

Beds and Mattresses (for Nebraska Only)

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[Instructions for Use](#)

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Related Policy

- [Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements \(for Nebraska Only\)](#)

Application

This Medical Policy only applies to the State of Nebraska.

Coverage Rationale

Indications for Coverage

For medical necessity clinical coverage criteria, refer to [Nebraska Department of Medicaid Services Manual, 471 NAC 7-000 Chapter 7-000 Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies \(DMEPOS\)](#).

Pediatric cribs (E0300) are proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment, Hospital Beds and Cribs.

Click [here](#) to view the InterQual® criteria.

Safety Enclosure with Beds

Safety enclosure with beds (e.g., pediatric enclosed bed, adult bed, safety enclosure) are considered Medically Necessary and covered as DME for individuals that are cognitively impaired, mobile, and at significant risk for serious injury if mobility is left unrestricted.

Enclosed beds are considered a least costly alternative when other methods have been attempted and have not effectively addressed the documented safety issues.

Members may be eligible for coverage when **all** of the following is met:

- Use of equipment is required due to a diagnosis related to cognitive impairment including but not limited to:
 - Cerebral palsy
 - Severe behavioral disorder
 - Seizure disorder with frequent seizure activity
 - Traumatic Brain injury
- Medications to address seizures and/or disruptive or harmful behaviors have been optimized or not appropriate

- Documentation of a specific safety risk from unrestricted mobility, such as:
 - Recognized risk for safety, with documented evidence of unsafe mobility with history of injury or risk of injury (for example, climbing out of bed and moving round the home, not just standing at the side of the bed)
 - Self-injurious behavior
 - Tonic-clonic type seizures
 - Uncontrolled perpetual movement related to diagnosis
- Less intensive and less-costly alternative methods have been unsuccessful or are contraindicated. Examples include (but not all inclusive):
 - Behavior modification strategies
 - Helmets for head banging
 - Monitors
 - Padding positioned around bed (regular or hospital)
 - Placement of mattress on the floor
 - Removal of all safety hazards bedroom
 - Use of medication to address seizures or behaviors
 - Use of a child protection device on the doorknob and other child safety devices

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
E0193	Powered air flotation bed (low air loss therapy)
E0194	Air fluidized bed
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, without mattress
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
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
E0277	Powered pressure-reducing air mattress
E0280	Bed cradle, any type
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
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure

HCPCS Code	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
E0305	Bedside rails, half-length
E0310	Bedside rails, full-length
E0316	Safety enclosure frame/canopy for use with hospital bed, any type
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in 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 in above the spring, includes mattress
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

Clinical Evidence

Sherburne et al. (2017) conducted an exploratory retrospective chart review of 208 pediatric enclosure bed encounters in an acute care setting over a 2 year period. The aim of the study was to examine the use of the enclosure bed in the pediatric setting, identify the population of children where an enclosure bed was implemented, and the safety elements associated with the use of the enclosure bed. Demographics, length of stay and bed use, behavioral medications, skin breakdown, risk for falls, restraint and sitter usage were all variables in this review. Cognitive function, no cognitive function, new cognitive impairment and congenital cognitive impairment were three categories extracted from the charts for review. Disparities were found between groups of children and safety variables observed with enclosure bed use. Children with new-onset cognitive impairment were likely to have safety concerns and incur falls, skin breakdown and injury during enclosure bed use. The authors concluded the utilization of an enclosure bed is a reasonable intervention in certain children to ensure their safety in a hospital setting.

Nawaz et al. (2007) conducted a single-centered randomized controlled trial (RCT) to assess the acceptability and efficacy of safe enclosures in agitated hospitalized patients. The SOMA Safe Enclosure was used for this intervention. A total of 49 participants were included. Patients were either randomized to standard restraints (n = 29) or the safe enclosure (n = 20). There was not a difference between groups in level of agitation, length of stay, time in restraints or total doses of medications. One patient in the standard restraint group had an injury and none in the safe enclosure group. The authors concluded for hospitalized patients requiring restraint, the SOMA Safe Enclosure was effective and more acceptable to relatives, physicians, and nurses than standard restraints.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

The efforts of the FDA and the Hospital Bed Safety Workgroup have culminated in FDA's release of guidance to reduce entrapment with hospital bed system dimensional and assessment. This guidance provides recommendations for manufacturers of new hospital beds and for facilities with existing beds (including hospitals, nursing homes, and private residences). Located at: <https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/hospital-beds>. (Accessed January 20, 2023)

References

Nawaz H, Abbas A, Sarfraz A, et al. A randomized clinical trial to compare the use of safety net enclosures with standard restraints in agitated hospitalized patients. *J Hosp Med.* 2007 Nov;2(6):385-93.

Nebraska Department of Medicaid Services Manual, 471 NAC 7-000 Chapter 7-000 Durable Medical Equipment, Prosthetics, Orthotics and Medical Supplies (DMEPOS). [REV \(nebraska.gov\)](https://www.revisor.nebraska.gov). Accessed June 8, 2022.

Sherburne E, Snethen JA, Kelber S. Safety profile of children in an enclosure bed. *Clin Nurse Spec.* 2017 Jan/Feb;31(1):36-44.

Policy History/Revision Information

Date	Summary of Changes
07/01/2023	Supporting Information <ul style="list-style-type: none">• Added <i>FDA</i> section• Updated <i>References</i> section to reflect the most current information• Archived previous policy version CS181NE.E

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.