

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 Guidelines

Medicare Member Coverage Criteria:

Refer to Medicare’s medical policy (L33820) and article (A52508) for coverage criteria.

Non-Medicare Member Coverage Criteria:

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. Last accessed and reviewed 11-1-23.

Centers for Medicare and Medicaid Services, CMS Local Coverage Determination, Hospital Beds and Accessories, L33820, Policy Article A52508. Last accessed and reviewed 11-1-23.

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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.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

Change/Authorization History

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Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective 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	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
07	11-28-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Nov 12	
08	12-11-13	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	Dec 13	
09	11-24-14	Annual Review. No changes.	Susan Glomb	Dr. B. Almasri		
10	12-9-15	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	12-9-15	
11	12-01-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
12	12-06-2017	Annual Review. No Changes.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017	
13	12-3-18	Annual review. No changes.	Carol Dimech	Dr. Cheryl Lerchin	December 2018	

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14	11-15-19	Annual review. No changes.	Carol Dimech	Dr. Cheryl Lerchin	December 2019	11-15-19
15	11-05-20	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 5, 2020	11-05-20
16	11-5-21	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 5, 2021	11-5-21
17	11-12-21	Added NCD, LCD verbiage to "Important Note".	Carol Dimech	Dr. C. Lerchin	November 12, 2021	11-12-21
18	11-2-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-2-22	11-2-22
19	11-1-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-1-23	11-1-23