

Hospital Beds and Accessories

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Hospital beds for home use are a form of durable medical equipment (DME) available in a variety of adjustable designs to assist with patient positioning. Home hospital beds may be useful in the treatment of various medical diseases and conditions such as congestive heart failure, chronic pulmonary disease, quadriplegia or paraplegia, and pressure ulcers. Selection of the appropriate hospital bed for qualifying members is based on several sets of criteria and requires a prescription from a licensed provider. The two major purposes for hospital bed use are:

1. A medical condition requiring repositioning that cannot be accomplished with an ordinary bed.
2. To permit the attachment of medically necessary accessories or equipment that cannot be attached to an ordinary bed.

When medically necessary, a number of accessories can be utilized with hospital beds to assist with ambulation, wound care, and patient safety. In addition, there are also a number of specialized mattresses and mattress overlays that can be used at home for the treatment and prevention of pressure-related wounds, which often occur in periods of prolonged bed rest, poor nutrition, and comorbid medical diseases (see CG007: Pressure-Reducing Support Surfaces).

Definitions

Hospital Bed Types and Configurations

- "Standard Fixed-Height Bed" is a bed with manual head and leg elevation adjustments but with a non-adjustable, fixed-height.

- “Standard Variable-Height Bed” is a bed with manual head and leg elevation adjustments and a manually adjustable height.
- “Semi-Electric Bed” is a bed that has electric head and leg elevation adjustments with a manually adjustable height. Typically used when rapid adjustments or frequent changes in body position are required.
- “Full-Electric Bed” is a bed on which height, head and leg elevation are all electrically operated.
- “Heavy-Duty Bed” is a bed capable of supporting patients weighing between 350 and 600 pounds. Available in the above (1-4) configurations.
- “Extra Heavy-Duty Bed” is a bed capable of supporting patients weighing greater than 600 pounds. Available in the above (1-4) configurations

“Pediatric Hospital Crib” is a hospital grade bed that may include an added safety enclosure.

“Ordinary (Non-Hospital) Bed” is a typical furniture item often consisting of a mattress, box spring, and frame. Can be adjustable or non-adjustable, powered or non-powered, and built from various materials.

“Specialized Beds” include, but are not limited to, oscillating beds, spring base beds, circulating beds, cage beds, stryker frame beds, fully enclosed beds, and turning beds.

“Hospital-Bed Accessories” include the various forms of equipment that can be attached to or used in conjunction with hospital beds, as further defined below.

Clinical Indications

Adult Hospital Beds / Pediatric Hospital Crib or Bed - General Criteria

The Plan considers hospital beds medically necessary when ALL of the following criteria are met:

1. A signed and dated order (prescription) is submitted by the provider documenting the medical necessity for the hospital bed; *and*
2. Medical records are submitted by the provider documenting the expected duration of the injury or condition. Equipment is medically necessary only for the duration of the injury or condition, and the Plan may determine whether a rental or purchase is appropriate based on the duration of medical necessity; *and*
3. The bed is provided by a in-network DME provider (unless the member has out-of-network benefits); *and*
4. The requested bed subtype meets the appropriate criteria below.

Standard Fixed-Height Bed

The Plan considers standard fixed-height beds medically necessary for members when the General Criteria is met and the member meets any ONE of the following criteria:

1. The member has a medical necessity (e.g., prevent contractures, promote proper alignment, avoid respiratory infections, or other relevant conditions) for repositioning that cannot be

accomplished with an ordinary non-hospital bed (Note: Elevation of the head and/or upper body to less than 30 degrees does NOT usually require use of a hospital bed); *or*

2. The member requires body positioning that is not possible with an ordinary bed in order to alleviate pain; *or*
3. The member requires elevation of the head of the bed to greater than 30 degrees in order to treat and alleviate symptoms often due to congestive heart failure, chronic pulmonary disease, or recurrent aspiration; *or*
4. The member requires the attachment of accessories or equipment that cannot be fixed and used on an ordinary bed (e.g., traction equipment).

Standard Variable-Height Bed

The Plan considers standard variable-height beds medically necessary when the General Criteria is met and the member meets ALL of the following criteria:

1. One of the four criteria above for standard fixed-height beds is met; *and*
2. The member has ONE of the conditions listed below:
 - a. Severe arthritis or other injuries to lower extremities such as fractured hip, where the member would need a variable height feature to place the feet on the floor for assistance with ambulation; *or*
 - b. Severe cardiac conditions where the member is capable of leaving the bed but requires a variable height adjustment to avoid the strain of “jumping” up and down to get in and out of the bed; *or*
 - c. Spinal cord injuries (including quadriplegic and paraplegic), multiple limb amputations, and those who have had a stroke, where the member is able to transfer from a bed to a wheelchair (with or without help) and is unable to do so independently from a non-variable-height bed; *or*
 - d. Any other severely debilitating diseases and conditions where a variable height adjustment would be needed for the member to transfer to a chair, wheelchair, or standing position.

Adult Semi-Electric Bed / Pediatric Semi-Electric Bed

The Plan considers semi-electric beds medically necessary when the General Criteria is met and the member meets ALL of the following criteria:

1. One of the four criteria above for standard fixed-height beds is met; *and*
2. The member or caregiver can operate the controls; *and*
3. The member has a need for frequent adjustments or otherwise would require immediate adjustments and cannot tolerate a delay.

Heavy-Duty Bed/Extra Heavy-Duty Bed

The Plan considers heavy-duty and extra heavy-duty beds medically necessary when the General Criteria is met and the member meets ONE of the following criteria:

1. Heavy-duty bed

- a. Criteria for any of the above hospital bed subtypes is met; *and*
 - b. The member weighs greater than 350 pounds and less than 600 pounds.
2. Extra heavy-duty bed
 - a. Criteria for any of the above hospital bed subtypes is met; *and*
 - b. The member weighs 600 pounds or more.

Repair/Replacement of Beds

The Plan considers the repair or replacement of a bed medically necessary when ALL of the following criteria are met:

1. The treating physician must document that item being repaired or replaced continues to be reasonable and medically necessary; *and*
2. The treating physician or supplier must document that the repair or replacement is reasonable and medically necessary.

Hospital Bed Accessories:

The Plan considers the following hospital bed accessories medically necessary when ALL of the following criteria are met:

1. They are provided by an in-network DME provider (unless the member has out-of-network benefits); *and*
2. They are prescribed by a licensed treating provider; *and*
3. They meet the specific criteria set forth below.

Bed Cradles

The Plan considers bed cradles medically necessary when ONE of the following criteria are met:

1. The member has a condition that requires prevention of contact with bed coverings. Conditions may include, but are not limited to acute gouty arthritis, pain from complex regional pain syndrome (CRPS), burns, or ulcers (pressure or diabetic).

Bed Pans (autoclavable hospital type)

The Plan considers reusable, autoclavable bed pans medically necessary when ONE of the following criteria are met:

1. The member is bed-confined.

Side Rails

The Plan considers side rails medically necessary when ALL of the following criteria are met:

1. The member has a condition that requires fall prevention, mobility assistance, or better accessibility to controls (e.g., seizures, vertigo, disorientation, or similar neurological disorders); *and*
2. They are an integral part of, or an accessory to, a medically necessary hospital bed.

Safety Enclosures

The Plan considers safety enclosures medically necessary when ALL of the following criteria are met:

1. The member has a condition that places him/her at high risk for falls or climbing out of bed; *and*
2. It is an integral part of, or an accessory to, a medically necessary hospital bed.

Trapeze Equipment

The Plan considers trapeze equipment medically necessary when ONE of the following criteria are met:

1. Regular Trapeze equipment when ONE of the following criteria are met:
 - a. The member is bed-confined and needs a trapeze bar to sit up because of ONE of the following:
 - i. Respiratory conditions; *or*
 - ii. To change body position for other medical reasons; *or*
 - iii. To get in and out of bed; *or*
 - b. An "attachable" trapeze bar is not considered medically necessary when used on an ordinary (non-hospital) bed.
2. Heavy duty trapeze equipment when ALL of the following criteria are met:
 - a. The member meets the criteria for regular trapeze equipment; *and*
 - b. The member weighs more than 250 pounds.

Urinals

The Plan considers urinals medically necessary when the following criteria are met:

1. The member is bed-confined.

Experimental or Investigational / Not Medically Necessary

Beds

1. Full electric beds are NOT considered medically necessary as the electric height adjustment is considered a convenience factor.
2. Ordinary (non-hospital) beds are NOT considered medically necessary by the Plan. Ordinary beds are not considered durable medical equipment. They are not considered medically necessary as they are not primarily medical in nature, are not primarily used in the treatment of disease or injury, and are normally of use to people who do not have an illness or injury. This applies to ordinary beds regardless of their adjustability, material composition, and ability to attach various medical equipment.
3. Most specialized hospital beds are considered experimental and investigational as there is insufficient evidence in the peer-reviewed literature documenting their effectiveness and long-term outcomes relative to established therapies. Specialized hospital beds include, but are not limited to:
 - a. Oscillating beds
 - b. Spring base beds
 - c. Circulating beds
 - d. Cage beds

- e. Stryker frame beds
 - f. Fully enclosed beds
 - g. Turning beds
4. Custom hospital beds are NOT considered medically necessary by the Plan. Medical necessity is considered for standard equipment only.

Accessories

The following accessories are not considered medically necessary as they are not primarily medical in nature, are not primarily used in the treatment of disease or injury, and are normally of use to people who do not have an illness or injury:

- Bed baths
- Bed boards (i.e., board inserted between bed spring and mattress to give extra support)
- Bed elevation blocks (i.e., blocks to elevate the head or foot of bed), unless without elevation of both the head and foot of the bed the member would otherwise be unable to transfer from a bed to a wheelchair (with or without help) and the bed height cannot be adjusted through other means
- Bed lifters (i.e., bed elevators)
- Bed railing pads (i.e., protection over bed railing)
- Bed spectacles (used for reading while lying flat in bed)
- Bed trays/reading tables
- Call switches (i.e., device to summon help)
- Foot boards (i.e., board at the end of the bed)
- Lap boards (i.e., board used on lap as a table or desk)
- Overbed tables
- Standard beds and mattresses made of allergy-free materials
- Side rails when used with an ordinary bed

Applicable Billing Codes (HCPCS/CPT Codes)

Codes considered medically necessary if clinical criteria are met:

Table 1	
<i>Code</i>	<i>Description</i>
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
E0275	Bed pan, standard, metal or plastic
E0276	Bed pan, fracture, metal or plastic
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
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 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
E0316	Safety enclosure frame/canopy for use with hospital bed, any type
E0325	Urinal; male, jug-type, any material
E0326	Urinal; female, jug-type, any material
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
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
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, free standing, complete with grab bar
E0940	Trapeze bar, free standing, complete with grab bar
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes

Codes not considered medically necessary for indications listed in this Guideline:

Table 2	
<i>Code</i>	<i>Description</i>
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
E0315	Bed accessory: board, table, or support device, any type
E0700	Safety equipment, any type
E0710	Restraints, any type (body, chest, wrist or ankle)
E1399	Durable medical equipment, miscellaneous

References

1. Anderson O, Boshier PR, Hanna GB. Interventions designed to prevent healthcare bed-related injuries in patients. Cochrane Database Syst Rev. 2012 Jan 18

2. Berlowitz, D. Prevention of pressure-induced skin and soft tissue injury. UpToDate Inc., Waltham, MA. Updated Nov 2023.
3. CGS Administrators LLC. Available at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Accessed on Nov 1, 2024.
 - o National Coverage Determination for Hospital Beds - NCD 280.7
 - o Medicare Coverage Documents - Hospital Beds and Accessories - A52508
 - o Local Coverage Determination - Hospital Beds and Accessories - L33820
4. The Joint Commission. Is an enclosure bed, side rails, or hand mitts a restraint? Critical Access Hospital. Provision of Care Treatment and Services PC. Published: April 11, 2016. Last updated April 2024.
5. Louis EKS, Foldvary-Schaefer N. Sleep-related epilepsy syndromes. UpToDate Inc., Waltham, MA. Last updated May 2023.
6. McInnes E, Jaamali-Blasi A, Bell-Syer SE, et al. Support surfaces for pressure ulcer prevention. Cochrane Database Syst Rev. 2015 Sep 3;(9):CD001735.
7. European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Quick Reference Guide. Emily Haesler (Ed.). EPUAP/NPIAP/PPPIA: 2019.
8. Shi C, Dumville JC, Cullum N, Rhodes S, McInnes E, Goh EL, Norman G. Beds, overlays and mattresses for preventing and treating pressure ulcers: an overview of Cochrane Reviews and network meta-analysis. Cochrane Database Syst Rev. 2021 Aug 16;8(8)
9. Shi C, Dumville JC, Cullum N. Support surfaces for pressure ulcer prevention: A network meta-analysis. PLOS ONE. 2018. <https://doi.org/10.1371/journal.pone.0192707>
10. Sturman-Floyd M. Moving and handling: supporting bariatric residents. Nursing & Residential Care 2013;15(6):432-7.
11. Teel J, Wang JY, Loschiavo M. Durable Medical Equipment: A Streamlined Approach. Fam Pract Manag. 2021 Mar-Apr;28(2):15-20.
12. US Food and Drug Administration. A Guide to Bed Safety. Bed Rails in Hospitals, Nursing Homes and Home Health Care: The Facts. 2017.
13. US Food & Drug Administration. Hospital Beds. Maryland: FDA, 2018. Available at: <https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/HospitalBeds/default.htm>. Last updated August 23, 2018.
14. U.S. Food and Drug Administration (FDA). Information on Pediatric Medical Cribs and Medical Bassinets Used in Homes, Child Care Settings and Traditional Health Care Facilities Accessed October 28, 2022. Available at URL address: <https://www.fda.gov/medical-devices/products-and-medical-procedures/information-pediatric-medical-cribs-and-medical-bassinets-used-homes-child-care-settings-and>

Clinical Guideline Revision / History Information

Original Date: 1/26/2017

Reviewed/Revised: 4/11/2017, 7/20/2017, 1/18/2018, 2/5/2019, 1/27/2020, 1/21/2021, 12/1/2021,
01/26/2022, 1/31/2023, 01/23/2024, 02/14/2025