

# Beds and Mattresses

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[➔ Instructions for Use](#)

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Related Commercial/Individual Exchange Policy
<ul style="list-style-type: none"> <li><a href="#">Durable Medical Equipment, Orthotics, Medical Supplies and Repairs/Replacements</a></li> </ul>
Community Plan Policy
<ul style="list-style-type: none"> <li><a href="#">Beds and Mattresses</a></li> </ul>

## Application

### UnitedHealthcare Commercial

This Medical Policy applies to all UnitedHealthcare Commercial benefit plans.

### UnitedHealthcare Individual Exchange

This Medical Policy applies to Individual Exchange benefit plans in all states except for Colorado.

## Coverage Rationale

[➔ See Benefit Considerations](#)

### 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
- 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 condition

- Uncontrolled movements
- Violent or self-destructive behaviors such as uncontrolled head banging
- Less intensive alternative 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

## Documentation Requirements

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 documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage but do not guarantee coverage of the service requested.

HCPCS Codes*	Required Clinical Information
<b>Beds and Mattresses</b>	
E0194 E0265 E0266 E0296 E0297 E0300 E0302 E0304 E0328 E0329	Medical notes documenting the following, when applicable: <ul style="list-style-type: none"> <li>● Current prescription (written order) from physician, including:               <ul style="list-style-type: none"> <li>○ Initial or replacement</li> <li>○ Rental or purchase</li> <li>○ Specific HCPCS code(s) for item and each accessory requested</li> <li>○ Equipment make, model, and price quotation</li> <li>○ If replacement, current device used, date of initial acquisition, status of warranty, and reason for replacement</li> </ul> </li> <li>● Medical notes documenting the following, when applicable:               <ul style="list-style-type: none"> <li>○ Diagnosis and detail of member condition(s) or risk(s)</li> <li>○ Current transfer and bed mobility skills</li> <li>○ Current functional limitations with regards to activities of daily living</li> <li>○ Member weight and height</li> <li>○ Reason for positioning of the body not accommodated with a standard bed</li> <li>○ Ability to transfer from a fixed height bed with or without assistance</li> <li>○ Medical need for variable height bed</li> <li>○ Prior approaches tried, failed, or contraindicated; include the dates and reason for discontinuation</li> </ul> </li> <li>● Physician treatment plan</li> <li>● For <b>safety enclosures with beds</b> in addition to the above, also include the following when appropriate:               <ul style="list-style-type: none"> <li>○ Evaluation for contraindications to use of the equipment</li> <li>○ Member assessment for physical, environmental, and behavioral factors</li> <li>○ Physician directed written monitoring plan</li> </ul> </li> </ul>

\*For code descriptions, refer to the [Applicable Codes](#) section.

## 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
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

## Benefit Considerations

Most benefit plans include coverage for proven and medically necessary beds and mattresses under the Durable Medical Equipment benefit. Coverage limitations and exclusions may apply. Refer to the members specific plan for details.

## 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.

## Policy History/Revision Information

Date	Summary of Changes
10/01/2023	<p><b>Application</b> <b>Individual Exchange Plans</b></p> <ul style="list-style-type: none"><li>Removed language indicating this Medical Policy does not apply to Individual Exchange benefit plans in the states of Massachusetts, Nevada, and New York</li></ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"><li>Archived previous policy version MP.028.09</li></ul>

## Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. 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.

This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. 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.