UnitedHealthcare Community Plan

Beds and Mattresses (for Nebraska Only)

Guideline Number: CS181NE.D
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Instructions for Use

Table of Contents Page

Application 1
Coverage Rationale 1
Definitions 2
Applicable Codes 3
References 4
Guideline History/Revision Information 5
Instructions for Use 5

Related Policy

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

Application

This Coverage Determination Guideline only applies to the state(s) of Nebraska.

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® Medicare: Durable Medical Equipment, Hospital Beds and Accessories.

Pressure reducing support surfaces (group 2) (E0193) are proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® Medicare: Durable Medical Equipment, Pressure Reducing Support Surfaces (Group 2).

Pressure reducing support surfaces (group 3) (E0194) are proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® Medicare: Durable Medical Equipment, Pressure Reducing Support Surfaces (Group 3).

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.

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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
- 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 restrictive 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

Repair and Replacement

Refer to the Coverage Determination Guideline titled Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/ Replacements (for Nebraska Only).

Coverage Limitations and Exclusions

The following services are excluded from coverage:

- Mattresses
- Motorized beds
- Personal care, comfort, or convenience items
- Retail beds/furniture

For Durable Medical Equipment Covered and Non Covered services, refer to the Nebraska Administrative Code 417 NAC 7-000.

When more than one piece of DME can meet the member's functional needs, benefits are available only for the item that meets the minimum specifications for member needs. Examples include but are not limited to, standard bed vs semi-electric bed vs fully electric or flotation system. This limitation is intended to exclude coverage for deluxe or additional components of a DME item which are not necessary to meet the member's minimal specifications to treat an Injury or Sickness.

Note: Examples of mattresses that are excluded from coverage include but are not limited to retail mattresses such as tempurpedic™ and Posturepedic™.

Definitions

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

Durable Medical Equipment (DME): Medical Equipment that is all of the following:

- Ordered or provided by a Physician for outpatient use primarily in a home setting
- Used for medical purposes
- Not consumable or disposable except as needed for the effective use of covered DME
- Not of use to a person in the absence of a disease or disability

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- Serves a medical purpose for the treatment of a Sickness or injury
- Primarily used within the home

Medically Necessary: The Nebraska Medical Assistance Program (NMAP) uses the following definition of medical necessity:
- Health care services and supplies which are medically appropriate and:
  - Necessary to meet the basic health needs of the client;
  - Rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the covered service;
  - Consistent in type, frequency, duration of treatment with scientifically based guidelines of national medical, research, or health care coverage organizations or governmental agencies;
  - Consistent with the diagnosis of the condition;
  - Required for means other than convenience of the client or his or her physician;
  - No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
  - Of demonstrated value; and
  - No more intense level of service than can be safely provided.

The fact that the physician has performed or prescribed a procedure or treatment or the fact that it may be the only treatment for a particular injury, sickness, or mental illness does not mean that it is covered by Medicaid. Services and supplies which do not meet the definition of medical necessity set out above are not covered.

Approval by the federal Food and Drug Administration (FDA) or similar approval does not guarantee coverage by NMAP. Licensure/certification of a particular provider type does not guarantee NMAP coverage.
(Nebraska Administrative Code 471 NAC 1-002.02A: Medical Necessity)

Reasonable Useful Lifetime: RUL is the expected minimum lifespan for the item. It starts on the initial date of service and runs for the defined length of time. The default RUL for durable medical equipment is set at 5 years. RUL is also applied to other non-DME items such as orthoses and prostheses. RUL is not applied to supply items.

Fixed Height Hospital Bed: A bed with manual head and leg elevation adjustments but no height adjustment.

Variable Height Hospital Bed: A bed with manual height adjustment and with manual head and leg elevation adjustments.

Semi-Electric Bed: A bed with manual height adjustment and with electric head and leg elevation adjustments.

Total Electric Bed: A bed with electric height adjustment and with electric head and leg elevation adjustments.

Ordinary Bed: A bed that is typically sold as furniture. It may consist of a frame, box spring and mattress. It is a fixed height and may or may not have head or leg elevation adjustments.

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 guideline 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

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HCPCS Code	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
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
E0271	Mattress, innerspring
E0272	Mattress, foam rubber
E0273	Bed board
E0274	Over-bed table
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
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
E0315	Bed accessory: board, table, or support device, any type
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 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
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

References

Bed Enclosures: Suitable safety net, Tonya Haynes, ANP-C, MSN, and Elizabeth S. Pratt, ACNS-BC, MSN.

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Centers for Medicare and Medicaid Services (CMS). Medicare National Coverage Determinations Manual (Pub. 100-3), Chapter 1, Part 4 (Sections 200 – 310.1), § 280.

Nebraska Administrative Code Medicaid Medical Necessity Guidelines 471 NAC 1-002.02A: Medical Necessity. Available at: https://dhhs.ne.gov/Pages/Medicaid-Provider-Medical-Necessity.aspx. Accessed June 16, 2021.

Noridian Healthcare Solutions: https://med.noridianmedicare.com/web/jddme/article-detail/-/view/2230703/reasonable-useful-lifetime-and-duplicate-items-billing-reminder.

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.

Guideline History/Revision Information

Date	Summary of Changes
06/01/2022	**Coverage Rationale** • Removed references to specific InterQual® release dates; refer to the most current InterQual® criteria **Supporting Information** • Archived previous policy version CS181NE.C

Instructions for Use

This Coverage Determination Guideline 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 guideline, 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 Coverage Determination Guideline 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 Coverage Determination Guidelines 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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