

09-E0000-12

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## Subject: Hospital Beds and Accessories

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

[Position Statement](#)

[Billing/Coding](#)

[Reimbursement](#)

[Program Exceptions](#)

[Definitions](#)

[Related Guidelines](#)

[Other](#)

[References](#)

[Updates](#)

### DESCRIPTION:

A hospital bed is considered to be a piece of durable medical equipment that provides needed positioning for patients with specific medical needs.

Hospital beds can be categorized as follows:

Description	Height of Bed	Bed Height Adjustment	Head & Foot Adjustments
Standard	Fixed	Manual	Manual
Variable	Variable	Manual	Manual
Semi-electric	Variable	Manual	Electric
Total Electric	Variable	Electric	Electric
Heavy duty	Hospital bed capable of supporting patient weights of greater than 350 lbs, and less or equal to 600 lbs.		
Extra heavy-duty	Hospital bed capable of supporting patient weights greater than 600 lbs.		

**Air-fluidized beds** use warm air under pressure to set small ceramic beads in motion which simulate the movement of fluid. When the patient is placed in the bed, body weight is evenly distributed over a large surface area, which creates a sensation of "floating."

**Institutional-type hospital beds** include, but are not limited to, oscillating beds, springbase beds, circulating beds, cage beds, kinetic therapy (i.e., continuous lateral rotation therapy), and Stryker frame beds.

**Enclosure beds** (e.g., Pedicraft) are, padded beds that are completely enclosed with netting.

**Power air-flotation beds** are also referred to as pressure reducing support surfaces.

## **POSITION STATEMENT:**

The following hospital beds and equipment **meet the definition of medical necessity** when prescribed by a physician as medically necessary for the member's condition and when the following criteria are met for the type of bed or equipment prescribed:

**Standard (fixed height) hospital beds meet the definition of medical necessity** when any of the following conditions exist:

- The member has a condition that requires frequent re-positioning in ways that cannot be accomplished by an ordinary bed. An elevation less than or equal to 30 degrees of the head or upper body does not usually require a hospital bed.
- The member requires positioning that cannot be accomplished by an ordinary bed, to alleviate pain
- The member requires that the head of the bed be elevated more than 30 degrees due to conditions such as, but not limited to, congestive heart failure, chronic pulmonary disease, or problems with aspiration.
- The member requires trapeze equipment that cannot be attached to an ordinary bed.

**Variable height hospital beds meet the definition of medical necessity** when one of the above criteria for a standard hospital bed are met and the member requires adjustable height in order to transfer from bed to chair, wheelchair, or to a standing position.

**Semi-electric hospital beds meet the definition of medical necessity** when one of the above criteria for a standard hospital bed are met and the member requires frequent changes in position **AND/OR** has an immediate need for a change in body position.

**Heavy-duty hospital beds meet the definition of medical necessity** when one of the above criteria for a standard hospital bed are met and the member's weight is greater than 350 pounds, but less than or equal to 600 pounds.

**Extra heavy-duty hospital beds meet the definition of medical necessity** when one of the above criteria for a standard hospital bed are met and the member's weight is greater than 600 pounds.

**Group 1 Support Surfaces (E0181, E0184, E0185, E0186, E0196, E0197, E0199): Refer to DME Table Alternating Pressure Pads/Mattresses**

**Group 2 Support Surfaces (E0193, E0277, E0371, E0372, E0373) meet the definition of medical necessity** when the following criteria are met:

- A. Criterion 1, 2 and 3; **OR**
- B. Criterion 4; **OR**
- C. Criterion 5 and 6.
  1. The member has multiple stage II pressure ulcers located on the trunk or pelvis, **AND**

2. The member has been on a comprehensive ulcer treatment program for at least the past 30 days which has included the use of an appropriate group 1 support surface (E0181), **AND**
3. The ulcers have worsened or remained unchanged over the past month, **OR**
4. The member has large or multiple stage III or IV pressure ulcer(s) on the trunk or pelvis, **OR**
5. The member had a recent myocutaneous flap or skin graft for a pressure ulcer on the trunk or pelvis (surgery within the past 60 days), **AND**
6. The member has been on a group 2 or 3 support surface immediately prior to a recent discharge from a hospital or nursing facility (discharge within the past 30 days).

**NOTE:** A comprehensive ulcer treatment program generally includes the following:

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

**Group 3 Support Surfaces (E0194) meet the definition of medical necessity** for the treatment of pressure sores when **ALL** of the following criteria are met:

- The member has a stage III or IV pressure sore and is bed ridden
- Without the air-fluidized bed, the member would need to be hospitalized
- The air-fluidized bed is ordered by the attending physician and is based on a comprehensive assessment and evaluation following failed attempts of one month duration, at conservative treatment to promote wound healing.  
**NOTE:** Conservative treatment should include frequent positioning, use of specialized support surface for reducing pressure on healing ulcers and preventing new ulcer formation, necessary treatment to resolve wound infection, optimization of nutritional status to promote wound healing, wound debridement by any means, maintenance of clean, moist bed of granulation tissue with moist dressings protected by an occlusive covering during healing.
- There is a trained adult caregiver available to assist the member with activities of daily living, fluid balance, skin care, repositioning, dietary needs, prescribed treatments, and management and support of the bed system and problems such as leakage
- A physician-directed home treatment regimen with re-evaluations and recertification exists on a monthly basis
- Other available alternative equipment has been considered and ruled out.

### **Accessories**

- Trapeze bars used with a covered hospital bed **meet the definition of medical necessity** when the member needs the accessory in order to sit up due to a respiratory condition, change body position for other medical reasons, or get in and out of bed.
- Trapeze bars **do not meet the definition of medical necessity** when used with an ordinary (non-hospital) bed.

- Heavy duty trapeze equipment is required due to the member's weight being greater than 250 pounds and the above criteria is met for standard trapeze equipment.
- Bed cradles **meet the definition of medical necessity** when needed to prevent contact with the bed coverings.

**Institutional-type hospital beds, such as air immersion,** are inappropriate for home use and **do not meet the definition of medical necessity.**

**Enclosure beds** (e.g., Pedicraft) are considered **experimental or investigational** as the U.S. FDA has determined that these devices pose significant safety risks.

**Total electric hospital beds** (electric height, head, and foot adjustment features) are generally member contract exclusions and are non-covered as convenience items.

Bed boards and over-bed tables **do not meet the definition of medical necessity** as these accessories do not meet criteria as durable medical equipment.

## BILLING/CODING INFORMATION:

### HCPCS Coding

#### Fixed Height Beds:

E0250	Hospital bed, fixed height, with any type side rails, with mattress
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

#### Variable Height Beds:

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

#### Semi-Electric Beds:

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

#### Total Electric Beds:

E0193	Powered air flotation bed (low air loss therapy)
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E0194	Air-fluidized bed
E0265	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress <b>(Non-covered)</b>
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress <b>(Non-covered)</b>
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress <b>(Non-covered)</b>
E0296	Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress <b>(Non-covered)</b>
E0297	Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress <b>(Non-covered)</b>

### Heavy Duty Hospital Beds:

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

### Pediatric Hospital Beds:

E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure <b>(Investigational)</b>
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
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, includes mattress

### Hospital Bed Accessories:

E0181	Powered pressure reducing mattress overlay/pad, alternating with pump, includes heavy duty
E0184	Dry pressure mattress
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0186	Air pressure mattress
E0196	Gel pressure mattress
E0197	Air pressure pad for mattress, standard mattress length and width
E0199	Dry pressure pad for mattress, standard mattress length and width
E0271	Mattress, innerspring
E0272	Mattress, foam rubber
E0273	Bed board <b>(Non-covered)</b>
E0274	Over-bed table <b>(Non-covered)</b>

E0277	Powered pressure-reducing air mattress
E0280	Bed cradle, any type
E0305	Bedside rails, half-length
E0310	Bedside rails, full-length
E0315	Bed accessory: board, table, <b>OR</b> support device, any type <b>(Non-covered)</b>
E0316	Safety enclosure frame/canopy for use with hospital bed, any type <b>(Investigational)</b>
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
E0372	Powered air overlay for mattress, standard mattress length and width
E0373	Nonpowered advanced pressure reducing mattress
E0910	Trapeze bars, also known as 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, freestanding, complete with grab bar
E0940	Trapeze bar, freestanding, complete with grab bar

### REIMBURSEMENT INFORMATION:

Reimbursement is made for hospital beds and accessories according to purchase or rental (rental allowance not to exceed the purchase price).

Mattresses **AND/OR** side rails are not reimbursed separately when they are an integral part of the hospital bed.

Reimbursement for replacement mattresses is made for patient-owned hospital beds only.

Codes in Column II are included in (incidental to) the allowance for the corresponding code in Column I and are not reimbursed separately:

Column I	Column II
E0250	E0271, E0272, E0305, E0310
E0251	E0305, E0310
E0255	E0271, E0272, E0305, E0310
E0256	E0305, E0310
E0260	E0271, E0272, E0305, E0310
E0261	E0305, E0310
E0290	E0271, E0272
E0292	E0271, E0272
E0294	E0271, E0272
E0301	E0305, E0310
E0302	E0305, E0310
E0303	E0271, E0272, E0305, E0310
E0304	E0271, E0272, E0305, E0310
E0328	E0271, E0272, E0305, E0310
E0329	E0271, E0272, E0305, E0310

## PROGRAM EXCEPTIONS:

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

### Medicare Advantage products:

The following National Coverage Determinations (NCDs) were reviewed on the last guideline reviewed date: Hospital Beds (280.7) and Air-Fluidized Bed (280.8) located at [cms.gov](https://www.cms.gov).

The following Durable Medical Equipment Regional Carrier (DMERC) Local Coverage Determinations (LCDs) were reviewed on the last guideline reviewed date: Hospital Beds And Accessories (L33820), Pressure Reducing Support Surfaces- Group 1 (L33830), Pressure Reducing Support Surfaces - Group 2 (L33642), and Pressure Reducing Support Surfaces - Group 3 (L33692) located at [cgsmedicare.com](https://www.cgsmedicare.com).

## DEFINITIONS:

**Group 1 Support Surfaces** include mattresses, pressure pads, and mattress overlays (foam, air, water, or gel).

**Group 2 Support Surfaces** include powered air flotation beds, powered pressure reducing air mattresses, and non-powered advanced pressure reducing mattresses.

**Group 3 Support Surfaces** include air-fluidized beds.

**Stage II Pressure Ulcer:** Partial-thickness skin loss with exposed dermis.

**Stage III Pressure Ulcer:** Full-thickness skin loss.

**Stage IV Pressure Ulcer:** Full-thickness skin and tissue loss.

## RELATED GUIDELINES:

[Durable Medical Equipment \(DME\), 09-E0000-01](#)

## OTHER:

None applicable.

## REFERENCES:

1. Centers for Medicare and Medicaid Services (CMS) National Coverage Determination for Hospital Beds (280.7), accessed at [cms.gov](https://www.cms.gov).
2. Centers for Medicare and Medicaid Services (CMS) National Coverage Determination for Air-Fluidized Bed (280.8), accessed at [cms.gov](https://www.cms.gov).
3. CGS Administrators, LLC; Local Coverage Determination (LCD): Hospital Beds And Accessories (L33820), accessed at [cgsmedicare.com](https://www.cgsmedicare.com).
4. CGS Administrators, LLC; Local Coverage Determination (LCD): Pressure Reducing Support Surfaces - Group 1 (L33830), accessed at [cgsmedicare.com](https://www.cgsmedicare.com).
5. CGS Administrators, LLC; Local Coverage Determination (LCD): Pressure Reducing Support Surfaces - Group 2 (L33642), accessed at [cgsmedicare.com](https://www.cgsmedicare.com).

6. CGS Administrators, LLC; Local Coverage Determination (LCD): Pressure Reducing Support Surfaces - Group 3 (L33692), accessed at [cgsmedicare.com](http://cgsmedicare.com).
7. U.S. Food and Drug Administration (FDA); located at [fda.gov](http://fda.gov).

### COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 08/22/24.

### GUIDELINE UPDATE INFORMATION:

12/15/02	Medical Coverage Guideline Reformatted.
01/01/04	Annual HCPCS coding update.
10/15/04	Scheduled review; no change in coverage statement.
12/15/04	Revision consisting of addition of coverage criteria for air-fluidized beds.
05/15/07	Guideline archived.
11/15/09	Guideline reinstated to active status; document reformatted; position statement unchanged; reimbursement section revised to include incidental coding relationships; definitions added; references updated.
04/15/11	Revisions to add information regarding power air-flotation beds, institutional beds, and enclosure beds. References updated.
09/15/11	Revisions: Billing/Coding section updated to include additional codes for pediatric beds.
01/01/13	Annual HCPCS coding update; revised descriptor for E0300.
05/15/14	Revision; Program Exceptions section updated.
07/15/18	Revision; Position statements, coding, program exception, and references updated.
06/15/20	Review; Position statements maintained.
07/15/22	Review: Position statements and definitions updated.
09/15/24	Review: Position statements maintained.