

Beds and Mattresses (for North Carolina Only)

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[Instructions for Use](#)

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Related Policy

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

Application

This Medical Policy only applies to the State of North Carolina.

Coverage Rationale

Indications for Coverage

For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Medical Equipment: 5A-1, Physical Rehabilitation Equipment and Supplies](#).

Repair and Replacement

For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Medical Equipment: 5A-1, Physical Rehabilitation Equipment and Supplies](#).

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

HCPCS Code	Description
*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 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
*E1399	Durable medical equipment, miscellaneous

Codes labeled with an asterisk (*) are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program.

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). Refer to: <https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/hospital-beds>. (Accessed April 2, 2024)

References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Physical Rehabilitation Equipment and Supplies, 5A-1. Available at: <https://medicaid.ncdhhs.gov/5a-1-physical-rehabilitation-equipment-and-supplies/open>. Accessed March 12, 2024.

Policy History/Revision Information

Date	Summary of Changes
08/01/2024	<p data-bbox="337 205 613 237">Coverage Rationale</p> <ul data-bbox="337 239 753 270" style="list-style-type: none"><li data-bbox="337 239 753 270">● Removed coverage statements <p data-bbox="337 273 584 304">Applicable Codes</p> <ul data-bbox="337 306 1511 464" style="list-style-type: none"><li data-bbox="337 306 711 338">● Added HCPCS code E1399<li data-bbox="337 340 1511 464">● Added notation to indicate HCPCS codes E0256, E0261, E0266, E0290, E0291, E0292, E0293, E0294, E0295, E0296, E0297, E0301, E0302, and E1399 are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program <p data-bbox="337 466 662 497">Supporting Information</p> <ul data-bbox="337 499 1166 558" style="list-style-type: none"><li data-bbox="337 499 1166 531">● Updated <i>References</i> section to reflect the most current information<li data-bbox="337 533 984 558">● Archived previous policy version CSNC.MP.100.05

Instructions for Use

This Medical Policy 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 policy, 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 Medical Policy 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 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.