

Medical Policy



Bed Related Accessories: Support Device (Power or Manual), Wedge/Cushion, Elevator, Bed Board, Bedside Table

▼ Description

Support device – allows a person to sit as well as lay in a bed.

Wedge/cushion – cushion/pillow/wedge used to position a person in bed.

Elevator – a device used to raise or lift a bed in an up or down position.

Bed Board - A rigid board put under the mattress of a bed for firm support of the patient.

Bedside table - A portable table, usually on wheels, that remains nearby a bed.

▼ Policy

Bed related accessories are considered not reasonable and necessary as they are not primarily medical in nature.

▼ HCPCS Level II Codes and Description

E1399 Durable medical equipment, miscellaneous

E0315 Bed accessory: board, table, or support device, any type

E0190 Positioning cushion/pillow/wedge, any shape or size

E0273 Bed board

E0274 Over-bed table

▼ References

Centers for Medicare and Medicaid Services, National Coverage Determination Manual. 280.1 Durable Medical Equipment Reference List.

▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Applicable URAC Standard

Core 8	Staff operational tools and support
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Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a
01		Annual Review - no changes	Susan Glomb	Ken Fasse	12-2008
02	12-04-09	Annual Review- no changes	Susan Glomb	Ken Fasse	Dec.09
03	11-19-10	Annual Review – no changes	Susan Glomb	Ken Fasse	Nov.10
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	

05	11-7-11	Annual Review. References added to Clinical Policy	Susan Glomb	Dr. B. Almasri	November 2011
06	11-28-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012
07	12-11-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	
08	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
09	12-9-15	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	12-9-15
10	12-01-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016
11	12-06-17	Annual Review. No Changes.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017
12	12-3-18	Annual review. No changes.	Carol Dimech	Dr. Cheryl Lerchin	December 2018