

POLICY TITLE	HOSPITAL AND SPECIALIZED BEDS
POLICY NUMBER	MP-6.001

Original Issue Date (Created):	July 1, 2002
Most Recent Review Date (Revised):	November 26, 2013
Effective Date:	February 1, 2014

[POLICY RATIONALE](#)
[DISCLAIMER](#)
[POLICY HISTORY](#)

[PRODUCT VARIATIONS](#)
[DEFINITIONS](#)
[CODING INFORMATION](#)

[DESCRIPTION/BACKGROUND](#)
[BENEFIT VARIATIONS](#)
[REFERENCES](#)

I. POLICY

A **fixed height hospital bed** may be considered **medically necessary** when ONE or more of the following criteria are met:

- The patient has a medical condition, which requires positioning of the body for alleviation of pain, good body alignment, prevent contractures or avoid respiratory infections that is not feasible in an ordinary bed;
- The patient 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 aspirations. The use of pillows or wedges must have been considered and ruled out; or
- The patient requires traction equipment, which cannot be attached to an ordinary bed.

Hospital bed with the variable height feature may be considered **medically necessary** when the hospital bed is approved for coverage as a fixed height hospital bed and meets ONE of the following criteria:

- The patient has severe arthritis or other injuries to the lower extremities (e.g., fractured hip). This condition requires the variable height feature to assist the patient to ambulate by enabling the patient to place his/her feet on the floor when sitting on the edge of the bed.
- The patient with a severe cardiac condition who is able to leave bed, but must avoid the strain of “jumping” up or down;
- For patients who are able to transfer from bed to wheelchair, with or without help. This would be such conditions as spinal cord injuries, including quadriplegia or paraplegia, multiple limb amputee or stroke patients; or
- Other severely debilitating diseases or conditions, when the variable height feature is required to assist the patient to ambulate.

POLICY TITLE	HOSPITAL AND SPECIALIZED BEDS
POLICY NUMBER	MP-6.001

A **semi-electric hospital bed** may be considered **medically necessary** if the patient meets the requirements for a fixed height bed and requires frequent changes in body position and/or has an immediate need for a change in body position.

A **heavy-duty hospital bed** may be considered **medically necessary** if the patient meets one of the criteria for a fixed height hospital bed and the patient’s weight is more than 350 pounds, but does not exceed 600 pounds.

An **extra heavy duty hospital bed** may be considered **medically necessary** if the patient meets the criteria for a fixed height hospital bed and the patient’s weight exceeds 600 pounds.

An **air-fluidized** or **low-air-loss** bed may be considered **medically necessary** when used in the treatment of pressure ulcers and extensive burns for non-ambulatory bedridden patients when ALL of the following criteria are met:

- The patient has exhausted conservative treatment without improvement;
- An adult caregiver is available to assist the patient with the basic activities of daily living (BADL);
- The patient has ONE or more of the following conditions:
 - Two or more Stage III, Stage IV, or unstageable pressure ulcers.
 - Suspected deep tissue injury
 - Is within 60 days of myocutaneous flap or skin graft
- The patient is at moderate to high risk for development of pressure ulcers as evidenced by a Braden scale score of less than 14 in an adult or a Braden Q scale score of less than 21 in a child.
- Contraindications have been excluded, including ALL of the following:
 - Pulmonary disease
 - Moist dressings that are not protected with impervious covering
 - Inadequate structural support for weight of air-fluidized bed
 - Insufficient electrical system for anticipated increase in electricity consumption
- A healthcare professional with training and expertise in wound care has evaluated the patient and recommended an active bed support surface.

Hospital beds of any type will be considered **not medically necessary** if the patient does not meet the above criteria.

Kinetic (Oscillating) beds are considered institutional equipment and inappropriate for home use.

Power or Manual Lounge Beds (i.e., Adjust A Bed, Craftmatic Bed, or Electra-Rest bed) are considered convenience items, as they are not hospital beds nor primarily medical in nature.

POLICY TITLE	HOSPITAL AND SPECIALIZED BEDS
POLICY NUMBER	MP-6.001

Total Electric Hospital Beds which include a height adjustment feature are considered convenience items.

Home use of the **air-fluidized or low-air-loss bed** is considered **not medically necessary** under **any** of the following circumstances:

- The patient requires wound care treatment with wet soaks or has moist wound dressings that are not protected with non-permeable covering such as a plastic-based wrap;
- The caregiver is unable to provide the type of care necessary to maintain a patient on an air fluidized bed;
- Structural support is inadequate to sustain an air fluidized system’s weight of 1600 pounds or more; or
- The home electrical system is insufficient for the anticipated increase in energy consumption.

Bed Accessories:

- Trapeze equipment may be considered **medically necessary** if the patient requires the device to sit up due to respiratory conditions, to change body position for other medical reasons, or to get in or out of bed.
- Bed Cradle may be considered **medically necessary** to prevent contact with bed coverings.
- Side Rails may be considered **medically necessary** when they are required by the patient’s condition and they are an integral part of, or an accessory to, a hospital bed.
- **Support Surfaces:** Alternating Pressure Pads and Mattresses, Water and Pressure Pads and Mattresses, Gel flotation Pads or Mattresses and Lambs Wool Pads, etc. may be considered **medically necessary** if the patient has or is highly susceptible to decubitus ulcers and the patient’s physician has specified that he/she will be supervising its use in connection with the course of treatment.

Cross-reference:

MP-6.026 Durable Medical Equipment

POLICY TITLE	HOSPITAL AND SPECIALIZED BEDS
POLICY NUMBER	MP-6.001

II. PRODUCT VARIATIONS

[TOP](#)

[N] = No product variation, policy applies as stated

[Y] = Standard product coverage varies from application of this policy, see below

- | | |
|--------------------------|-----------------|
| [N] Capital Cares 4 Kids | [N] Indemnity |
| [N] PPO | [N] SpecialCare |
| [N] HMO | [N] POS |
| [Y] SeniorBlue HMO* | [N] FEP PPO |
| [Y] SeniorBlue PPO* | |

*For hospital beds and accessories, refer to Durable Medical Equipment Regional Carrier NHIC DME MAC A Local Coverage Determination (LCD) L5049, Hospital Beds and Accessories.

* For low-air-loss beds, refer to Durable Medical Equipment Regional Carrier NHIC DME MAC A Local Coverage Determination (LCD) L5068, Pressure Reducing Support Surfaces- Group 2.

* For air-fluidized beds, refer to Durable Medical Equipment Regional Carrier NHIC DME MAC A Local Coverage Determination (LCD) L5069, Pressure Reducing Support Surfaces-Group 3.

III. DESCRIPTION/BACKGROUND

[TOP](#)

Durable Medical Equipment (DME), also referred to as Home Medical Equipment (HME), is any equipment which provides therapeutic benefits to a patient with a specific illness, injury, or medical condition. Hospital beds (manual or electric) and other specialized beds, such as active (dynamic) beds, may be considered durable medical equipment.

Active (dynamic) beds include air-fluidized (e.g. Clinitron, FluidAir), low-air-loss beds (e.g. Flexicair, KinAir), or rotating (oscillating) beds. A low-air-loss mattress consists of air sacs through which warmed air passes. An air-fluidized mattress contains silicone-coated beads that liquefy when air is pumped through them. An active bed is one potential component of a comprehensive pressure ulcer prevention protocol.

A kinetic (oscillating) bed is a programmable bed that turns on its longitudinal axis, intermittently or continuously. Kinetic bed therapy has been proposed for those with acute respiratory conditions, but published literature indicates that it offers no advantage in pressure ulcer prevention.

In addition to beds, various overlay support surfaces (dynamic and static) are utilized as part of a treatment program for the prevention of pressure ulcers. Dynamic overlays include systems

POLICY TITLE	HOSPITAL AND SPECIALIZED BEDS
POLICY NUMBER	MP-6.001

with alternating surfaces powered by a pump. Static support surfaces include air, fluid or gel filled overlays, foam mattresses and sheepskin.

A number of scales have been proposed for assessing risk for pressure ulcer development. The Braden scale is used across many settings and subpopulations, and has been determined to be valid and reliable. The Braden scale risk levels have been adapted to pediatrics in the form of the Braden Q scale. The lower the Braden scale score, the higher the level of risk for developing pressure ulcers.

IV. DEFINITIONS

[TOP](#)

BASIC ACTIVITIES OF DAILY LIVING (BADL) include and are limited to walking in the home, eating, bathing, dressing, and homemaking.

PRESSURE ULCER is a type of wound that forms as a result of prolonged pressure against areas of the skin. This is commonly seen over the bony prominences, such as sacrum and heels, in bedridden and/or wheelchair confined individuals. Pressure ulcers are classified into four stages (and an unstageable category), to signify the degree of skin damage:

- Stage I- Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.
- Stage II- Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.
- Stage III- Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.
- Stage IV- Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling.
- Unstageable- Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed. (Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore stage, cannot be determined.)

POLICY TITLE	HOSPITAL AND SPECIALIZED BEDS
POLICY NUMBER	MP-6.001

V. BENEFIT VARIATIONS

[TOP](#)

The existence of this medical policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member's individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member's benefit information or contact Capital for benefit information.

VI. DISCLAIMER

[TOP](#)

Capital's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. Capital considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. CODING INFORMATION

[TOP](#)

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Covered when medically necessary:

CPT Codes®								

Current Procedural Terminology (CPT) copyrighted by American Medical Association. All Rights Reserved.

MEDICAL POLICY

POLICY TITLE	HOSPITAL AND SPECIALIZED BEDS
POLICY NUMBER	MP-6.001

HCPCS Code	Description
E0181	POWERED PRESSURE REDUCING MATTRESS OVERLAY/PAD, ALTERNATING, WITH PUMP, INCLUDES HEAVY DUTY
E0182	PUMP FOR ALTERNATING PRESSURE PAD, FOR REPLACEMENT ONLY
E0184	DRY PRESSURE MATTRESS
E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH
E0186	AIR PRESSURE MATTRESS
E0187	WATER PRESSURE MATTRESS
E0188	SYNTHETIC SHEEPSKIN PAD
E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)
E0194	AIR FLUIDIZED BED
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS
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
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
E0271	MATTRESS, INNER SPRING
E0272	MATTRESS, FOAM RUBBER
E0280	BED CRADLE, ANY TYPE
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT 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
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
E0301	HOS BED HEVY DUTY XTRA WIDE W/WT CAPACTY>350 PDS
E0302	HOS BED XTRA HEVY DUTY WT CAP>600 PDS W/O MTRRSS
E0303	HOS BED HEVY DUTY W/WT CAP >350 PDS <=/TO 600 PDS
E0304	HOS BED EXTRA HEAVY DUTY WT CAP>600 PDS MATTRSS
E0305	BEDSIDE RAILS, HALF-LENGTH
E0310	BEDSIDE RAILS, FULL-LENGTH
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE

POLICY TITLE	HOSPITAL AND SPECIALIZED BEDS
POLICY NUMBER	MP-6.001

HCPCS Code	Description
E0328	PED HOSPITAL BED, MANUAL
E0329	PED HOSPITAL BED SEMI/ELECT
E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS
E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, EXTREMITY TRACTION (E.G., BUCK'S)
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
E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS
E0930	FRACTURE FRAME, FREESTANDING, INCLUDES WEIGHTS
E0946	FRACTURE FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED (E.G., BALKEN, FOUR POSTER)
E0277	POWERED PRESSURE-REDUCING AIR MATTRESS
E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH
E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH
E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)
E0194	AIR FLUIDIZED BED
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
E0270	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER FRAME, WITH 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
E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE
E0273	BED BOARD
E0274	OVER-BED TABLE

ICD-9-CM Diagnosis Code*	Description

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

POLICY TITLE	HOSPITAL AND SPECIALIZED BEDS
POLICY NUMBER	MP-6.001

The following ICD-10 diagnosis codes will be effective October 1, 2014:

ICD-10-CM Diagnosis Code*	Description

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

VIII. REFERENCES

[TOP](#)

Berlowitz D. Prevention of pressure ulcers. In: UpToDate Online Journal [serial online]. Waltham, MA: UpToDate; updated December 1, 2011. Website]: www.uptodate.com Accessed October 16, 2013

Durable Medical Equipment Regional Carrier DME MAC A (NHIC) Local Coverage Determination (LCD) L5049. Hospital Beds and Accessories. Effective 8/1/13. [Website]: <http://www.medicarenhic.com/dme/mrlcdccurrent.aspx>. Accessed October 16, 2013.

Durable Medical Equipment Regional Carrier DME MAC A (NHIC) Local Coverage Determination (LCD) L5067. Pressure Reducing Support Surfaces-Group 1. Effective 1/1/11. [Website]: <http://www.medicarenhic.com/dme/mrlcdccurrent.aspx>. Accessed October 16, 2013.

Durable Medical Equipment Regional Carrier DME MAC A (NHIC) Local Coverage Determination (LCD) L5068. Pressure Reducing Support Surfaces-Group 2. Effective 1/1/11. [Website]: <http://www.medicarenhic.com/dme/mrlcdccurrent.aspx> Accessed October 16, 2013

Durable Medical Equipment Regional Carrier DME MAC A (NHIC) Local Coverage Determination (LCD) L5069. Pressure Reducing Support Surfaces-Group 3. Effective 1/1/11. [Website]: <http://www.medicarenhic.com/dme/mrlcdccurrent.aspx> Accessed October 16, 2013..

Goldhill DR, Imhoff M, McLean B, Waldmann C. Rotational bed therapy to prevent and treat respiratory complications: a review and meta-analysis. American Journal of Critical Care 2007; 16(1):50-61.

Hill-Rom. Clinitron At Home® Air Fluidized Therapy Bed [Website]: <http://www.hill-rom.com/usa/Products/Category/Wound-Therapy-Systems/Clinitron-At-Home-Air-Fluidized-Bed/>. Accessed October 16, 2013.

KCI. Wound Care Surfaces. [Website]: <http://www.kci.com/94.asp> . Accessed October 16, 2013.

POLICY TITLE	HOSPITAL AND SPECIALIZED BEDS
POLICY NUMBER	MP-6.001

National Pressure Ulcer Advisory Panel (NPUAP). Updated Staging System. 2007.

[Website]: <http://www.npuap.org/pr2.htm>. Accessed October 16, 2013.

Prevention Plus. Braden Scale for Predicting Pressure Sore Risk®. [Website]:

<http://www.bradenscale.com/>. Accessed October 16, 2013.

Reger SI, Ranganathan VK, Sahgal V. Support surface interface pressure, microenvironment, and the prevalence of pressure ulcers: an analysis of the literature. Ostomy Wound Management 2007; 53(10):50-8.

Revis D. Decubitus Ulcers. eMedicine. Updated October 12, 2012.[Website]:

<http://emedicine.medscape.com/article/190115-overview>.

Accessed October 16, 2013.

Salcido R, Popescu A. Pressure Ulcers and Wound Care. eMedicine. Updated January 18, 2012.

[Website]: <http://emedicine.medscape.com/article/319284-overview>. Accessed October 16, 2013.

Stechmiller JK, et al. Guidelines for the prevention of pressure ulcers. Wound Repair and Regeneration 2008; 16(2):151-68.

Taber’s Cyclopedic Medical Dictionary 20th edition.

IX. POLICY HISTORY

[Top](#)

MP 6.001	CAC 1/27/04
	CAC 8/31/04
	CAC 8/30/05
	CAC 9/27/05
	CAC 3/27/07
	CAC 3/25/08
	CAC 3/31/09 Consensus
	CAC 5/25/10 Consensus
	CAC 4/26/11 Consensus
	CAC 10/30/12 Consensus review. References updated; no changes to policy statements. Codes reviewed. 10831/12 klr
	CAC 11/26/13 Consensus. References updated. No change to policy statements.

[Top](#)

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.