Beds and Mattresses

Policy Number: CS181.F
Effective Date: July 1, 2023

➲ Instructions for Use

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Related Community Plan Policy

- Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements

Commercial Policy

- Beds and Mattresses

Application

This Medical Policy does not apply to the states listed below; refer to the state-specific policy/guideline, if noted:

State	Policy/Guideline
Indiana	None
Kentucky	Beds and Mattresses (for Kentucky Only)
Louisiana	Beds and Mattresses (for Louisiana Only)
Mississippi	Beds and Mattresses (for Mississippi Only)
Nebraska	Beds and Mattresses (for Nebraska Only)
New Jersey	Beds and Mattresses (for New Jersey Only)
New Mexico	Beds and Mattresses (for New Mexico Only)
North Carolina	Beds and Mattresses (for North Carolina Only)
Ohio	Beds and Mattresses (for Ohio Only)
Pennsylvania	Beds and Mattresses (for Pennsylvania Only)
Tennessee	Beds and Mattresses (for Tennessee Only)

Coverage Rationale

Indications for Coverage

Hospital beds and accessories are proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment:

- Support Surfaces
- 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 covered as DME for individuals that have a risk for safety in bed when all of the following criteria are met:

- Use of equipment is required due to a diagnosis related to cognitive impairment (e.g., traumatic brain injury, cerebral palsy, seizure disorder) or a severe behavioral disorder

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- Medications to address seizures and/or disruptive or harmful behaviors have been optimized or not appropriate
- There is a safety risk that includes but is not limited to any of the following:
  - Claustrophobia
  - High risk of falls due to a clinical conditions
  - Uncontrolled movements
  - Violent or self-destructive behaviors such as uncontrolled head banging
- Less intensive alternatives methods such as the following have been tried as appropriate and have not been successful or are contraindicated
  - Removal of all safety hazards
  - Mattress placed on the floor
  - Medical helmet
  - Side rails
  - Weighted blankets

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 the member specific benefit plan document 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
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

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HCPCS Code	Description
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 and to 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 does 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.

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

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Policy History/Revision Information

Date	Summary of Changes
07/01/2024	**Application** ***New Mexico*** • Added language to indicate this policy does not apply to the state of New Mexico; refer to the state-specific policy version
05/01/2024	**Application** ***Indiana*** • Removed reference link to state-specific policy version (retired May 1, 2024)
07/01/2023	**Supporting Information** • Added *FDA* section • Updated *References* section to reflect the most current information • Archived previous policy version CS181.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.

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