

# Medical Policy



## Hospital Beds and Accessories

Policy Number: PG0245

Last Reviewed Date: 05/01/2025

Last Revised: 05/01/2025

HMO AND PPO

ELITE (MEDICARE ADVANTAGE)

MARKETPLACE

### GUIDELINES:

- This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder terms, conditions, exclusions, and limitations contract. It does not constitute a contract or guarantee regarding coverage or reimbursement/payment. Self-Insured group specific policy will supersede this general policy when group supplementary plan document or individual plan decision directs otherwise.
- Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards.
- This medical policy is solely for guiding medical necessity and explaining correct procedure reporting used to assist in making coverage decisions and administering benefits.
- Durable Medical Equipment (DME) frequency limitations are calculated based on The Center for Medicare and Medicaid Services (CMS) criteria and guidelines, National Coverage Determinations (NCD), and Local Coverage Determinations (LCD) rules and regulations.

### SCOPE:

☒ Professional

☒ Facility

### DESCRIPTION:

Hospital beds for patient home use come in a variety of designs, with a multitude of features and accessories to assist and protect the patient. A hospital bed is one that has manual head and leg elevation adjustment capabilities. Hospital beds can be categorized as follows:

- **Fixed-height** hospital beds allow manual adjustments to head and leg elevation but not to height.
- **Variable-height** hospital beds allow manual adjustments to height, as well as to head and leg elevation.
- **Semi-electric** beds allow manual adjustments to height and electric adjustments to head and leg elevation.
- **Totally electric** beds allow electric adjustment to height, as well as to head and leg elevation.

A physician's prescription and additional documentation including medical records and physicians' reports, must establish the medical necessity for a hospital bed due to one of the following reasons:

- The patient's condition requires positioning of the body or
- The patient's condition requires special attachments that cannot be fixed and used on an ordinary bed.

### POLICY:

#### **Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans**

**Effective 11/1/2020:**

- **Prior Authorization required for:**
  - **Powered pressure-reducing air mattress (E0277)**
  - **Pediatric hospital bed or pediatric crib (E0300, E0328 and E0329)**
- **Codes E0265, E0266, E0270, E0273, E0274, E0296, E0297, and E0315 are non-covered.**

**Some DME require prior authorization or may be non-covered. A provider must refer to the Paramount prior authorization list and specific medical policy in reference to specific DME for coverage determinations (this list may not be all-inclusive).**

## GENERAL DOCUMENTATION REQUIREMENTS

For an item to be covered, the supplier must receive a written, signed, and dated order before a claim is submitted for reimbursement. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

In order to justify payment for DME items, suppliers must meet the following requirements:

- Be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member
- Prescription (orders)
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery

## COVERAGE CRITERIA:

### Paramount Commercial Insurance Plans and Elite (Medicare Advantage) Plans

A fixed height hospital bed (E0250, E0251, E0290, and E0291) 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 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

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

A semi-electric hospital bed (E0260, E0261, E0294, and, E0295) is covered if

1. The member meets one of the criteria for a fixed height bed and
2. Requires frequent changes in body position and/or has an immediate need for a change in body position and
3. Member is able to operate the controls for adjustment

A heavy duty extra wide hospital bed (E0301, E0303) is covered if

1. The member meets one of the criteria for a fixed height hospital bed, and
2. The member's weight is more than 350 pounds but less than 600 pounds.

An extra heavy-duty hospital bed (E0302, E0304) is covered if

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

A pediatric hospital crib/bed (E0300, E0328, E0329) is considered medically necessary when required by the member's condition and is an integral part of, or an accessory to, a medically necessary hospital bed.

A pediatric hospital bed or pediatric crib is defined as a fully enclosed bed with all of the following features:

1. A bed that allows adjustment of the head and foot of the bed.
2. A manual pediatric hospital bed (procedure code E0328) or pediatric crib (procedure code E0300) allows manual adjustment to the head and leg elevation.

3. A semi-electric or fully electric hospital bed (procedure code E0329) allows manual or electric adjustments to height and electric adjustments to head and leg elevation.
4. A headboard
5. A footboard
6. A mattress
7. Side rails of any type (A side rail is defined as a hinged or removable rail, board, or panel.)
8. A bed that has side rails that extend 24 inches or less above the mattress is considered a pediatric hospital bed (procedure code E0328 or E0329).
9. A pediatric hospital bed may be fixed or variable height. Variable height beds may be adjusted manually or electrically as required for the client's medical condition.
10. A bed that has side rails that extend more than 24 inches above the mattress is considered a pediatric crib (procedure code E0300)

A semi-electric hospital pediatric bed (E0329) is covered if the following criteria is met:

1. There is 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° does not usually require the use of a hospital bed,  
Or
2. There is a medical condition that requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, Or
3. A medical condition requires the head of the bed to be elevated more than 30° most of the time due to CHF, COPD, or problems with aspiration. Pillows or wedges must have been considered and ruled out,  
Or
4. Traction equipment that can only be attached to a hospital bed is required. And
5. There is a requirement for frequent changes in body position and/or there is an immediate need for a change in body position.

For any of the above hospital beds, 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.

### **NON-MEDICAL NECESSITY COVERAGE**

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

Trapeze bars attached to a bed (E0910, E0911) are non-covered when used on an ordinary bed.

The following types of beds are considered not medically necessary and inappropriate for use in the home setting:

- Institutional type beds (e.g., E0270)
- Kinetic therapy beds
- Oscillating beds
- Stryker frame beds
- Continuous lateral rotation beds

The following beds and accessories are not primarily medical in nature and/or are specifically excluded under many benefit plans:

- all nonhospital adjustable beds (e.g., Craftmatic® Adjustable Bed, Simmons® Beautyrest® Adjustable Bed, Adjust-A-Sleep Adjustable Bed)
- bed boards (E0273, E0315)
- bed elevators (e.g., blocks, lifters)
- bed wedges/pillows

- bed rail pads
- bed spectacles
- call switches
- custom bedroom equipment
- mattresses (e.g., innerspring, foam rubber [E0271, E0272], viscoelastic or memory foam mattresses [e.g., Tempur-Pedic®], adjustable firmness/support mattresses [e.g., Select Comfort])
- overbed tables (E0274), trays, lap boards
- power/manual lounge beds, including electric chair positioning features
- waterbeds

Bed wedges are not primarily medical in nature and/or are specifically excluded under many benefit plans. An exception may be made for infants with gastroesophageal reflux disease (GERD).

## **ACCESSORIES**

Powered pressure reducing mattress, alternating pressure, low air loss, or powered flotation without low air loss, (E0277) is characterized by All of the following:

1. An air pump or blower which provides either sequential inflation and deflation of the air cells or a low interface pressure throughout the mattress; and
2. Inflated cell height of the air cells through which air is being circulated is 5 in. or greater; and
3. Air cell height, inter-cell proximity, frequency of air cell inflating/deflation (for alternating pressure mattresses) and air pressure level provide adequate patient lift, reduce pressure, and prevent bottoming out; and
4. A surface designed to reduce friction and shear; and
5. Can be placed directly on a hospital bed frame.

Coverage is met when documentation justifies the medical necessity as indicated below, All of the following:

1. Multiple Stage II pressure ulcers located on the trunk or pelvis; and
2. Member has been on a comprehensive ulcer treatment program for at least the preceding 30 days, which has included the use of nonpowered pressure reducing mattress overlay support surface; and
3. The ulcers have worsened or remained unchanged over the past month.

OR

4. Large or multiple Stage III or IV pressure ulcer(s) on the trunk or pelvis; or

OR

5. Recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (surgery within the past 60 days)

The comprehensive ulcer treatment described in # 2 above should generally include:

- i. Education of the patient and caregiver on the prevention and/or management of pressure ulcers.
- ii. Regular assessment by a nurse, physician, or other licensed health care practitioner (usually at least weekly for a patient with a Stage III or IV ulcer).
- iii. Appropriate turning and positioning.
- iv. Appropriate wound care (for a Stage II, III, or IV ulcer).
- v. Appropriate management of moisture/incontinence.
- vi. Nutritional assessment and intervention consistent with the overall plan of care.

Continued use of a support surface may be considered medically necessary until the ulcer is healed or, if healing does not continue, there is documentation in the medical record to show that:

- i. Other aspects of the care plan are being modified to promote healing; or
- ii. The continued use is medically necessary for wound management.

The staging of pressure ulcers used in this policy is as follows:

- Stage I: Observable pressure related alteration of intact skin whose indicators as compared to the adjacent or opposite area on the body may include changes in one or more of the following: skin

temperature (warmth or coolness), tissue consistency (firm or boggy feel) and/or sensation (pain, itching). The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue, or purple hues.

- Stage II: Partial thickness skin loss involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.
- Stage III: Full thickness skin loss involving damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.
- Stage IV: Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule). Undermining and sinus tracts also may be associated with Stage IV pressure ulcers.

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. Examples of medical conditions that may require decreased contact with bed coverings are: acute gouty arthritis, diabetic foot ulcers, pressure injuries, and burns.

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.

**Codes E0265, E0266, E0270, E0273, E0274, E0296, E0297, and E0315 are non-covered.**

#### **CODING/BILLING INFORMATION:**

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<b>HCPCS CODES</b>	
<b>Fixed Height Beds</b>	
<b>E0250</b>	Hospital bed, fixed height, with any type side rails, with mattress
<b>E0251</b>	Hospital bed, fixed height, with any type side rails, without mattress
<b>E0290</b>	Hospital bed, fixed height, without side rails, with mattress
<b>E0291</b>	Hospital bed, fixed height, without side rails, without mattress
<b>Variable Height Beds</b>	
<b>E0255</b>	Hospital bed, variable height, hi-lo, with any type side rails, with mattress
<b>E0256</b>	Hospital bed, variable height, hi-lo, with any type side rails, without mattress
<b>E0292</b>	Hospital bed, variable height, hi-lo, without side rails, with mattress
<b>E0293</b>	Hospital bed, variable height, hi-lo, without side rails, without mattress
<b>Semi Electric Beds</b>	
<b>E0260</b>	Hospital bed, semi-electric (head and foot adjustment), w/any type side rails, w/mattress
<b>E0261</b>	Hospital bed, semi-electric (head and foot adjustment), w/any type side rails, w/o mattress
<b>E0294</b>	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
<b>E0295</b>	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress

<b>Total Electric Beds</b>	
<b>E0265</b>	Hospital bed, total electric (head, foot and height adjustments), w/any type side rails, with mattress <b>(non-covered)</b>
<b>E0266</b>	Hospital bed, total electric (head, foot and height adjustments), w/any type side rails, without mattress <b>(non-covered)</b>
<b>E0296</b>	Hospital bed, total electric (head, foot and height adjustments). without side rails, with mattress <b>(non-covered)</b>
<b>E0297</b>	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress <b>(non-covered)</b>
<b>Heavy Duty Beds</b>	
<b>E0301</b>	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
<b>E0302</b>	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress
<b>E0303</b>	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
<b>E0304</b>	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress
<b>Pediatric Crib/Beds</b>	
<b>E0300</b>	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure
<b>E0328</b>	Hospital bed, pediatric, manual, 360-degree side enclosures, top of headboard, footboard, and side rails up to 24 inches above the spring, includes mattress
<b>E0329</b>	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, includes mattress
<b>Institutional Beds</b>	
<b>E0270</b>	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress
<b>Accessories</b>	
<b>E0271</b>	Mattress, innerspring
<b>E0272</b>	Mattress, foam rubber
<b>E0273</b>	Bed board <b>(non-covered)</b>
<b>E0274</b>	Over-bed table <b>(non-covered)</b>
<b>E0277</b>	Powered pressure-reducing air mattress
<b>E0280</b>	Bed cradle, any type
<b>E0305</b>	Bed side rails, half length
<b>E0310</b>	Bed side rails, full length
<b>E0315</b>	Bed accessory: board, table or support device, any type
<b>E0316</b>	Safety enclosure frame/canopy for use with hospital bed, any type
<b>E0910</b>	Trapeze bars, a/k/a patient helper, attached to bed, with grab bar
<b>E0911</b>	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar
<b>E0912</b>	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar
<b>E0940</b>	Trapeze bar, free standing, complete with grab bar
<b>Miscellaneous</b>	
<b>E1399</b>	Durable medical equipment, miscellaneous

**REVISION HISTORY EXPLANATION: ORIGINAL EFFECTIVE DATE: 07/15/2009**

Date	Explanation & Changes
<b>09/11/2018</b>	<ul style="list-style-type: none"> <li>Codes E0275, E0276, E0325, E0326, E0350, E0352, E0370 removed from policy per CMS guidelines</li> <li>Codes E0910, E0911, E0912, E0940, E1399 added to policy per CMS guidelines</li> </ul>

	<ul style="list-style-type: none"> <li>Codes E0265, E0266, E0270, E0273, E0274, E0296, E0297, E0315 are non-covered for HMO, PPO, Individual Marketplace, Elite per CMS guidelines</li> <li>Codes E0250, E0251, E0265, E0266, E0270, E0273, E0274, E0280, E0290, E0291, E0296, E0297, E0300, E0315, E0316, E0911 are non-covered for Advantage per ODM guidelines</li> <li>Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee</li> </ul>
09/01/2020	<ul style="list-style-type: none"> <li>Medical Policy updated</li> <li>Procedure E0277 added to the medical policy.</li> <li>Prior Authorization determination made for procedure codes E0300, E0328, E0329 and E0277</li> <li>Coverage criteria indicated/documented</li> </ul>
09/04/2020	<ul style="list-style-type: none"> <li>Corrected the documentation error related to HCPCS E0300</li> <li>In error, the policy indicated that HCPCS E0300 was both covered and noncovered for the Advantage Product line</li> <li>The documentation was corrected to indicate that HCPCS E0300 is noncovered for the Advantage Product line, per ODM</li> </ul>
09/25/2020	<ul style="list-style-type: none"> <li>Effective Prior Authorization requirement date moved/extended to be in effect 11/1/2020</li> </ul>
12/17/2020	<ul style="list-style-type: none"> <li>Medical policy placed on the new Paramount Medical Policy Format</li> </ul>
02/16/2023	<ul style="list-style-type: none"> <li>Medical Policy updated to reflect Medicaid coverage to Anthem as of 02/01/2023</li> </ul>
03/29/2023	<ul style="list-style-type: none"> <li>Medical Policy updated to reflect DME limits calculated by CMS criteria/guidelines.</li> </ul>
03/04/2024	<ul style="list-style-type: none"> <li>Medical policy placed on the new Paramount Medical Policy format</li> </ul>
05/01/2024	<ul style="list-style-type: none"> <li>Medical Policy reviewed and updated to reflect the most current clinical evidence</li> </ul>
05/01/2025	<ul style="list-style-type: none"> <li>Medical Policy reviewed and updated to reflect the most current clinical evidence</li> <li>No changes to policy statement</li> </ul>

**Paramount reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to**  
<https://www.paramounthealthcare.com/providers/medical-policies/policy-library>

## REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals> <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

National Physician Fee Schedule Relative Value File Calendar Year XXXX, Centers for Medicare & Medicaid Services (CMS) <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>

NCCI Policy Manual for Medicare Services, current version, Chapter 1, General Correct Coding Policies  
<https://www.cms.gov/files/document/medicare-ncci-policy-manual-2023-chapter-1.pdf>

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services <https://www.ama-assn.org/amaone/cpt-current-procedural-terminology>

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>

Centers for Medicare & Medicaid Services (CMS), ICD-10-CM Official Guidelines for Coding and Reporting  
<https://www.cms.gov/medicare/coding/icd10>

Centers of Medicare & Medicaid Services (CMS), Medicare Claims Processing Manual, Chapter 23-Fee

Schedule administration and coding Requirements <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c23.pdf>

Centers for Medicare & Medicaid Services (CMS), National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services <https://www.cms.gov/medicare-medicare-coordination/national-correct-coding-initiative-ncci/ncci-medicare>

Center for Medicare and Medicaid Services, Medicare NCCI Medically Unlikely Edits (MUEs) <https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medically-unlikely-edits>  
U.S. Preventive Services Task Force, <https://www.uspreventiveservicestaskforce.org/uspstf/>

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Industry Standard Review