



# Medical Coverage Policy

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## Hospital Beds and Accessories

### Table of Contents

Overview .....	1
Coverage Policy.....	1
General Background.....	3
Coding/Billing Information.....	5
References .....	8

### Related Coverage Resources

[Pressure Reducing Surfaces](#)

#### INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. 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. Coverage determinations in each specific instance require consideration of 1) 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.

### Overview

This Coverage Policy addresses hospital beds and accessories. For information on the use of pressure reducing surfaces refer to the Cigna Coverage Policy 0042 Pressure Reducing Surfaces.

### Coverage Policy

**Coverage for hospital beds and accessories varies across plans. Refer to the customer's benefit plan document for coverage details.**

**Any of the following hospital beds is considered medically necessary when the associated 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, E0295) or total electric bed (HCPCS E0265, E0266, E0296, E0297) 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.

**A pediatric hospital crib/bed (HCPCS E0300, E0328, E0329) is considered medically necessary when required by the individual's condition and is an integral part of, or an accessory to, a medically necessary hospital bed.**

**The following accessories for hospital beds are considered 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)

**The following beds or accessories are considered safety devices and not medically necessary:**

- side rails (HCPCS codes E0305, E0310)
- manual or electric safety bed systems (e.g., KayserBetten Secure Sleep Systems, SleepSafe Beds®)
- safety accessories such as enclosures/canopies (HCPCS code E0316) (e.g., Vail® Enclosed Bed Systems, Posey Bed Canopy beds)

**The following types of beds 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

**The following beds and accessories 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, including electric chair positioning features
- 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.

### U.S. Food and Drug Administration (FDA)

The FDA page titled Hospital Beds (last updated 8/23/18) notes that between January 1, 1985 and January 1, 2013, FDA received 901 incidents of patients caught, trapped, entangled, or strangled in hospital beds. The reports included 531 deaths, 151 nonfatal injuries, and 220 cases where staff needed to intervene to prevent injuries. The FDA and the Hospital Bed Safety Workgroup released 'Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment' document on March 10, 2006. This guidance provides recommendations for manufacturers of new hospital beds and for facilities with existing beds (including hospitals, nursing homes, and private residences).

Effective January 2017, the FDA issued a final rule to rename pediatric hospital beds as pediatric medical cribs and established special controls for these devices. The FDA established a separate classification regulation for medical bassinets, previously under the pediatric hospital bed classification regulation, as a class II (special controls) device. This rule continues to allow both devices to be exempt from premarket notification and use of the device in traditional health care settings and permits prescription use of pediatric medical cribs and bassinets outside of traditional health care settings.

### 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, E0295) or total electric bed (HCPCS E0265, E0266, E0296, E0297) 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.

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 that allows the patient full range of motion with no traditional restraints. The crib consists of a mesh like screen that contains the patient and prevents wandering. Typically these cribs are available in different sizes and materials. A pediatric hospital bed includes 360 degree side enclosures with side rails up to 24 inches above the spring and may be manual (E0328) or semi-electric or total electric (E0329). Different parts of the bed can be adjusted to different levels, angles, and configurations. Manual pediatric beds typically include manual cranks by which the patient can be raised or lowered in bed. Electric or semi-electric pediatric beds typically allow back and foot adjustment electronically. Some semi-electric beds allow manual height adjustment. Each type of bed usually includes removable bedside rails. Pediatric cribs/beds with or without enclosure may be considered medically necessary when required by the individual's condition and is an integral part of, or an accessory to, a medically necessary hospital bed.

There are clinical scenarios in which a safety enclosure bed with access from all four sides or a covered/canopy bed to prevent escape and self-injury or injury to others may serve a medical purpose. Examples may include:

- an older child with seizures to allow a care giver access from any angle (rather than reaching over the sides of a crib or lowering rails) may be life-saving or prevent aspiration and hospital admission.
- an older child with autism or behavioral issues may need to be restrained at night to prevent them from leaving the home or injuring self or others.

### **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 medically necessary.

### **Other Bed Types and Accessories**

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.

Manual/electric safety bed systems such as the KayserBetten Secure Sleep Systems (KayserBetten-U.S., Allentown, PA, US) or SleepSafe Beds® (SleepSafe Beds, LLC., Bassett, VA, USA) are considered safety devices and not medically necessary.

Safety enclosure canopies (e.g., Vail enclosures, Posey bed enclosures/canopy systems [HCPCS code E0316]) are a frame or canopy used to prevent a patient from leaving the bed. This item encloses the standard hospital bed with a netting attached to a frame and is designed for patients who would need to be restrained. The intended purpose was to restrain a patient without the need for leg or wrist restraints. Safety enclosures/canopies are not primarily medical in nature and are considered not medically necessary. The FDA issued a recall of the Vail Enclosed Bed System in 2005 due to significant safety concerns including death.

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

### **The American Board of Internal Medicine's (ABIM) Foundation Choosing Wisely® Initiative**

No relevant information.

### **Centers for Medicare & Medicaid Services (CMS)**

- National Coverage Determinations (NCDs): NCD for Hospital Beds (280.7). Cigna Coverage Policy is broader in scope. Effective date states 'longstanding'.
- Local Coverage Determinations (LCDs): Multiple LCDs found.

## **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**

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

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**

**Considered 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**

**Considered Medically Necessary 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

### **Total Electric Beds**

**Considered Medically Necessary when used to report total 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
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

### **Heavy Duty Beds**

**Considered 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

### **Pediatric Crib/Beds**

**Considered Medically Necessary when required by the individual's condition and is an integral part of, or an accessory to, a medically necessary hospital bed:**

HCPCS Codes	Description
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

### **Manual/Electric Safety Bed Systems**

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

HCPCS Codes	Description
E1399	Durable medical equipment, miscellaneous

### **Institutional Beds**

**Considered Not Medically Necessary/Convenience:**

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

### **Accessories**

**Considered Medically Necessary when criteria have been met for a hospital bed, and there is documentation to support the medical necessity of the requested accessory:**

HCPCS Codes	Description
E0280	Bed cradle, any type
E0910	Trapeze bars, A/K/A 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

**Considered Not Medically Necessary/Safety Device:**

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

**Considered Not Medically Necessary/Convenience:**

HCPCS Codes	Description
E0271	Mattress, innerspring
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®) ©2019 American Medical Association: Chicago, IL.**

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