

## Hospital Beds and Accessories

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.\*

### Purpose:

This policy addresses Hospital Beds and Accessories.

### Description & Definitions:

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)

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)

### Criteria:

Hospital beds and accessories are considered medically necessary 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 and 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
- 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.

- 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 FDA approved.
- An **enclosed crib** with **1 or more** of the following
  - Individual has medical condition such as disorientation, seizures or other neurological conditions 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:
  - 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.

The following hospital beds and accessories **do not meet the definition of medical necessity**, to include but not limited to:

- 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
- Continuous lateral rotation beds
- Institutional type beds
- Kinetic therapy beds
- Oscillating beds
- Power or manual lounge beds
- Side rails when requested with a non-hospital or ordinary bed
- Stryker frame beds
- Vail Enclosed Bed System

### Coding:

Medically necessary with criteria:

Coding	Description
E0183	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty
E0193	Powered air flotation bed (low air loss therapy)
E0194	Air fluidized bed
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
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
E0271	Mattress, innerspring
E0272	Mattress, foam rubber
E0273	Bed board
E0274	Over-bed table
E0280	Bed cradle, any type
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
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
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure
E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350
E0302	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600
E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600
E0305	Bedside rails, half-length
E0310	Bedside 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
E0328	Hospital bed, pediatric, manual, 360
E0329	Hospital bed, pediatric, electric or semi-electric, 360
E0910	Trapeze bars, a/k/a Individual helper, attached to bed, with grab bar
E0911	Trapeze bar, heavy duty, for Individual weight capacity greater than 250
E0912	Trapeze bar, heavy-duty, for Individual weight capacity greater than 250
E0940	Trapeze bar, freestanding, complete with grab bar complete with grab bar

Considered Not Medically Necessary:

Coding	Description
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress

## Document History:

Revised Dates:

- 2022: April
- 2021: April
- 2020: April
- 2019: September
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- 2012: June

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- 2023: April
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- 2017: November
- 2016: July
- 2015: July

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## References:

Including but not limited to: 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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## Special Notes: \*

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

All medically necessary medical equipment and supplies under the Virginia Administrative Code (12VAC30-50-165) may be covered only if they are necessary to carry out a treatment prescribed by a practitioner. Only supplies, equipment, and appliances that are determined medically necessary may be covered for reimbursement by DMAS. (12VAC30-50-165) The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to DMAS, or its contractor. Medically necessary DME and supplies shall be:

- Ordered by the practitioner on the CMN/DMAS-352;
- A reasonable and medically necessary part of the individual’s treatment plan;
- Consistent with the individual’s diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual; • Not furnished for the safety or restraint of the individual, or solely for the convenience of the family, attending practitioner, or other practitioner or supplier;
- Consistent with generally accepted professional medical standards (i.e., not experimental or investigational);
- Furnished at a safe, effective, and cost-effective level; and
- Suitable for use, and consistent with 42 CFR 440.70(b)(3), that treats a diagnosed condition or assists the individual with functional limitations.

#### Keywords:

Bed, Electric, Semi Electric, height, adjust, SHP Hospital Beds and Accessories, SHP Durable Medical Equipment 03, fixed height hospital bed, variable height hospital bed, semi-electric hospital bed, heavy-duty, extra-wide hospital bed, extra heavy-duty hospital bed, enclosed crib, enclosed bed, pediatric crib, Trapeze equipment, Heavy duty trapeze equipment, bed cradle, Side rails, replacement innerspring mattress, Dolphin Bed, fully integrated powered pressure reducing mattress, Advanced pressure-relieving support surface, Air-fluidized bed