

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

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| 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 Brugnani | 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 |

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|----|----------|-----------------------------|--------------|--------------------|---------------|
| 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 |