

Medical Policy



Hospital Beds and Accessories

Description

A hospital bed is a bed specially designed for members in need of positioning or safety that cannot be provided by an ordinary bed.

Policy

A hospital bed and accessories are considered reasonable and necessary when a member meets coverage criteria.

Policy Guidelines

Coverage Criteria:

A **fixed height hospital bed** (E0250, E0251, E0290, E0291, and E0328) 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, or
2. The member requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, or
3. 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, or
4. The member requires traction equipment, which can only be attached to a hospital bed.

A **variable height hospital bed** (E0255, E0256, E0292, and E0293) is covered if the member meets one of the criteria for a fixed height hospital bed and requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.

A **semi-electric hospital bed** (E0260, E0261, E0294, E0295, and E0329) is covered if the member meets one of the criteria for a fixed height bed and requires frequent changes in body position and/or has an immediate need for a change in body position.

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A **heavy duty extra wide hospital bed** (E0301, E0303) is covered if the member meets one of the criteria for a fixed height hospital bed and the member's weight is more than 350 pounds, but does not exceed 600 pounds.

An **extra heavy-duty hospital bed** (E0302, E0304) is covered if the member meets one of the criteria for a hospital bed and the member's weight exceeds 600 pounds.

A **total electric hospital bed** (E0265, E0266, E0296, and E0297) is not covered; the height adjustment feature is a convenience feature. Total electric beds will be denied as not reasonable and necessary.

For any of the above hospital beds plus those coded E1399, if documentation does not justify the medical need of the type of bed billed, payment will be denied as not reasonable and necessary.

If the member does not meet any of the coverage criteria for any type of hospital bed it will be denied as not reasonable and necessary.

ACCESSORIES:

Trapeze equipment (E0910, E0940) 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 (E0911, E0912) is covered if the member meets the criteria for regular trapeze equipment and the member's weight is more than 250 pounds.

A bed cradle (E0280) is covered when it is necessary to prevent contact with the bed coverings.

Side rails (E0305, E0310) or safety enclosures (E0316) are covered when they are required by the member's condition and they are an integral part of, or an accessory to, a covered hospital bed.

If a member's condition requires a replacement innerspring mattress (E0271) or foam rubber mattress (E0272) it will be covered for a member owned hospital bed.

HCPCS Level II Codes and Description

FIXED HEIGHT BEDS:

Group 1 Codes:

HCPCS	Description
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS

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HCPCS	Description
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
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS

Group 2 Paragraph: VARIABLE HEIGHT BEDS

Group 2 Codes:

HCPCS	Description
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

Group 3 Paragraph: SEMI-ELECTRIC BEDS

Group 3 Codes:

HCPCS	Description
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
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING,

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HCPCS **Description**
INCLUDES MATTRESS

Group 4 Paragraph: TOTAL ELECTRIC BEDS

Group 4 Codes:

HCPCS	Description
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

Group 5 Paragraph: HEAVY DUTY BEDS

Group 5 Codes:

HCPCS	Description
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

Group 6 Paragraph: ACCESSORIES

Group 6 Codes:

HCPCS	Description
E0271	MATTRESS, INNERSPRING
E0272	MATTRESS, FOAM RUBBER

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HCPCS	Description
E0273	BED BOARD
E0274	OVER-BED TABLE
E0280	BED CRADLE, ANY TYPE
E0305	BED SIDE RAILS, HALF LENGTH
E0310	BED SIDE RAILS, FULL LENGTH
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE
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

Group 7 Paragraph: MISCELLANEOUS

Group 7 Codes:

HCPCS Description

E1399 DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS

Documentation Requirements

Items in this policy may be subject to the Affordable Care Act (ACA) 6407.

The Affordable Care Act (ACA) 6407 requires that the treating physician conduct a face-to-face examination during the six month period preceding the written order. The documentation must be received by the provider prior to delivery for certain DME items. The documentation must describe a medical condition for which the DME is being prescribed.

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

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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 practitioner in connection with diagnosis and treatment decisions.

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

References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; October 2015. Accessed December 1, 2021.

CGS Administrators, LLC. Jurisdiction B DME MAC, Hospital Beds and Accessories. Local Coverage Determination No. L33820; Last accessed and reviewed 12/2/24.

Noridian Healthcare Solutions, LLC. Hospital Beds and Accessories. Local Coverage Determination No. L33820. Durable Medical Equipment Medicare Administrative Carrier Jurisdiction A; revised February 4, 2011. Reviewed December 6, 2018.

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Change/Authorization History

Revision Number	Date	Description of Change	Prepared/Reviewed by	Approved by	Review Date:	Effective Date:
A	Aug.2007	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01	Jan.2008	Add HCPCS Codes and descriptions for E0328,E0329	Susan Glomb	Ken Fasse		
02		Annual Review/no changes	Susan Glomb	Ken Fasse	Dec.2008	
03	10-01-09	Bed Boards, Overbed tables, and Trapeze bars attached to a regular bed are non-covered items.	Susan Glomb	Ken Fasse		
04	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec. 2009	
05	12-02-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
06	01-05-11	Deleted: Least costly alternative language	Susan Glomb	Ken Fasse		
05	07-20-11	Added Important Note to all Medical Policies and updated to reflect current policy.	Susan Glomb	Dr. B. Almasri		
06	12-06-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Dec. 2011	
07	11-29-12	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012	

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08	07-09-13	Removed the requirement of "Pillows or wedges must have been considered and ruled out" from Criterion 3.	Susan Glomb	Dr. B. Almasri		
09	12-30-13	Annual review. Removed requirement of pillows/wedges must be considered and ruled out.	Susan Glomb	Dr. B. Almasri		
10	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
11	12-3-14	Annual Review. Added: Items in this policy may be subject to the Affordable Care Act (ACA) 6407 requirements.	Susan Glomb	Dr. B. Almasri		
12	12-10-15	Annual Review. Policy formatted to Medicare policy. References updated	Susan Glomb	Dr. B. Almasri		
13	12-08-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
14	12-08-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2017	
15	12-06-18	Annual review. Updated Medicare references.	Carol Dimech	Dr. C. Lerchin	December 2018	
16	12-04-19	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 2019	December 2019
17	12-03-20	Annual review. Per CMS, replaced	Carol Dimech	Dr. C. Lerchin	December 3, 2020	December 3, 2020

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		“physician” with “practitioner”.				
18	12-1-21	Annual review. Added NCD, LCD verbiage to “Important Note”.	Carol Dimech	Dr. C. Lerchin	December 1, 2021	December 1, 2021
19	12-2-22	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	12-2-22	12-2-22
20	12-4-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	12-4-23	12-4-23
21	12-02-24	Annual review. No changes	Susan Glomb	Dr. C. Lerchin	12-02-24	12-02-24