

Hospital Beds and Accessories

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Oscar may delegate utilization management decisions of certain services to third-party delegates, who may develop and adopt their own clinical criteria.

The clinical guidelines are applicable to all commercial plans. Services are subject to the terms, conditions, limitations of a member's plan contracts, state laws, and federal laws. Please reference the member's plan contracts (e.g., Certificate/Evidence of Coverage, Summary/Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.

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 such as congestive heart failure, chronic pulmonary disease, 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, springbase 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 and Coverage

Hospital Beds - General Criteria

Oscar covers hospital beds 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 covered 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 network DME provider; **and**

4. The requested bed subtype meets the appropriate criteria below.

Standard Fixed-Height Bed

Oscar covers standard fixed-height beds for members meeting any **ONE** of the following criteria:

1. The member has a medical necessity 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

Oscar covers standard variable-height beds for members meeting **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.

Semi-Electric Bed

Oscar covers semi-electric beds for members meeting **ALL** of the following criteria:

1. One of the four criteria above for standard fixed-height beds is met; **and**

2. The member can operate the controls and cause adjustments (Exceptions can be made to this criterion for a member with impairment due to spinal cord or brain injury that limits the member's ability to operate the controls appropriately.); **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

Oscar covers heavy-duty and extra heavy-duty beds for members when the following criteria are met:

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

Oscar covers the repair or replacement of a bed when **ALL** of the following criteria are met:

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

Covered Hospital Bed Accessories:

Oscar covers the following hospital bed accessories when:

1. They are provided by a network DME provider; **and**
2. They are prescribed by a licensed treating provider; **and**
3. They meet the specific criteria set forth below.

Side Rails

Oscar covers side rails when:

1. The member has a condition that requires them (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

Oscar covers safety enclosures when:

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.

Bed Cradles

Oscar covers bed cradles when the member has a condition making it medically necessary to prevent contact with bed coverings. Conditions which may apply include acute gouty arthritis, pain from complex regional pain syndrome (CRPS), burns, or ulcers (pressure or diabetic).

Trapeze Equipment

Oscar covers trapeze equipment when:

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

Bed Pans (autoclavable hospital type)

Oscar covers reusable, autoclavable bed pans when the member is bed-confined.

Urinals

Oscar covers urinals when the member is bed-confined.

Coverage Exclusions

Non-Covered Beds

1. Full electric beds are **NOT** covered by Oscar. They are not considered medically necessary as the electric height adjustment is considered a convenience factor.
2. Ordinary (non-hospital) beds are **NOT** covered by Oscar. 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 **NOT** covered by Oscar. They 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. Springbase beds
 - c. Circulating beds
 - d. Cage beds
 - e. Stryker frame beds
 - f. Fully enclosed beds
 - g. Turning beds
4. Custom hospital beds are **NOT** covered by Oscar. Coverage is for standard equipment only.

Non-Covered 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 covered if clinical 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
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
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
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 (safety item)
E0325	Urinal; male, jug-type, any material
E0326	Urinal; female, jug-type, any material
E0910	Trapeze bars (a.k.a. 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 covered** for indications listed 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
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure
E0305	Bedside rails, half-length (safety item)
E0310	Bedside rails, full-length (safety item)
E0315	Bed accessory: board, table, or support device, any type
E0700	Safety equipment (e.g., belt, harness or vest)
E0710	Restraints, any type (body, chest, wrist or ankle)
E1399	Durable medical equipment, miscellaneous

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 - o Medicare Coverage Documents - Hospital Beds and Accessories - A52508
 - o Local Coverage Determination - Hospital Beds and Accessories - L33820

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