

HOSPITAL BEDS

Indications and limitations of coverage and medical appropriateness:

Coverage allowed if the following condition is present:

- Member's condition requires positioning of the body to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections in ways not feasible in an ordinary bed, **or**
- Member's condition requires special attachments that cannot be fixed or used on an ordinary bed, or
- A member who requires the head of the bed to be elevated more than 30 degrees due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Physician's documentation must show that other cost-effective positioning options such as pillows/wedges have been tried and why they failed to meet member's need, **and**,
- Member is confined to a bed at least 75% of the 24-hour day.

Standard Hospital Bed (E0250, E0251, E0290, E0291):

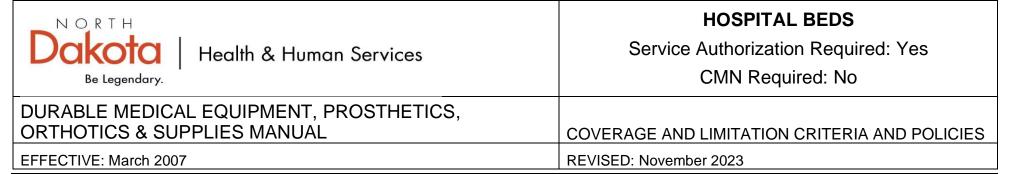
• Must meet the criteria listed above. The physician/practitioner's documentation must include the severity and frequency of symptoms of the condition that necessitate a hospital bed for positioning versus fixed attachments used on an ordinary bed.

Variable Height Bed (E0255, E0256, E0292, E0293):

• Must meet 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.

Semi-Electric Featured (E0260, E0261, E0294, E0295):

• Allowed if member meets the criteria for a standard hospital bed, member's judgment and skill level must be adequate to operate the controls and functional limitations that precludes use of a conventional bed or a standard hospital bed. The physician/practitioner's documentation must clearly document why a standard hospital bed will not meet the members medical requirements.



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Heavy Duty Bed (E0303):

• Allowed if member meets the criteria for a standard bed and the member's weight is greater than 300 lbs.

Accessories Allowed:

- Records support that the member needs a trapeze to sit up because of a respiratory condition, to change body position for other medical reasons, or to get in or out of bed.
- Bed cradle when there is a need to prevent contact with the bed covers.
- If member's condition requires the use of side rails with a hospital bed.
- Mattress replacement when the equipment is member owned.
- Limited to one every ten years.

Documentation Requirements:

- A prescription from ordering physician/practitioner.
- Physician/practitioner's documentation needs to address medical necessity.
- Physician/practitioner exam within 90 days of the service authorization start date.

Non-covered:

- Total Electric Featured (E0265, E0266, E0296, E0297).
- Ordinary bed consists of a frame, box spring and mattress is typically sold as furniture. It is a fixed height and has no head or leg elevation adjustments. An ordinary bed will accommodate most transfers to a chair, wheelchair or standing position. If needed, it can almost always be adapted to accommodate these transfers. The need for a particular bed height would rarely by itself justify the need for a hospital bed.
- Bed board and over bed table.



Health & Human Services

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Service Authorization Required: Yes

CMN Required: No

DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS & SUPPLIES MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

REVISED: November 2023

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EFFECTIVE: March 2007

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Date Revised	Revisions		
February 2017	Reviewed and reformatted		
	Reviewed and updated with new logo. Revised in the Documentation Requirement section's first three bullets to:		
	A prescription from ordering physician/practitioner.		
	Physician/practitioner's documentation needs to address medical necessity.		
June 11, 2020	Physician/practitioner exam within 90 days of the service authorization start date.		
December 29, 2022	Reviewed and reformatted. Added new logo.		
November 17, 2023	Reviewed and reformatted. Removed the requirement for a CMN as no longer used.		