

# Beds and Mattresses (for Ohio Only)

**Policy Number:** CS1810H.D  
**Effective Date:** September 1, 2024

[Instructions for Use](#)

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## Related Policy

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

## Application

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

## Coverage Rationale

**Note:** For general coverage and payment policies for durable medical equipment (DME), prosthesis, orthotic devices, medical/surgical supplies, and supplier services refer to the [Ohio Administrative Code, Rule 5160-10-01, Durable medical equipment, prostheses, orthoses, and supplies \(DMEPOS\): general provisions](#).

### Indications for Coverage

For medical necessity clinical coverage criteria, refer to the [Ohio Administrative Code, Rule 5160-10-18, DMEPOS: hospital beds, bed accessories, and pressure-reducing support surfaces](#).

**Safety enclosures with beds are proven and medically necessary in certain circumstances.** For medical necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment, Hospital Beds, Cribs and Accessories.

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

**Note:** Safety enclosure with beds (e.g., Posey) should be coded with HCPCS E0316.

### Coverage Limitations and Exclusions

For coverage limitations and exclusions, refer to the [Ohio Administrative Code, Rule 5160-10-01, Durable medical equipment, prostheses, orthoses, and supplies \(DMEPOS\): general provisions](#) and the [Ohio Administrative Code, Rule 5160-10-02, DMEPOS: repair](#).

## 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
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
E1399	Durable medical equipment, miscellaneous

## 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 11, 2024)

## References

Ohio Administrative Code/5160/Chapter 5160-1-01. Medicaid medical necessity: definitions and principles. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-01>. Accessed February 21, 2024.

Ohio Administrative Code/5160/Chapter 5160-10-01. Durable medical equipment, prostheses, orthoses, and supplies (DMEPOS): general provisions. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-01>. Accessed February 21, 2024.

Ohio Administrative Code/5160/Chapter 5160-10 -18. DMEPOS: hospital beds, bed accessories, and pressure-reducing support surfaces. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-18>. Accessed February 21, 2024.

Ohio Administrative Code/5160/Chapter 5160-10 -18. DMEPOS: repair. Available at: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-10-02>. Accessed February 21, 2024.

## Policy History/Revision Information

Date	Summary of Changes
09/01/2024	<p><b>Coverage Rationale</b> <b>Indications for Coverage</b></p> <ul style="list-style-type: none"><li>Revised language pertaining to medical necessity clinical coverage criteria; replaced reference to the “InterQual® CP: Durable Medical Equipment, Hospital Beds and Cribs” with “InterQual® CP: Durable Medical Equipment, Hospital Beds, Cribs, and <i>Accessories</i>”</li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Archived previous policy version CS181OH.C</li></ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]) or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC) or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC) or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state (OAC) 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 uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Ohio Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review 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.