

# Beds and Mattresses

**Policy Number:** DME 047.10  
**Effective Date:** June 1, 2024

[➔ Instructions for Use](#)

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**Related Policy**

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

## 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 alternatives methods such as the following have been tried as appropriate and have not been successful or are contraindicated:
  - Removal of safety hazards
  - Mattress placed on the floor
  - Medical helmet
  - Side rails
  - Weighted blankets

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

## 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<br>E0265<br>E0266<br>E0296<br>E0297<br>E0300<br>E0302<br>E0304<br>E0328<br>E0329<br>E1399 | <p>Medical notes documenting the following, when applicable:</p> <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 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 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 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 |

| HCPCS Code | Description  |
|------------|--|
| 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   |

## Description of Services

Support surfaces include mattress overlays applied on top of a mattress, mattresses, and specialty beds and can be preventative or therapeutic. For individuals at risk for skin breakdown, preventive support surfaces are often incorporated into treatment. Therapeutic support surfaces are employed to assist individuals with advanced pressure injuries (i.e., stage 3, stage 4, or unstageable pressure injuries).

Specialty beds are designed to keep patients with altered self-awareness and/or neurologic impairments from falling out of bed or suffering an injury. They promote safety, offering protection while the individual is asleep and while awake and moving around. Many manufacturers offer beds with fewer gaps and openings to reduce entrapment risk. Specialty beds often require caregiver assistance to exit. (ECRI, 2019)

## Benefit Considerations

Most benefit plans include coverage for proven and medically necessary hospital beds and mattresses under the Durable Medical Equipment benefit. Coverage does not include certain support services (e.g., sheepskin pad). Additional coverage limitations and exclusions may apply. Refer to the members specific benefit plan document 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 doses 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 11, 2024)

## References

The foregoing Oxford policy has been adapted from an existing UnitedHealthcare national policy that was researched, developed and approved by UnitedHealthcare Medical Policy Committee. [MP.028.08]

ECRI Institute. Clinical Utility of Specialty Beds for Children with Special Needs. Plymouth Meeting (PA): ECRI Institute; 2019 Nov 04. (Special HTA Reports).

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  |
|------------|---|
| 06/01/2024 | <p><b>Coverage Rationale</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 Accessories"</li><li>Added notation to indicate safety enclosure with beds (e.g., Posey) should be coded with HCPCS code E0316</li></ul> <p><b>Documentation Requirements</b></p> <ul style="list-style-type: none"><li>Updated list of HCPCS codes with associated documentation requirements; added E1399</li></ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"><li>Added HCPCS code E1399</li></ul> |

| Date | Summary of Changes   |
|------|--|
|      | <p><b>Benefit Considerations</b></p> <ul style="list-style-type: none"> <li>Replaced reference to “beds” with “hospital beds”</li> <li>Added language to indicate coverage does not include certain support services (e.g., sheepskin pad)</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Added <i>Description of Services</i> section</li> <li>Updated <i>References</i> section to reflect the most current information</li> <li>Archived previous policy version DME 047.9</li> </ul> |

## Instructions for Use

This Clinical Policy provides assistance in interpreting UnitedHealthcare Oxford 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 Oxford reserves the right to modify its Policies as necessary. This Clinical Policy is provided for informational purposes. It does not constitute medical advice.

The term Oxford includes Oxford Health Plans, LLC and all of its subsidiaries as appropriate for these policies. Unless otherwise stated, Oxford policies do not apply to Medicare Advantage members.

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