



Cigna Medical Coverage Policy

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Subject **Hospital Beds and Accessories**

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna companies. Coverage Policies are intended to provide guidance in interpreting certain **standard** Cigna benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supersedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations. Proprietary information of Cigna. Copyright ©2014 Cigna

Coverage Policy

Coverage for hospital beds and accessories is subject to the terms, conditions and limitations of the applicable benefit plan's Durable Medical Equipment (DME) benefit and schedule of copayments. In addition, some bed-related items are specifically excluded under some benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage. Under many benefit plans, coverage for DME is limited to the lowest-cost alternative.

If coverage for hospital beds and accessories is available, the following conditions of coverage apply.

Cigna covers the following hospital beds as medically necessary when criteria are met:

- A fixed-height hospital bed (HCPCS codes E0250, E0251, E0290 or E0291) when ANY of the following indications are met:
 - The individual has a medical condition that requires positioning of the body in ways that are not feasible in an ordinary bed. (Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed.)
 - In order to alleviate pain, the individual requires positioning of the body in ways not feasible with an ordinary bed.
 - The individual requires the head of the bed to be elevated more than 30 degrees most of the time because of congestive heart failure, chronic pulmonary disease, or problems with aspiration. (Pillows or wedges must have been considered and found impractical for reasons other than convenience.)
 - The individual requires traction equipment which can be attached only to a hospital bed.

- A variable-height bed (HCPCS codes E0255, E0256, E0292, or E0293) when criteria are met for a fixed-height bed and the individual requires a bed height other than that of a fixed-height hospital bed to permit transfers to a chair, wheelchair or standing position.
- A semi-electric bed (HCPCS codes E0260, E0261, E0294, or E0295) when criteria are met for a fixed-height hospital bed and the individual requires frequent changes in body position, and/or has an immediate need for a change in body position, and is able to operate the controls for adjustment.
- A heavy-duty, extra-wide/bariatric bed (HCPCS codes E0301 or E0303), when criteria are met for a fixed-height bed and the individual's weight is more than 350 pounds but less than 600 pounds.
- An extra-heavy-duty bed (HCPCS codes E0302 or E0304), when criteria are met for a fixed-height hospital bed and the individual weighs 600 pounds or more.

Cigna covers a pediatric hospital crib (HCPCS E0300) as medically necessary when the child meets criteria for any of the above hospital beds.

Cigna covers the following accessories for hospital beds as medically necessary when criteria have been met for a hospital bed, and there is documentation to support the medical necessity of the accessory:

- trapeze equipment (HCPCS codes E0910, E0911, E0912, E0940)
- bed cradles (HCPCS code E0280)

Cigna does not cover ANY of the following beds or accessories because each is considered a safety device and not medically necessary:

- side rails (HCPCS codes E0305, E0310)
- pediatric hospital bed with 360° enclosure (HCPCS E0328, E0329 [semi-electric/electric])
- manual or electric safety bed systems (e.g., KayserBetten Secure Sleep Systems)
- safety accessories such as enclosures/canopies (HCPCS code E0316) (e.g., Vail® Enclosed Bed Systems, Posey Bed Canopy beds)

Cigna does not cover totally electric hospital beds (HCPCS codes E0265, E0266, E0296, E0297) because they are considered not medically necessary. The electric height adjustment feature is considered a convenience feature.

Cigna does not cover ANY of the following types of beds because they are considered not medically necessary and inappropriate for use in the home setting:

- institutional type beds (e.g., HCPCS code E0270)
- kinetic therapy beds
- oscillating beds
- Stryker frame beds
- continuous lateral rotation beds

Cigna does not cover ANY of the following beds and accessories, as they are not primarily medical in nature and/or are specifically excluded under many benefit plans:

- all nonhospital adjustable beds (e.g., Craftmatic® Adjustable Bed, Simmons® Beautyrest® Adjustable Bed, Adjust-A-Sleep Adjustable Bed)
- bed boards (HCPCS codes E0273, E0315)
- bed elevators (e.g., blocks, lifters)
- bed wedges/pillows
- bedrail pads
- bed spectacles
- call switches
- custom bedroom equipment

- mattresses (e.g., inner spring, foam rubber [HCPCS codes E0271, E0272], viscoelastic or memory foam mattresses [e.g., Tempur-Pedic[®]], adjustable firmness/support mattresses [e.g., Select Comfort])
 - overbed tables (HCPCS code E0274), trays, lap boards
 - power/manual lounge beds
 - waterbeds
-

General Background

A hospital bed is one that has manual head and leg elevation adjustment capabilities. Hospital beds can be categorized as follows:

- Fixed-height hospital beds allow manual adjustments to head and leg elevation but not to height.
- Variable-height hospital beds allow manual adjustments to height, as well as to head and leg elevation.
- Semi-electric beds allow manual adjustments to height and electric adjustments to head and leg elevation.
- Totally electric beds allow electric adjustment to height, as well as to head and leg elevation.

Bed Types

A fixed-height hospital bed (HCPCS codes E0250, E0251, E0290 or E0291) is considered medically necessary if one or more of the following criteria are met:

- The patient has a medical condition that requires positioning of the body in ways that are not feasible in an ordinary bed. (Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed.)
 - In order to alleviate pain, the patient requires positioning of the body in ways not feasible with an ordinary bed.
 - The patient requires the head of the bed to be elevated more than 30 degrees most of the time because of congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges should have been considered and found impractical for reasons other than convenience.
 - The patient requires traction equipment that can be attached only to a hospital bed.

A variable-height bed (HCPCS codes E0255, E0256, E0292, or E0293) may be considered medically necessary if the patient meets one of the criteria for a fixed-height hospital bed and requires a bed height other than that of a fixed-height hospital bed to permit transfers to a chair, wheelchair or standing position. The ability to adjust bed height may be indicated for a patient with any of the following:

- a medical condition that leads to difficulty with ambulation (e.g., severe arthritis, lower extremity injury, or fractured hip)
- cardiac disease, if the patient needs help getting in and out of bed to avoid the strain that may result from “jumping” up or down onto the bed
- a spinal cord injury, including quadriplegia and paraplegia
- multiple amputated limbs
- disability due to stroke, if the individual is able to transfer from bed to wheelchair, with or without help
- other severely debilitating conditions, if the variable height feature is required to assist the patient to ambulate

A semi-electric hospital bed (HCPCS codes E0260, E0261, E0294, or E0295) may be considered medically necessary if the patient meets one of the criteria for a fixed-height hospital bed, requires frequent changes in body position (and/or has an immediate need for a change in body position), and is able to operate the controls for adjustment. Most semi-electric beds with manual height adjustments will adequately meet such patients' health needs.

A heavy-duty, extra-wide hospital bed (HCPCS codes E0301 or E0303), sometimes referred to as a bariatric bed, may be medically necessary if the patient meets one of the criteria for a fixed-height bed and the patient's weight is more than 350 pounds but less than 600 pounds.

An extra heavy-duty hospital bed (HCPCS codes E0302 or E0304), another type of bariatric bed, may be considered medically necessary if the patient meets one of the criteria for a fixed-height hospital bed and the patient weighs 600 pounds or more.

Pediatric Cribs/Beds

A pediatric crib (HCPCS E0300) is a hospital grade crib which includes a full safety enclosure as an integral component of the crib.

A pediatric hospital bed may or may not include a safety device such as an enclosure, and may be manual, semi-electric (E0328) or total electric (E0329). Pediatric electric beds are convenience items and not medically necessary. Manual or semi-electric pediatric beds without enclosure may be considered medically necessary when the child meets the medical necessity criteria for a hospital bed. A pediatric bed with enclosure (i.e., 360 degree) is intended to prevent injury from falls or other means, is primarily intended for convenience and is not covered.

Accessories

A trapeze bar (HCPCS codes E0910 or E0940) may be medically necessary if the patient requires the device to sit up because of a respiratory or other medical condition, to change body position because of other medical conditions, or simply to get in and out of bed. Trapeze equipment is not considered medically necessary for use with ordinary beds.

When it is medically necessary for the patient to avoid contact with the bed coverings, a bed cradle (HCPCS code E0280) may be needed. Examples of medical conditions that may require decreased contact with bed coverings are acute gouty arthritis, diabetic foot ulcers, decubiti and burns.

Side rails (HCPCS codes E0305 or E0310) are items intended for the prevention of injury and may or may not be an integral part of a hospital bed. Side rails that are not an integral part of a hospital bed are considered safety devices and are not covered.

Other Bed Types and Accessories

Totally electric hospital beds with electric height adjustment features (HCPCS codes E0265, E0266, E0296 and E0297) are not medically necessary, because the electric height adjustment is primarily for the convenience of the family and/or health-care provider when caring for a patient.

Some institutional type and specialty beds deliver therapies that are known as kinetic therapy and continuous lateral rotational therapy. The CDC (Centers for Disease Control and Prevention) defines kinetic therapy as 40-degree rotation or greater to each side using a specialty bed, and continuous lateral rotational therapy as delivering less than 40-degree rotation to each side, also using a specialty bed. These types of beds are used to facilitate drainage of pulmonary secretions and to relieve pressure. They are often used for patients with spinal cord injuries or impaired respiratory function in an acute care hospital setting. Many clinical studies have been conducted to research the clinical benefits of various degrees of rotation, but all these studies have been conducted in acute care settings. The use of institutional beds, kinetic therapy beds, Stryker frame beds, oscillating beds or other, similar beds in the home care setting is considered inappropriate.

Safety devices such as safety enclosure canopies (e.g., Vail enclosures, Posey bed enclosures/canopy systems [HCPCS code E0316]) (i.e., nylon netting that enclose the tops and sides of the bed), are used to prevent patients from leaving their beds. Patients with cognitive disorders, unpredictable behavior and seizures/spasms generally use these types of beds. Safety enclosures/canopies are not primarily medical in nature and are therefore considered not medically necessary.

The following accessories are not considered primarily medical in nature, are not primarily used in the treatment of disease or injury, and are not medically necessary:

- mattresses (e.g., innerspring, foam rubber)

- power/manual lounge beds
- nonhospital adjustable beds
- overbed tables (HCPCS code E0274), trays, lap boards
- bed rail pads
- bed elevators (e.g., blocks, lifters)
- bed boards (HCPCS codes E0273, E0315)
- bed spectacles
- waterbeds
- bed wedges/pillows
- custom bedroom equipment
- call switches

Summary

In contrast to an ordinary bed, a hospital bed is one that has manual head and leg elevation adjustment capabilities and can be categorized as fixed-height, variable-height, semi-electric or total-electric. Hospital bed accessories are additions to a bed that are not considered part of the original bed. These devices may be considered medically necessary when used for the treatment of individuals with illness or injury.

Coding/Billing Information

- Note:** 1) This list of codes may not be all-inclusive.
 2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

Fixed Height Beds

Covered when medically necessary:

| HCPCS 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 |
| E0290 | Hospital bed, fixed height, without side rails, with mattress |
| E0291 | Hospital bed, fixed height, without side rails, without mattress |

Variable Height Beds

Covered as medically necessary when the individual meets medical necessity for a fixed height bed and requires a bed height other than that of a fixed-height hospital bed to permit transfers to a chair, wheelchair or standing position:

| HCPCS Codes | Description |
|--------------------|--|
| 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

Covered when medically necessary and when used to report semi-electric hospital bed and when criteria are met for a fixed-height hospital bed and the individual requires frequent changes in body position, and/or has an immediate need for a change in body position, and is able to operate the controls for adjustment.

| HCPCS Codes | Description |
|--------------------|--|
| 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 |

Pediatric Crib/Beds

Covered when medically necessary if a child has a condition that meets medical necessity criteria for any of the beds listed as covered in the policy:

| HCPCS Codes | Description |
|--------------------|--|
| E0300 | Pediatric crib, hospital grade, fully enclosed |

Not Medically Necessary/Safety Device/Not Covered:

| HCPCS Codes | Description |
|--------------------|---|
| 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 |

Manual/Electric Safety Bed Systems

Not Covered/Not Medically Necessary when used to represent manual/electric safety bed systems (e.g., KayserBetten Secure Sleep Systems):

| HCPCS Codes | Description |
|--------------------|--|
| E1399 | Durable medical equipment, miscellaneous |

Heavy Duty Beds

Covered when medically necessary when criteria are met for a fixed-height bed and the individual meets the acceptable weight criteria as listed for the requested bed:

| HCPCS Codes | Description |
|--------------------|--|
| 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 |

Total Electric Beds

Not Medically Necessary/Convenience/Not Covered:

| HCPSC Codes | Description |
|--------------------|---|
| 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 |

Institutional Beds

Not Medically Necessary/Convenience/Not Covered:

| HCPSC Codes | Description |
|--------------------|---|
| E0270 | Hospital bed, institutional type includes: oscillating, circulating, and Stryker frame, with mattress |

Accessories

Covered when medically necessary when criteria have been met for a hospital bed, and there is documentation to support the medical necessity of the requested accessory:

| HCPSC Codes | Description |
|--------------------|--|
| 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, freestanding, complete with grab bar |
| E0940 | Trapeze bar, freestanding, complete with grab bar |

Not Medically Necessary/Safety Device/Not Covered:

| HCPSC Codes | Description |
|--------------------|---|
| E0305 | Bedside rails, half-length |
| E0310 | Bedside rails, full-length |
| E0316 | Safety enclosure frame/canopy for use with hospital bed, any type |

Not Medically Necessary/Convenience/Not Covered:

| HCPSC Codes | Description |
|--------------------|------------------------|
| E0271 | Mattress, inner spring |
| E0272 | Mattress, foam rubber |
| E0273 | Bed board |

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

***Current Procedural Terminology (CPT®) © 2013 American Medical Association: Chicago, IL.**

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