

Hospital Bed and Accessories

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan statutory and regulatory requirements

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. 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.

Suppliers are to follow The Health Plan requirements for precertification as applicable.

Hospital beds require precertification and a physician face-to-face.

National Coverage Determination Policy	CMS Publication 100-3 Medicare National Coverage Determination Manual, Chapter 1, Sections 280.1, 280.7
Local Coverage Determination Policy	Jurisdiction B/C
Effective Date	For services performed on or after 10/01/13
Revision/Review Date	01/19, 10/18, 06/04/2018, 02/01/16
The Health Plan	Plans will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents.

DESCRIPTION

A hospital bed is a single bed with a frame in three sections, so the head, middle, or foot can be raised as required.

COVERAGE GUIDELINES

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. 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. There is a medical condition that 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,
4. Traction equipment which can only be attached to a hospital bed is required.

A variable height hospital bed (E0255, E0256, E0292, and E0293) is covered when one of the criteria for a fixed-height hospital bed is met and there is a requirement for 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, E0295, and E0329) is covered if one of the criteria for a fixed-height bed is met and there is a requirement for frequent changes in body position and/or there is an immediate need for a change in body position.

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

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 lbs.

Coverage Guidelines Accessories:

Trapeze equipment (E0910, E0940) is covered if the device is required 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 criteria is met for regular trapeze equipment and the member weighs more than 250 lbs.

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.

Replacement of an innerspring mattress (E0271) or foam rubber mattress (E0272) is covered if there is a condition that requires replacement, for example – reasonable useful lifetime has been met, and the member owns the hospital bed.

NONCOVERAGE STATEMENT

For any of the above hospital beds (plus those coded E1399 - *see coding guidelines*), if documentation does not support the medical necessity 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, or accessory it will be denied as not reasonable and necessary.

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.

A bed board (E0273, E0315) is not covered since it is not primarily medical in nature.

An over bed table (E0274, E0315) is not covered because it is not primarily medical in nature.

Trapeze bars attached to a bed (E0910, E0911) are not covered when used on an ordinary bed.

REPAIR, REPLACEMENT AND REASONABLE USEFUL LIFETIME

Replacements and repairs require precertification. See **Replacement and Repair** policy.

Repairs are not separately payable during the capped rental period.

A replacement is not usually covered within the 5 year reasonable useful lifetime and for normal wear and tear.

Will need documentation of change in medical condition and face to face for replacements within the 5 year reasonable useful lifetime.

Replacements are not covered due to neglect or misuse.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
GA	WAIVER OF LIABILITY STATEMENT ON FILE, ISSUED AS REQUIRED BY PAYOR POLICY, INDIVIDUAL CASE
GK	REASONABLE AND NECESSARY ITEM/SERVICE ASSOCIATED WITH A GA OR GZ MODIFIER
GL	MEDICALLY UNNECESSARY UPGRADE PROVIDED INSTEAD OF NON-UPGRADED ITEM, NO CHARGE, NO ABN
GZ	ITEM OR SERVICE EXPECTED TO BE DENIED AS NOT REASONABLE AND NECESSARY
KX	REQUIREMENTS SPECIFIED IN THE MEDICAL POLICY HAVE BEEN MET

HCPCS CODES

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

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
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**HCPCS CODES
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

**HCPCS CODES
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
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

**HCPCS CODES
TOTAL ELECTRIC BEDS**

E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS
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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

**HCPCS CODES
HEAVY-DUTY 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

**HCPCS CODES
ACCESSORIES**

E0271	MATTRESS, INNERSPRING
E0272	MATTRESS, FOAM RUBBER
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

**HCPCS CODES
MISCELLANEOUS**

E1399	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS.
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There are no specified diagnoses or ICD-10 codes that indicate medical necessity.

DOCUMENTATION REQUIREMENTS

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the medical record will reflect the need for the care provided. It is generally understood that the medical record includes the physician's office records, hospital records, nursing home records, home health agency records, records from other health care professionals and test reports.

This documentation must be available with precertification.

Medicare has made changes to its requirements for dispensing orders, detailed written orders, and proof of delivery. The Health Plan will require the following:

1. Physician detailed written order. Order must include the following:
 - a. Member's name
 - b. Date
 - c. Description of item. The medical record must contain the information that supports the request for each item and must be submitted with the precertification, if the item requires precertification, or with the claim, if no precertification was required
 - d. Order must include diagnosis code
 - e. Physician signature with date. Date stamps are not appropriate
 - f. Quantity of items required and duration. A new order is required if there is an increase in the quantity of the supply used per month and/or the type of supply used

The supplier is to contact The Health Plan in this instance to update referral

2. There must be documentation in the supplier's records to support the medical necessity of that item. This information must be available upon request, usually with precertification per The Health Plan policy.

3. Proof of delivery to be kept on file by the provider of the item.

Note: If templates or forms are submitted, (i.e., a Medicare Certificate of Medical Necessity, and/or a provider created form), The Health Plan reserves the right to request the medical record, that may include, but not limited to, the physician office notes, hospital and nursing facility records, and home health records.

Note: Template provider forms, prescriptions, and attestation letters are not considered part of the medical record, even if signed by the ordering physician.

Precertification is required when supplies used are greater than the usual maximum quantity listed in above. There must be adequate, clear documentation in the medical record corroborating the medical necessity of this amount. This documentation is to be submitted with precertification.

HOSPITAL BED PROVIDED WHILE MEMBER IN COVERED PART A FACILITY

A hospital bed is usually included in the per diem rate of the facility and therefore not separately billable. Facilities are to refer to their individual contracts.

EQUIPMENT RETAINED FROM A PRIOR PAYOR:

The Health Plan will not pay in excess of the contracted purchase price for any item in this policy. If the provider is seeking payment from The Health Plan, the item must be precerted and The Health Plan will pay the remaining rental months up to purchase price- if member meets guidelines above.

BILLING GUIDELINES

A Column II code is either included in the allowance for the corresponding Column I code when provided at the same time or is considered a like/similar item and must not be billed separately at the time of billing the Column I code.

Column I	Column II
E0250	E0184, E0186, E0187, E0196, E0271, E0272, E0277 E0305, E0310, E0373
E0251	E0305, E0310
E0255	E0184, E0186, E0187, E0196, E0271, E0272, E0277 E0305, E0310, E0373
E0256	E0305, E0310
E0260	E0184, E0186, E0187, E0196, E0271, E0272, E0277 E0305, E0310, E0373
E0261	E0305, E0310
E0265	E0184, E0186, E0187, E0196, E0271, E0272, E0277 E0305, E0310, E0373
E0266	E0305, E0310

E0290	E0184, E0186, E0187, E0196, E0271, E0272, E0277 E0305, E0310, E0373
E0292	E0184, E0186, E0187, E0196, E0271, E0272, E0277 E0305, E0310, E0373
E0294	E0184, E0186, E0187, E0196, E0271, E0272, E0277 E0305, E0310, E0373
E0296	E0184, E0186, E0187, E0196, E0271, E0272, E0277 E0305, E0310, E0373
E0301	E0305, E0310
E0302	E0305, E0310
E0303	E0184, E0186, E0187, E0196, E0271, E0272, E0277 E0305, E0310, E0373
E0304	E0184, E0186, E0187, E0196, E0271, E0272, E0277 E0305, E0310, E0373
E0328	E0184, E0186, E0187, E0196, E0271, E0272, E0277 E0305, E0310, E0373
E0329	E0184, E0186, E0187, E0196, E0271, E0272, E0277 E0305, E0310, E0373

When mattress or bedside rails are provided at the same time as a hospital bed, use the single code that combines these items.

E0271, E0272: Mattress, innerspring/foam rubber

When combined with E0251, bill as E0250

When combined with E0291, bill as E0290

When combined with E0293, bill as E0292

When combined with E0295, bill as E0294

When combined with E0266, bill as E0265

When combined with E0297, bill as E0296

When combined with E0301, bill as E0303

When combined with E0302, bill as E0304

E0305, E0310: Bedside rails, half-length/full-length

When combined with E0290, bill as E0250

When combined with E0291, bill as E0251

When combined with E0292, bill as E0255

When combined with E0293, bill as E0256

When combined with E0294, bill as E0260

When combined with E0295, bill as E0261

When combined with E0296, bill as E0265

When combined with E0297, bill as E0266

E0271, E0272: Mattress, innerspring/foam rubber plus

E0305, E0310: Bedside rails, half-length/full-length

When combined with E0291, bill as E0250

When combined with E0293, bill as E0255

When combined with E0295, bill as E0260

When combined with E0297, bill as E0265

Providers are to be aware of the billing guidelines for reimbursement for like and similar items in regards to the American National Standards Institute for hospital beds with mattresses when the member is currently renting or owns a medically necessary group I or II support mattress. *See Pressure Support Surfaces Group I and II policies.*

Provider may bill a hospital bed without a mattress E0251, E0256, E0261, E0266, etc... and a group I or II support surface indicated in the pressure support surfaces policy.

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item is met.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier, if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items. dmepdac.com/

MEDICARE DEFINITIONS AND DESCRIPTION

A fixed height hospital bed is one with manual head and leg elevation adjustments, but no height adjustment.

A variable height hospital bed is one with manual height adjustment and has manual head and leg elevation adjustments.

A semi-electric bed is one with manual height adjustment and has electric head and leg elevation adjustments.

A total electric bed is one with electric height adjustment and has electric head and leg elevation adjustments.

An ordinary bed is one, which is typically sold as furniture. It may consist of a frame, box spring, and mattress. It is a fixed height and may or may not have head or leg elevation adjustments.

E0301 and E0303 are hospital beds that are capable of supporting a member who weighs more than 350 lbs, but no more than 600 lbs.

E0302 and E0304 are hospital beds that are capable of supporting a member who weighs more than 600 lbs.

E0316 is a safety enclosure used to prevent a member from leaving the bed.

E1399 should be used for products not described by the specific HCPCS codes above.

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INTERNET LINKS AND SOURCES

National Government Services Local Coverage Determination Policy. Hospital Beds and Accessories. LCD L27216 and Article A47240. Last accessed 10/26/18. Retrieved from <http://ngsmedicare.com>

CGS a Celerian Company. Hospital Beds and Accessories. LCD L33820 and Article A52508. Last accessed 10/26/18. Retrieved from: <http://cgsmedicare.com>

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