



## Hospital Bed Rental/Purchase and Accessories

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P&P # C.11.16

### A. Documentation Required:

1. A written statement from the provider or clinical notes which:
  - a. Describes the patient's illness, injury or malformation
  - b. States how the hospital bed will improve patient's functioning or comfort
  - c. Outlines an expected length of time the hospital bed will be necessary
2. A written prescription from a physician or advanced practice provider (NP or PA).

### B. Criteria for Medical Necessity:

Hospital beds and/or bed accessories are considered medically necessary for rental or purchase based on the following criteria:

1. The equipment is necessary and reasonable for treatment of a disability, an illness or injury, or to improve the functioning of a malformed body part, meeting at least **ONE** of the following criteria:
  - a. The patient has a medical condition that requires positioning of the body in ways that are not feasible in an ordinary bed; **OR**
  - b. In order to alleviate pain, the patient requires positioning of the body in ways not feasible with an ordinary bed; **OR**
  - c. The patient requires the head of the bed to be elevated more than 30 degrees due to illness or injury. Pillows or wedges must have been considered and or tried and found impractical for reasons other than convenience; **OR**
  - d. The patient requires traction equipment which can be attached only to a hospital bed; **OR**
  - e. For short term use post injury or orthopedic procedure if there is a weight bearing or other physician ordered restriction that prohibits patient from accessing their bedroom on a different level in the home.
2. Requests for gel pads and pressure relief mattresses (which generally serve a preventative purpose) will be considered for authorization when prescribed for a patient who has a history of decubiti or there is medical evidence indicating that they are highly susceptible to such ulceration.
3. Requests for the following accessories for hospital beds will be considered for authorization when prescribed for a patient who meets the criteria for a hospital bed, and there is documentation to support the medical necessity of the accessory:
  - a. Trapeze equipment
  - b. Bed cradles
4. Requests for authorization of hospital beds with an electric variable height feature will be considered medically necessary for patients who

meet the criteria for hospital beds set forth above and who have **ANY** of the following conditions:

- a. Severe arthritis or an injury to lower extremities (e.g., fractured hip, where the variable height feature is necessary to assist the patient to ambulate by enabling the patient to place his or her feet on the floor while sitting on the edge of the bed); **OR**
- b. Severe cardiac conditions, where the patient is able to leave the bed, but who must avoid the strain of getting in or out of bed; **OR**
- c. Spinal cord injuries (including quadriplegic and paraplegic patients), multiple limb amputees, and stroke patients, where the patient is able to transfer from a bed to a wheelchair, with or without help; **OR**
- d. Other severely debilitating diseases and conditions, if the patient requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair, or standing position.

5. Electric power adjustments to lower and raise the head and foot of a hospital bed are considered medically necessary for patients who meet **BOTH** of the following criteria:

- a. Patient can independently operate the controls and cause the adjustments; **AND**
- b. Patient has a condition that requires frequent changes in body position and/or where there may be an immediate need for a change in body position (i.e., no delay can be tolerated).

**C. Indications Considered Investigational, Experimental or not Medically Necessary:** (*Not all-inclusive*)

1. Hospital beds and/or accessories which are outside the current standard of practice in the medical community.
2. Mattresses which are designed solely for comfort, to include (*not an all-inclusive list*):
  - a. Inner spring foam rubber
  - b. Viscoelastic or memory foam (e.g., Tempur-Pedic)
  - c. Adjustable firmness/support mattresses (e.g., Select Comfort)
3. Beds or accessories considered an outside of the standard safety device and not medically necessary:
  - a. Pediatric hospital beds with 360-degree enclosure
  - b. Manual or electric safety bed systems
  - c. Safety accessories such as enclosures/canopies

**D. Replacement of a hospital bed**

Replacement of a hospital bed is considered medically necessary when **ALL** of the following criteria are met:

1. Patient has been evaluated by the treating physician or clinic at least every six (6) months; **AND**
2. Patient has used the equipment on an ongoing basis during the month prior to the request for replacement; **AND**
3. Patient continues to meet medical necessity criteria for the equipment; **AND**
4. The hospital bed is broken or not functioning, irreparable and not under warranty.

**E. Upgrade of hospital beds and/or bed accessories:**

An upgrade of a patient's currently functioning hospital bed is medically necessary when **ALL** of the following criteria are met:

1. Patient has been evaluated by the treating physician or clinic at least every six (6) months; **AND**
2. Patient has used the equipment on an ongoing basis during the month prior to the request for replacement; **AND**
3. Patient continues to meet medical necessity criteria for the equipment or requires additional features/accessories due to a change in medical condition; **AND**
4. Patient has received a recent evaluation by a physical or occupational therapist who has determined that the additional features or accessories are medically necessary due to a change in the patient's medical condition.

**CPT Codes**

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
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress
E0271	Mattress, innerspring
E0272	Mattress, foam rubber
E0290	Hospital bed, fixed height, without side rails, with mattress
E0291	Hospital bed, fixed height, without side rails, without mattress
E0277	Powered pressure-reducing air 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

**REFERENCES:**

CMS Pub 100-02 Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services Section 110; Durable Medical Equipment – General.