal cord injury or brain damage.
- A heavy-duty, extra-wide hospital bed is considered medically necessary with **ALL** of the following
 - Individual with **1 or more** of the following
 - Individual has a medical condition that requires positioning of the body in ways not feasible with ordinary bed.
 - Individual requires positioning of body in ways not feasible with ordinary bed in order to alleviate pain
 - Individual requires head of bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration.
 - Individual requires traction equipment, which can only be attached to a hospital bed.
 - Individual's weight is more than 350 pounds but does not exceed 600 pounds.
- An extra heavy-duty hospital bed is considered medically necessary with **ALL** of the following
 - Individual with **1 or more** of the following
 - Individual has a medical condition that requires positioning of the body in ways not feasible with ordinary bed.
 - Individual requires positioning of body in ways not feasible with ordinary bed in order to alleviate pain
 - Individual requires head of bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration.
 - Individual requires traction equipment, which can only be attached to a hospital bed.
 - Individual's weight exceeds 600 pounds.
- Hospital bed for rental only with a fully integrated powered pressure reducing mattress (Group 2 support surface) is reasonable and necessary, as indicated by **1 or more** of the following
 - Initial use for **1 or more** of the following
 - Individual has multiple stage 2 pressure ulcers located on trunk or pelvis and meets **ALL** of the following
 - Pressure ulcers have failed to improve over prior month
 - During prior month, individual has been on comprehensive ulcer treatment program, including **ALL** of the following
 - Use of appropriate group 1 support surface
 - Regular assessment by nurse, practitioner, or other licensed healthcare practitioner
 - Appropriate turning and positioning
 - Appropriate wound care
 - Appropriate management of moisture/incontinence
 - Nutritional assessment and intervention consistent with overall plan of care
 - Individual has large or multiple stage 3 or 4 pressure ulcer(s) on trunk or pelvis
 - Individual had myocutaneous flap or skin graft for pressure ulcer on trunk or pelvis within past 60 days and has been on group 2 or 3 support surface immediately prior to discharge from a hospital or nursing facility within past 30 days.
 - Continued use for **1 or more** of the following
 - Ulcer continues to heal
 - Healing does not continue, and medical record supports **1 or more** of the following
 - Other aspects of care plan are being modified to promote healing
 - Use of group 2 support surface is reasonable and necessary for wound management
- Air-fluidized bed for rental only (Group 3 support surface) is reasonable and necessary, as indicated by **1 or more** of the following
 - Initial use for **ALL** of the following
 - Individual has stage 3 (full-thickness tissue loss) or stage 4 (deep tissue destruction) pressure ulcer
 - Individual is bedridden or chair bound as result of severely limited mobility
 - In absence of air-fluidized bed, individual would require institutionalization
 - Air-fluidized bed is ordered in writing by individual's treating practitioner based upon comprehensive assessment and evaluation of individual after completion of course of conservative treatment designed to optimize conditions that promote wound healing
 - Course of conservative treatment of at least 1 month duration completed without progression toward wound healing, including **ALL** of the following
 - Frequent repositioning of individual with particular attention to relief of pressure over bony prominences (usually every 2 hours)
 - Use of group 2 support surface to reduce pressure and shear forces on healing ulcers and to prevent new ulcer formation
 - Necessary treatment to resolve any wound infection
 - Optimization of nutrition status to promote wound healing
 - Debridement by any means, including wet-to-dry gauze dressings, to remove devitalized tissue from wound bed
 - Maintenance of clean, moist bed of granulation tissue with appropriate moist dressings protected by occlusive covering, while wound heals
 - Appropriate use of occlusive barrier, as indicated by **1 or more** of the following
 - Occlusive barrier used to maintain moist wound-healing environment that may otherwise be compromised by drying action of airflow generated by air-fluidized therapy
 - Occlusive barrier not required for wound characteristics (eg, heavily exudative wound, etc.) which do not require moist dressings
 - Occlusive barrier not required for wet-to-dry dressings when used for debridement
 - Trained adult caregiver is available to assist individual with activities of daily living, fluid balance, dry skin care, repositioning, recognition and management of altered mental status, dietary needs, prescribed treatments, and management and support of air-fluidized bed system and its problems, such as leakage
 - Treating practitioner directs home treatment regimen, and re-evaluates and recertifies need for air-fluidized bed on a monthly basis.
 - All other alternative equipment has been considered and ruled out
 - Continued use (documented by treating practitioner every month) for **1 or more** of the following
 - Ulcer continues to heal
 - Healing does not continue, and medical record supports **1 or more** of the following
 - Other aspects of care plan are being modified to promote healing
 - Use of bed is reasonable and necessary for wound management
 - Air-fluidized bed (Group 3 support surface) is **NOT COVERED** for **ANY** of the following
 - Individual has coexisting pulmonary disease (lack of firm back support makes coughing ineffective, and dry air inhalation thickens pulmonary secretions).
 - Individual requires treatment with wet soaks or moist wound dressings that are not protected with impervious covering such as plastic wrap or other occlusive material.
 - Caregiver is unwilling or unable to provide type of care required by individual on air-fluidized bed.
 - Structural support is inadequate to support weight of air-fluidized bed system (it generally weighs 1600 pounds or more).
 - Electrical system is insufficient for anticipated increase in energy consumption
 - Other known contraindications exist
- Trapeze equipment is considered medically necessary with **1 or more** of the following
 - Device necessary to sit up because of a respiratory condition
 - Device necessary to change body position for other medical reasons
 - Device necessary to get in or out of bed

- Heavy duty trapeze equipment is considered medically necessary with **ALL** of the following
 - Individual weighs more than 250 pounds
 - Individual needs device for **1 or more** of the following
 - Device necessary to sit up because of a respiratory condition
 - Device necessary to change body position for other medical reasons
 - Device necessary to get in or out of bed
 - Bed cradle is considered medically necessary to prevent contact with the bed coverings
 - Side Rails are considered medically necessary with **ALL** of the following
 - Required by the individual's medical condition
 - They are integral part of, or accessory to, a covered hospital bed
 - Safety enclosures are considered medically necessary with **ALL** of the following
 - Required by individual's condition
 - They are integral part of, or accessory to, a covered hospital bed
 - Replacement innerspring mattress or foam rubber mattress is considered medically necessary with **ALL** of the following
 - Required by individual's condition
 - For an individual-owned hospital bed
 - Individual has Optima Virginia Medicaid plan and request is for **1 or more** of the following
 - A fixed hospital bed is considered medically necessary for **1 or more** of the following
 - Individual's medical condition requires positioning of body in ways not feasible with ordinary bed.
 - Individual requires positioning of body in ways not feasible with ordinary bed in order to alleviate pain.
 - Individual requires head of bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration or other justified medical conditions.
 - Individual requires traction equipment, which can only be attached to a hospital bed.
 - A variable height hospital bed is considered medically necessary with **ALL** of the following
 - Individual with **1 or more** of the following
 - Individual's medical condition requires positioning of body in ways not feasible with ordinary bed.
 - Individual requires positioning of body in ways not feasible with ordinary bed in order to alleviate pain.
 - Individual requires head of bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration or other justified medical conditions.
 - Individual requires traction equipment, which can only be attached to a hospital bed.
 - Individual requires bed height different than fixed height hospital bed to permit transfers to chair, wheelchair, or standing position
 - A semi-electric hospital bed is considered medically necessary with **ALL** of the following
 - Individual with **1 or more** of the following
 - Individual's medical condition requires positioning of body in ways not feasible with ordinary bed.
 - Individual requires positioning of body in ways not feasible with ordinary bed in order to alleviate pain.
 - Individual requires head of bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration or other justified medical conditions.
 - Individual requires traction equipment, which can only be attached to a hospital bed.
 - Individual requires frequent changes in body position and/or has immediate need for change in body position
 - A heavy-duty, extra-wide hospital bed is considered medically necessary with **ALL** of the following
 - Individual with **1 or more** of the following
 - Individual has a medical condition that requires positioning of the body in ways not feasible with ordinary bed.
 - Individual requires positioning of body in ways not feasible with ordinary bed in order to alleviate pain
 - Individual requires head of bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration or other justified medical conditions.
 - Individual requires traction equipment, which can only be attached to a hospital bed.
 - Individual's weight is more than 350 pounds but does not exceed 600 pounds.
 - An extra heavy-duty hospital bed is considered medically necessary with **ALL** of the following
 - Individual with **1 or more** of the following
 - Individual has a medical condition that requires positioning of the body in ways not feasible with ordinary bed.
 - Individual requires positioning of body in ways not feasible with ordinary bed in order to alleviate pain
 - Individual requires head of bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration or other justified medical conditions.
 - Individual requires traction equipment, which can only be attached to a hospital bed.
 - Individual's weight exceeds 600 pounds.
 - A total electric hospital bed is considered medically necessary with **ALL** of the following
 - A Medical Director has reviewed on a case by case basis and approved.
 - An enclosed crib with **1 or more** of the following
 - Individual has medical condition such as disorientation, seizures or other neurological conditions and product is FDA approved
 - Individual needs to be restrained to bed and product is FDA approved
 - Side Rails are considered medically necessary with **ALL** of the following
 - Required by the individual's medical condition
 - They are integral part of, or accessory to, a covered hospital bed
 - Semi-electric or total electric hospital bed with a fully integrated powered pressure reducing mattress with **ALL** of the following
 - Bed is for rental only
 - Individual has **1 or more** of the following
 - Large or multiple Stage III or IV pressure ulcers are present on the trunk or pelvis
 - A myocutaneous flap or skin graft has been performed within the last 60 days for a pressure ulcer on the trunk or pelvis AND the individual has been on a Group II or III support surface immediately prior to a recent discharge from a hospital or nursing facility (discharged in the last 30 days). Following a myocutaneous flap or skin graft, coverage is usually limited to 60 days from the date of surgery.
 - Multiple Stage II pressure ulcers are located on the trunk or pelvis and have not improved over the past month despite the use of an appropriate Group I support surface AND a comprehensive ulcer treatment program which includes **ALL** of the following
 - Education of the individual and caregiver on the prevention and or management of pressure ulcers.
 - Regular assessment by a nurse, practitioner or other licensed health care practitioner (usually at least twice weekly for individuals with a Stage III or IV).
 - Appropriate turning and positioning.
 - Appropriate wound care for Stage II, III or IV ulcer.
 - Appropriate management of moisture/incontinence.
 - Nutritional assessment and intervention consistent with the overall plan of care
- Air-fluidized bed with **ALL** of the following
 - Bed is for rental only
 - Individual has **ALL** of the following
 - The individual has a Stage III or Stage IV pressure ulcer
 - The individual is bedridden or chair-bound as a result of severely limited mobility
 - Without an air-fluidized bed, the individual would require institutionalization
 - The air-fluidized bed is ordered following a comprehensive assessment and evaluation of the individual after at least 30 days following conservative medical management has been attempted without success
 - Education of the individual and caregiver on the prevention and or management of pressure ulcers
 - Assessment by a practitioner, nurse or other licensed health care practitioner at least weekly
 - Appropriate turning and repositioning

- Use of a Group II support surface, if appropriate
- Appropriate wound care
- Appropriate management of moisture/incontinence
- Nutritional assessment and intervention consistent with the overall plan of care
- The provider must certify **ALL** of the following
 - The home's electrical system is sufficient to meet the requirements of the proposed bed
 - The housing structure is adequate to support the weight of the bed or mattress as well as will accommodate entrance of the bed into the house
- Air-fluidized bed is **NOT COVERED** for **ANY** of the following contraindications:
 - There is severe coexisting pulmonary disease (lack of firm back support makes coughing ineffective, and dry air inhalation thickens pulmonary secretions).
 - The bedding system being used does not meet the positioning needs of the individual
 - Treatment is required that utilizes wet soaks or moist dressings that are not protected by an impervious covering, such as a plastic wrap or other occlusive material

Document History

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- Revised Dates:
 - 2022: April
 - 2021: April
 - 2020: April
 - 2019: September
 - 2014: July
 - 2013: July
 - 2012: June
- Reviewed Dates:
 - 2023: April
 - 2018: July
 - 2017: November
 - 2016: July
 - 2015: July
- Effective Date: July 2011

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - HCPCS E0183- Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty
 - HCPCS E0193 - Powered air flotation bed (low air loss therapy)
 - HCPCS E0194 - Air fluidized bed
 - HCPCS E0250 - Hospital bed, fixed height, with any type side rails, with mattress
 - HCPCS E0251 - Hospital bed, fixed height, with any type side rails, without mattress
 - HCPCS E0255 - Hospital bed, variable height, hi-lo, with any type side rails, with mattress
 - HCPCS E0256 - Hospital bed, variable height, hi-lo, with any type side rails, without mattress
 - HCPCS E0260 - Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
 - HCPCS E0261 - Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
 - HCPCS E0265 - Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress
 - HCPCS E0266 - Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress
 - HCPCS E0271 - Mattress, innerspring
 - HCPCS E0272 - Mattress, foam rubber
 - HCPCS E0273 - Bed board
 - HCPCS E0274 - Over-bed table
 - HCPCS E0280 - Bed cradle, any type
 - HCPCS E0290 - Hospital bed, fixed height, without side rails, with mattress
 - HCPCS E0291 - Hospital bed, fixed height, without side rails, without mattress
 - HCPCS E0292 - Hospital bed, variable height, hi-lo, without side rails, with mattress
 - HCPCS E0293 - Hospital bed, variable height, hi-lo, without side rails, without mattress
 - HCPCS E0294 - Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
 - HCPCS E0295 - Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress
 - HCPCS E0296 - Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress
 - HCPCS E0297 - Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress
 - HCPCS E0300 - Pediatric crib, hospital grade, fully enclosed, with or without top enclosure
 - HCPCS 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
 - HCPCS E0302 - Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress
 - HCPCS 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
 - HCPCS E0304 - Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress
 - HCPCS E0305 - Bedside rails, half-length
 - HCPCS E0310 - Bedside rails, full-length
 - HCPCS E0315 - Bed accessory: board, table, or support device, any type
 - HCPCS E0316 - Safety enclosure frame/canopy for use with hospital bed, any type
 - HCPCS E0328 - Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress
 - HCPCS E0329 - Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress
 - HCPCS E0910 - Trapeze bars, a/k/a Individual helper, attached to bed, with grab bar
 - HCPCS E0911 - Trapeze bar, heavy duty, for Individual weight capacity greater than 250 pounds, attached to bed, with grab bar
 - HCPCS E0912 - Trapeze bar, heavy-duty, for Individual weight capacity greater than 250 pounds, freestanding, complete with grab bar
 - HCPCS E0940 - Trapeze bar, freestanding, complete with grab bar complete with grab bar
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - HCPCS E0270 - Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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