

Beds and Mattresses (for New Jersey Only)

Guideline Number: CS181NJ.C
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[Instructions for Use](#)

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Related Community Plan Policy

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

Application

This Medical Policy only applies to the state of New Jersey.

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 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 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 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 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
- 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 restrictive alternatives methods such as the following have been tried and have not been successful or are contraindicated;
 - A mattress on the floor
 - Protective helmet
 - Side rails
 - Weighted blankets

The physician documentation must include:

- A signed physicians order for the enclosed bed
- Behavioral Management Program, if applicable
- Evaluation for contraindications to use of the equipment
- Member assessment for physical, environmental, and behavioral factors
- Name and model of protective or enclosure bed with a valid HCPCS code
- Physician directed written monitoring plan
- The medical, neurologic, or behavioral diagnosis

Repair and Replacement

Refer to the Coverage Determination Guideline titled [Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements \(for New Jersey Only\)](#).

Coverage Limitations and Exclusions

The following services are excluded from coverage:

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

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

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

Medically Necessary: Health Care Services that are all of the following as determined by us or our designee:

- In accordance with *Generally Accepted Standards of Medical Practice*

- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms
- Not mainly for your convenience or that of your doctor or other health care provider
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms

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.

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.

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.

Variable Height Hospital Bed: A bed with manual height adjustment and with manual head and 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
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

HCPCS Code	Description
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.

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

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	<p>Coverage Rationale</p> <ul style="list-style-type: none"> Removed references to specific InterQual® release dates; refer to the most current InterQual® criteria <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version CS181NJ.B

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.