

# MedStar Health, Inc.

## POLICY AND PROCEDURE MANUAL

Policy Number: MP.061.MH  
Last Review Date: 05/09/2019  
Effective Date: 07/01/2019

### MP.061.MH – Hospital Beds and Accessories

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers **Hospital Beds and Accessories** medically necessary for the following indications:

**Hospital Beds are covered for adult and pediatric members when the indications for the following specific beds are met:**

**Extra Heavy-Duty Hospital Bed is covered when both the following are met:**

1. The member meets one of the indications for a hospital bed.
2. The member's weight exceeds 600 pounds.

**A Fixed Height Hospital Bed is covered if one or more of the following criteria (1-4) are met:**

1. The member has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed.
2. The member requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.
3. When the member requires the head of the 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 considered and ruled out.
4. When the member requires traction equipment, which can only be attached to a hospital bed.

**Variable Height Hospital Bed is covered when both of the following are met:**

1. The member meets one of the indications for a fixed height hospital bed.
2. Member requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.

**Semi-Electric Hospital Bed is covered when both the following are met:**

1. The member meets one of the indications for a fixed height bed.

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2. Member requires frequent changes in body position and/or has an immediate need for a change in body position.

### **Heavy Duty Extra Wide Hospital Bed is covered when both of the following are met:**

1. The member meets one of the indications for a fixed height hospital bed.
2. The member's weight is more than 350 pounds, but does not exceed 600 pounds.

**Extra Heavy-Duty hospital bed** is covered if the member meets one of the criteria for a hospital bed and the member's weight exceeds 600 pounds.

**Total Electric Hospital Beds** are not covered (the height adjustment feature is a convenience feature). Total electric beds will be denied as not reasonable and necessary.

## **ACCESSORIES**

**Trapeze Equipment** is covered if the member needs this device to sit up because of a respiratory condition, to change body position for other medical reasons, or to get in or out of bed.

### **Heavy Duty Trapeze Equipment when both of the following are met:**

1. If the member meets the criteria for regular trapeze equipment.
2. The member's weight is more than 250 pounds.

A **Bed cradle** is covered when it is necessary to prevent contact with the bed coverings.

### **Side Rails or Safety Enclosures when both of the following are met:**

1. When they are required by the patient's condition.
2. They are an integral part of, or an accessory to, a covered hospital bed.

### **Replacement Innerspring Mattress or Foam Rubber Mattress is covered when both of the following are met:**

1. When the member's condition requires a replacement innerspring mattress.
2. When the member owns the bed.

**Limitations:** A written, signed, and dated order must be received by the supplier before a claim is submitted.

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**Exclusions:** The following are considered not medically necessary and not appropriate for home use and therefore not covered because most items are not primarily medical in nature or are for convenience:

- Bed board
- Bed elevators
- Bed rail pads
- Bed wedges
- Bedroom equipment, custom
- Continuous lateral motion beds
- Kinetic therapy beds
- Manual/power lounge beds
- Non hospital adjustable beds, ordinary beds ( e.g., Simmons® Beautyrest® Adjustable bed, Craftmatic® Adjustable bed, Adjust-a Sleep Adjustable bed, Electrometric adjustable bed)
- Over-bed table
- Oscillating beds
- Regular room furniture
- Safety accessories and devices (e.g., Posey Bed canopy beds, Vail Simmons® Enclosed beds)
- Stryker frame beds
- Total electric hospital beds (the height adjustment feature is a convenience feature)
- Trapeze bars attached to an ordinary bed
- Waterbeds

### See Also:

PA.010.MH Durable Medical Equipment, Corrective Appliances, and Other Devices

### Background

The Federal and Drug Administration (FDA) estimates that today there are about 2.5 million hospital and nursing home beds in use in the United States. Between 1985 and January 1, 2009, 803 incidents of patients\* caught, trapped, entangled, or strangled in beds with rails were reported to the FDA.

### Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
<b>Fixed Height Hospital Beds</b>	
E0250	Hospital bed, fixed height, with any type side rails, with mattress

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E0251	Hospital bed, fixed height, with any type side rails, without mattress
E0290	Hospital bed, fixed height, without side rails, with mattress
E0291	Hospital bed, fixed height, without side rails, without mattress
<b>Variable Height Beds</b>	
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
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress
<b>Semi-Electric Beds</b>	
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
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
<b>Heavy Duty Beds</b>	
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
<b>Covered Accessories</b>	
E0271	Mattress, innerspring
E0272	Mattress, foam rubber
E0280	Bed cradle, any type
E0305	Bed side rails, half length

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E0310	Bed side rails, full length
E0910	Trapeze bars, aka 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
<b>Non Covered Accessories</b>	
E0273*	Bed board
E0274	Over-bed table
E0315*	Bed accessory: board, table, or support device, any type
<b>Non Covered Beds</b>	
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
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

### References

- Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) No. 280.7 - Hospital Beds and Accessories. Effective Date: Long-standing NCD; date not posted. <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=227&ncdver=1&bc=AAAAQAAAAAAAA&>
- Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L33820 - Hospital Beds and Accessories. (Contractor: NHIC, Corp.) Revision Effective Date: 01/01/2017. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33820&ver=12&Date=&DocID=L33820&bc=iAAAABAAAAA&>
- Centers for Medicare and Medicaid Services (CMS). Local Coverage Article - Hospital Beds And Accessories - Policy Article - Effective October 2015 (A52508). (Contractor: NHIC, Corp.). Revision Effective Date: 01/01/2017

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<https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52508&ver=29&Date=&DocID=A52508&bc=hAAAABAAA AAA&>

4. U.S. Food and Drug Administration (FDA). Medical Devices. A Guide to Bed Safety Bed Rails in Hospitals, Nursing Homes and Home Health Care: The Facts. Page Last Updated: 12/11/2017.

<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/HospitalBeds/ucm123676.htm>

### **Disclaimer:**

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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