

## 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.*

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## 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 conditions, including congestive heart failure, chronic pulmonary disease, quadriplegia, 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 managed with an ordinary bed.
2. To allow the attachment of medically necessary accessories or equipment that cannot be attached to an ordinary bed.

When medically necessary, various accessories can be used with hospital beds to assist with ambulation, wound care, and patient safety. In addition, specialized mattresses and mattress overlays can be used at home for the treatment and prevention of pressure-related wounds, which are associated with periods of prolonged bed rest, poor nutrition, and comorbid medical conditions (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 and 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 with electric head and leg elevation adjustments and a manually adjustable height. It is 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. It is available in the configurations listed above (1-4).
- “Extra heavy-duty bed” is a bed capable of supporting patients weighing greater than 600 pounds. It is available in the configurations listed above (1-4).

“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. It may 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.

### Medical Necessity Criteria for Clinical Review

#### General Medical Necessity Criteria

The Plan considers adult hospital beds or pediatric hospital cribs 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 an in-network DME provider (unless the member has out-of-network benefits); *and*
4. The requested bed subtype meets the appropriate Indication-Specific Criteria.

#### Indication-Specific Criteria

##### Standard Fixed-Height Bed

The Plan considers standard fixed-height beds medically necessary when General Medical Necessity Criteria are met and ONE of the following criteria is met:

1. 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. Member requires body positioning that is not possible with an ordinary bed in order to alleviate pain; *or*
3. 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. 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 General Medical Necessity Criteria are met and BOTH of the following criteria are met:

1. One of the criteria listed under Standard Fixed-Height Bed is met; *and*
2. Member has ONE of the following conditions:
  - 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 General Medical Necessity Criteria are met and ALL of the following criteria are met:

1. One of the criteria listed under Standard Fixed-Height Bed is met; *and*
2. Member or caregiver can operate the controls; *and*
3. Member has a need for frequent adjustments or otherwise would require immediate adjustments and cannot tolerate a delay.

#### Heavy-Duty Bed or Extra Heavy-Duty Bed

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

1. Heavy-duty bed when BOTH of the following criteria are met:
  - a. Criteria for any of the hospital bed subtypes are met; *and*
  - b. Member weighs greater than 350 pounds and less than 600 pounds.
2. Extra heavy-duty bed when BOTH of the following criteria are met:
  - a. Criteria for any of the hospital bed subtypes are met; *and*
  - b. Member weighs 600 pounds or more.

#### Repair or Replacement of Beds

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

1. Treating physician must document that the item being repaired or replaced continues to be reasonable and medically necessary; *and*
2. 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 listed in this guideline.

#### Bed Cradles

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

1. 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 is met:

1. Member is bed-confined.

#### Side Rails

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

1. 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 BOTH of the following criteria are met:

1. Member has a condition that places them 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 is met:

1. Regular trapeze equipment when ONE of the following criteria is met:
  - a. 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; *or*
- 2. Heavy duty trapeze equipment when BOTH of the following criteria are met:
  - a. Member meets the criteria for regular trapeze equipment; *and*
  - b. Member weighs more than 250 pounds.

### Urinals

The Plan considers urinals medically necessary when ONE of the following criteria is met:

- 1. 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:

- 1. Bed baths

2. Bed boards (i.e., board inserted between bed spring and mattress to give extra support)
3. 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
4. Bed lifters (i.e., bed elevators)
5. Bed railing pads (i.e., protection over bed railing)
6. Bed spectacles (used for reading while lying flat in bed)
7. Bed trays/reading tables
8. Call switches (i.e., device to summon help)
9. Foot boards (i.e., board at the end of the bed)
10. Lap boards (i.e., board used on lap as a table or desk)
11. Overbed tables
12. Standard beds and mattresses made of allergy-free materials
13. Side rails when used with an ordinary bed

#### Applicable Billing Codes

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<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

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
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



Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes

Table 2	
CPT/HCPCS codes <u>not considered medically necessary</u> for indications in this guideline:	
<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

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