

Beds: Accessories and Related Items

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Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary beds, accessories and related items.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Hospital Bed – Bed with head and leg elevation and, in some cases, height adjustment features that are used to assist individuals who require adjustment or repositioning.

PROCEDURES

1. Prior authorization is required.
2. Manual/fixed hospital beds with/without variable height feature

A manual hospital bed without variable height feature (also known as a fixed height hospital bed) may be considered medically necessary when any ONE of the following criteria is met:

- The individual's condition requires positioning of the body, e.g., to alleviate pain, promote good body alignment, prevent contractures and/or avoid respiratory infections, in ways not feasible in an ordinary bed; or
- The individual's condition requires special attachments that cannot be fixed and used on an ordinary bed; or
- The individual 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.

A manual hospital bed with a variable height feature may be considered medically necessary when BOTH of the following conditions are met:

- The individual meets one of the criteria for a fixed height hospital bed; and
- The individual requires a bed height different than a fixed height bed to permit transfers to a chair, wheelchair or standing position.

A manual hospital bed is considered not medically necessary when the above criteria are not met.

3. Semi-Electric Hospital Beds

A semi-electric hospital bed may be considered medically necessary when ALL of the following criteria are met:

- The individual meets all requirements for a standard hospital bed; and
- The individual's condition requires frequent and/or immediate change in body position (i.e., no delay can be tolerated); and
- The individual can operate the controls himself, with the exception of spinal cord disease or injury, or brain damaged individuals.

Semi-electric beds are considered not medically necessary when the above criteria are not met.

A semi-electric hospital bed which is provided and/or prescribed because of the absence or inability of a person caring for the individual, for aesthetic reasons, or for added convenience will be denied as noncovered. When a semi-electric hospital bed is provided but is not prescribed by the individual's physician, the claim should be processed for the type of bed that was prescribed.

A power chair conversion bed (e.g., The Total Care Bariatric Bed) is considered a convenience feature and therefore noncovered.

4. Total electric beds

A total electric bed is considered noncovered because the height and adjustment features are a convenience feature.

5. Powered air flotation beds (low air loss therapy)

Powered air flotation beds may be considered medically necessary for individuals in the third or fourth stages of decubitus ulceration and who meet all of the requirements for a manual hospital bed.

Institutional beds under the brand name of Flexicair will be denied as noncovered because they are inappropriate for home use. The appropriateness of all other brands of powered air flotation beds for use in the home must be established on an individual consideration basis.

Power Air Flotations Beds (Low Air Loss Therapy) are considered not medically necessary when the above criteria are not met.

6. Air-fluidized beds (bead bed)

Use of air-fluidized beds, for treatment of pressure sores may be considered medically necessary following a medical review for ALL of the following conditions:

- The individual has a stage 3 (full thickness tissue loss) or stage 4 (deep tissue destruction) pressure sore; and
- The individual is bedridden, or chair bound as a result of severely limited mobility; and
- In the absence of an air-fluidized bed, the individual would require institutionalization; and
- The air-fluidized bed is ordered in writing by the individual's attending physician based upon a comprehensive assessment and evaluation of the individual after conservative treatment has been tried without success; and
- A trained adult caregiver is available to assist the individual with activities of daily living, fluid balance, dry skin care, repositioning, recognition and management of altered mental status, dietary needs, prescribed treatments, and management and support of the air-fluidized bed system and potential problems such as leakage; and
- A physician directs the home treatment regimen and reevaluates and recertifies the need for the air-fluidized bed on a monthly basis; and
- All other alternative equipment has been considered and ruled out.

An air-fluidized bed (bead bed) is considered not medically necessary when the above criteria are not met.

7. Fully enclosed pediatric cribs or pediatric hospital beds with 360° side enclosures

A fully enclosed pediatric crib (manual or electric) or a pediatric hospital bed (manual or electric) with 360° side enclosures may be considered medically necessary following a medical review.

A fully enclosed pediatric crib bed not meeting patient criteria will be considered not medically necessary.

8. Safety beds

A safety bed (manual or electric) may be considered medically necessary for the primary indication of an individual's safety in the home determined by medical review that the individual's condition is so severe that injury may occur without use of the safety bed.

Any claims for a safety bed not meeting the patient criteria will be considered not medically necessary.

9. Heavy duty hospital beds

A heavy duty extra wide hospital bed may be considered medically necessary following a medical review when ALL of the following criteria have been met:

- The individual has met one of the criteria for a fixed height hospital bed; and

- The individual's weight is more than 350 pounds but does not exceed 600 pounds.

An extra heavy duty hospital bed may be considered medically necessary following a medical review when ALL of the following criteria have been met:

- The individual has met one of the criteria for a fixed height hospital bed; and
- The individual's weight exceeds 600 pounds.

Heavy duty hospital beds are considered not medically necessary when the above criteria are not met.

10. Mattress

A mattress is considered medically necessary only when a hospital bed has been determined medically necessary. (Separate charge for replacement mattress should not be allowed when a hospital bed is rented.)

If an individual's condition requires a replacement innerspring mattress or foam rubber mattress, it may be considered medically necessary for an individual-owned hospital bed.

11. Bed accessories

The following hospital bed-accessories may be considered medically necessary when a hospital bed has been determined medically necessary:

- Bed cradles: as long as the cradles are not used as a personal comfort item.
- Bed pans: if the individual is bed confined.
- Bed rails: only when the rails are an integral part of a hospital bed.
- Safety Enclosure Frame/Canopy for Use with Hospital Bed, following a medical review.
- Trapeze bars/bases: if the member is bed-confined and needs a trapeze bar to sit up because of respiratory conditions, to change body position for other medical reasons, or to get in and out of bed.
- Built-in Weight Scale.*

*A hospital bed with a built-in scale is considered medically necessary ONLY for nonambulatory individuals who require periodic weight measurements.

Hospital bed accessories not meeting the above criteria are considered not medically necessary.

12. Institutional beds

The following institutional beds are considered not suitable for home use and are therefore noncovered:

- Oscillating Bed; or
- Stryker Frame; or
- Springbase Bed; or
- Circulating Bed; or
- Rotational Beds; or
- Cage Beds.

The following accessories and related items as they are considered comfort or convenience items and therefore are considered noncovered:

- Bed baths; or
- Bed boards; or
- Bed lifter; or
- Bed lounge; or
- Over bed tables.

13. Post-payment audit statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

14. Place of service: inpatient/outpatient

The use of beds, accessories and related items is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

CPT Codes	Description
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, with mattress.
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.
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.
E0260	Hospital bed, semi-electric (head and foot adjustments), with any type side rails, with mattress.
E0261	Hospital bed, semi-electric (head and foot adjustments), with any type side rails, without mattress.
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.
E0193	Powered air flotation bed (low air loss therapy).

E0194	Air fluidized bed.
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure.
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.
E1399	Durable medical equipment, miscellaneous.
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, extra 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.
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.
E0196	Gel pressure mattress.
E0197	Air pressure pad for mattress, standard mattress length and width.
E0198	Water 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.
E0277	Power 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.
E0373	Nonpowered advanced pressure reducing mattress.
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient.
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty.
E0273	Bed board.
E0275	Bed pan, standard, metal or plastic.
E0276	Bed pan, fracture, metal or plastic.
E0280	Bed, cradle, any type.

E0305	Bed side rails, half length.
E0310	Bed side rails, full length.
E0316	Safety enclosure frame/canopy for use with hospital bed, any type.
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, free standing, complete with grab bar.
E0940	Trapeze bar, free standing, complete with grab bar.

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

Reference

CMS Manual System. Pub. 100-3, Medicare National Coverage Determinations Manual, Chapter 1, Sections 280.1, 280.7, 280.8.

Noridian Healthcare Solutions, LLC. DME MAC L33820; Revised 01/01/2017.

U.S. Government Accountability Office. Medicare Fee of Service: Information on the first year of nationwide reduced payment rates for durable medical equipment. GAO-18-534. Published July 2018. Accessed Jan 22, 2021.

Xia Weidong, Mao Cong, Lou Xu, Xu Jianjun, Chen Xiaofeng, Lin Cai. A 13 year retrospective study evaluating the efficacy of using air-fluidised beds for toxic epidermal necrolysis patients. Aust J of Derm. 2016;57,205-209.

POLICY UPDATE HISTORY

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