

MedStar Health, Inc. POLICY AND PROCEDURE MANUAL

POLICY NUMBER: PAY.061.MH
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SUBJECT: Hospital Beds and Accessories
INDEX TITLE: Medical Management
ORIGINAL DATE: January 2013

This policy applies to the following lines of business: (Check those that apply.)

COMMERCIAL	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> Fully Insured	<input type="checkbox"/> Individual Product	<input type="checkbox"/> Marketplace (Exchange)	<input checked="" type="checkbox"/> All
GOVERNMENT PROGRAMS	<input type="checkbox"/> MA HMO	<input type="checkbox"/> MA PPO	<input type="checkbox"/> MA C-SNP	<input type="checkbox"/> MA D-SNP	<input checked="" type="checkbox"/> MA All	
	<input type="checkbox"/> Medicaid					
OTHER	<input checked="" type="checkbox"/> Self-funded/ASO					

I. POLICY

It is the policy of MedStar Health, Inc. to provide capped rental payment for hospital beds and accessories for use in the home when they are medically necessary and covered by the member's specific benefit plan.

II. DEFINITIONS

Extra heavy duty hospital bed -- a hospital bed capable of supporting a patient who weighs more than 600 pounds.

Fixed height hospital bed -- a hospital bed with manual head and leg elevation adjustments but no height adjustment.

Heavy duty extra wide hospital bed -- a hospital bed capable of supporting a patient who weighs more than 350 pounds, but no more than 600 pounds.

Ordinary bed -- a bed 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.

Pediatric Specialty Beds -- (Refer to MP.036- Pediatric Specialty Beds policy)

Safety enclosure frame/canopy -- a safety enclosure used to prevent a patient from leaving the bed.

Semi-electric hospital bed -- a hospital bed with manual height adjustment and with electric head and leg elevation adjustments.

Total electric hospital bed -- a hospital bed with electric height adjustment and with electric head and leg elevation adjustments.

Variable height hospital bed -- a hospital bed with manual height adjustment and with manual head and leg elevation adjustments.

III. PURPOSE

The purpose of this policy is to define the indications for medical necessity for hospital beds and accessories for use in the home.

IV. SCOPE

This policy applies to various MedStar Health, Inc. departments.

V. PROCEDURE

A. Medical Description

N/A

B. Indications

Hospital Beds

Hospital beds are covered for adult and pediatric members when the indications for the following specific beds are met:

Extra Heavy-Duty Hospital Bed is covered when both the following are met:

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

Fixed Height Hospital Bed is covered for any of the following:

1. When the member's medical condition requires positioning of the body in ways not reasonable with an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed.



UPMC Health Plan and Evolent Health provide administrative functions and services on behalf of MedStar Health, Inc. and its affiliates.

2. When the member requires positioning of the body in ways not reasonable with an ordinary bed in order to alleviate pain.
3. When 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. Pillows or wedges must have been considered and ruled out.
4. When the member requires traction equipment, which can only be attached to a hospital bed.

Heavy Duty Extra Wide Hospital Bed is covered when both of the following are met:

1. The member meets one of the indications for a fixed height hospital bed.
2. The member's weight is more than 350 pounds, but does not exceed 600 pounds.

Semi-Electric Hospital Bed is covered when both the following are met:

1. The member meets one of the indications for a fixed height bed.
2. Member requires frequent changes in body position and/or has an immediate need for a change in body position.

Total Electric Hospital Beds

Total electric hospital beds are not covered (the height adjustment feature is a convenience feature).

Variable Height Hospital Bed is covered when both of the following are met:

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

Accessories

Bed cradle is covered when it is necessary to prevent contact with the bed coverings.

Heavy Duty Trapeze Equipment when both of the following are met:

1. If the member meets the criteria for regular trapeze equipment.
2. The member's weight is more than 250 pounds.

Side Rails or Safety Enclosures when both of the following are met:

1. When they are required by the patient's condition.
2. They are an integral part of, or an accessory to, a covered hospital bed.

Trapeze Equipment 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.

Replacement Innerspring Mattress or Foam Rubber Mattress is covered when both of the following are met:

1. When the member's condition requires a replacement innerspring mattress.
2. When the member owns the bed.

C. Limitations/Exclusions

Limitation:

A written signed and dated order must be received by the supplier before a claim is submitted.

Exclusions:

The following are considered not medically necessary and not appropriate for home use and therefore **not covered** because most items are not primarily medical in nature or are for convenience:

- Bed board
- Bed elevators
- Bed rail pads
- Bed wedges
- Bedroom equipment, custom
- Continuous lateral motion beds
- Kinetic therapy beds
- Manual/power lounge beds
- Non hospital adjustable beds, ordinary beds (e.g., Simmons® Beautyrest® Adjustable bed, Craftmatic® Adjustable bed, Adjust-a Sleep Adjustable bed, Electrometric adjustable bed)
- Over-bed table
- Oscillating beds
- Regular room furniture
- Safety accessories and devices (e.g., Posey Bed canopy beds, Vail Simmons® Enclosed beds
- Stryker frame beds
- Total electric hospital beds (the height adjustment feature is a convenience feature)
- Waterbeds

D. Codes

The following codes for treatments and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's



contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Covered Beds

Fixed Height Hospital 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

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

Covered
Accessories

E0271 Mattress, innerspring
E0272 Mattress, foam rubber
E0280 Bed cradle, any type
E0305 Bed side rails, half length
E0310 Bed side rails, full length
E0910 Trapeze bars, aka 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

Non Covered
Accessories

E0273* Bed board
E0274 Over-bed table
E0315* Bed accessory: board, table, or support device, any type

* Exception: These codes are **covered** for the Medical Assistance Product only

Non Covered
Beds

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
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

(Exception for coverage: Refer to Variation section)

E. Variations

Medical Assistance Product

Total electric beds are considered medically necessary when indications for semi-electric bed are met. (Refer to Indication section)

F. Quality Audit

Quality Audit monitors policy compliance and/or billing accuracy at the request of the MedStar Health, Inc.

G. Records Retention

Records Retention for documents, regardless of medium, is provided within the MedStar Health System Policy HS-LE0009 Records Retention, Management and Retirement, and as indicated in the Insurance Services Division Policy and Procedure CORP.028.MH Records Retention.

Unless otherwise mandated by Federal or State law, or unless required to be maintained for litigation purposes, any communications recorded pursuant to this Policy are maintained for a minimum of ten (10) years from the date of recording

H. References

Regulatory/Government Source:

1. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) No. 280.7 - Hospital Beds and Accessories. Effective Date: Long-standing NCD; date not posted.
<http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=227&ncdver=1&bc=AAAAQAAAAAAAA&>
2. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. 5049 - Hospital Beds and Accessories. (Contractor: NHIC, Corp.) Revision Effective Date: 08/01/2013.
<http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=5049&ContrlId=137&ver=42&ContrVer=1&Date=02%2f04%2f2011&DocId=L5049&SearchType=Advanced&bc=KAAAAAgAIAA AAA%3d%3d&>
3. Centers for Medicare and Medicaid Services (CMS). Local Coverage Article - Hospital Beds And Accessories - Policy Article - Effective July 2013 (A37213). (Contractor: NHIC, Corp.). Revision Effective Date: 07/01/2013. <http://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=37213&ver=23&ContrlId=137&ContrVer=1&bc=AgC AAAAAAAAAAAAA%3d%3d&>
4. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) No. L33820 - Hospital Beds and Accessories.[FUTURE]. (Contractor: NHIC, Corp.). Original Effective Date: 10/01/2015. *<http://www.cms.gov/medicare-coverage-database/details/lcd->



- [details.aspx?LCDId=33820&ContrId=137&ver=2&ContrVer=1&DocType=All&bc=AgIAAAAAAAAAAAA%3d%3d&](#)
5. UPMC for You Medical Assistance Operations Response, Pediatric Specialty Beds, Log # QU-E08-0603-6, June 12, 2008
 6. U.S. Food and Drug Administration (FDA). Medical Devices. A Guide to Bed Safety Bed Rails in Hospitals, Nursing Homes and Home Health Care: The Facts. Page Last Updated: 4/05/2010.
<http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/GeneralHospitalDevicesandSupplies/HospitalBeds/ucm123676.htm>

Disclaimer:

MedStar Health, Inc. medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health, Inc. and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health, Inc. reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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