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Hospital Beds and Accessories

Number: 0543

Policy

**Please see amendment for Pennsylvania Medicaid at the end of this CPB.*

Aetna considers hospital beds and accessories medically necessary durable medical equipment (DME) according to the criteria set forth below.

Hospital Beds

Aetna considers hospital beds medically necessary DME for members who meet *any* of the following criteria:

1. The member's condition requires positioning of the body (e.g., to alleviate pain, promote good body alignment, prevent contractures, or avoid respiratory infections) in ways not feasible in an ordinary bed; *or*
2. The member's condition requires special attachments (e.g., traction equipment) that can only be attached to a hospital bed cannot be fixed and used on an ordinary bed; *or*
3. The member requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges must have been considered.

Policy History

Last Review

02/13/2020

Effective: 06/26/2001

Next Review: 05/22/2020

Review History

Definitions

Additional Information

Clinical Policy Bulletin Notes

A fixed height hospital bed is one with manual head and leg elevation adjustments but no height adjustment.

Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed.

A semi-electric hospital bed is considered medically necessary if the member meets one of the criteria for a fixed height bed and requires frequent changes in body position and/or has an immediate need for a change in body position. A semi-electric bed is one with manual height adjustment and with electric head and leg elevation adjustments.

A heavy duty extra wide hospital bed is considered medically necessary if the member meets one of the criteria for a fixed height hospital bed and the member's weight is more than 350 pounds, but does not exceed 600 pounds. Heavy duty hospital beds are hospital beds that are capable of supporting a member who weighs more than 350 pounds, but no more than 600 pounds.

An extra heavy-duty hospital bed is considered medically necessary if the member meets one of the criteria for a hospital bed and the member's weight exceeds 600 pounds. Extra heavy-duty hospital beds are hospital beds that are capable of supporting a member who weighs more than 600 pounds.

A total electric hospital bed is considered medically necessary if the member meets one of the criteria for a fixed height bed and either: (i) requires frequent changes in body position and/or has an immediate need for a change in body position; *or* (ii) meets criteria for a variable height feature outlined below. A total electric bed is one with electric height adjustment and with electric head and leg elevation adjustments.

For clinical policy on air-fluidized beds,

CPB 0430 - Pressure Reducing Support Surfaces

see (../400_499/0430.html)

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Mattresses

Aetna considers mattresses medically necessary DME only where the hospital bed is medically necessary. **Note**: A separate charge for replacement mattresses should not be allowed where the hospital bed with mattress is rented.

If a member's condition requires a replacement innerspring mattress or foam rubber mattress, it will be considered medically necessary for a member-owned hospital bed.

For clinical policy on specialized pressure-reducing support surfaces, see
CPB 0430 - Pressure Reducing Support Surfaces
(../400_499/0430.html)
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Variable Height Feature

Aetna considers hospital beds with a manual or electric variable height feature medically necessary DME for members who meet the criteria for hospital beds set forth above and who have *any* of the following conditions:

1. Severe arthritis and other injuries to lower extremities (e.g., fractured hip, where the variable height feature is necessary to assist the member to ambulate by enabling the member to place his or her feet on the floor while sitting on the edge of the bed); *or*
2. Severe cardiac conditions, where the member is able to leave the bed, but who must avoid the strain of “jumping” up and down; *or*

3. Spinal cord injuries (including quadriplegic and paraplegic members), multiple limb amputees, and stroke members, where the member is able to transfer from a bed to a wheelchair, with or without help; *or*
4. Other severely debilitating diseases and conditions, if the member requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair, or standing position.

A variable height hospital bed is one with manual height adjustment and with manual head and leg elevation adjustments.

Powered Chair Conversion Feature

Electric chair positioning features are not covered since they are considered convenience features. **Note**: The TotalCare Bariatric Bed is an example of a bed with an electric chair positioning feature.

Built-in Weight Scale

A hospital bed with a built-in scale is considered medically necessary only for non-ambulatory individuals who require periodic weight measurements.

Electric Powered Hospital Bed Adjustments

Aetna considers electric powered adjustments to lower and raise head and feet medically necessary DME for members who meet the criteria for hospital beds set forth above and meet *both* of the following criteria:

1. Member can operate the controls and cause the adjustments, *and*
2. Member 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).

Note: Upon medical review, exceptions can be made to criterion 2 in members with spinal cord injury and brain damage.

Examples of brand names of electric hospital beds include the Deluxe Franklin Bed.

Side Rails and Safety Enclosures

Aetna considers safety enclosures for beds medically necessary DME only when the member's condition places them at risk for falls or climbing out of bed is a concern and they are an integral part of, or an accessory to, a medically necessary hospital bed. A safety enclosure frame/canopy for use with a hospital bed is a safety enclosure used to prevent a member from leaving the bed.

Aetna considers bedside rails for beds medically necessary DME only when the member's condition requires them and they are an integral part of, or an accessory to, a medically necessary hospital bed. Examples of conditions where bedside rails may be considered medically necessary include members with seizures, vertigo, disorientation, and neurological disorders.

Note: Side rails and safety enclosures for beds are considered safety features; under most benefit plans, safety items are excluded from coverage. Under benefit plans with this exclusion, bedside rails and safety enclosures are excluded from coverage unless they are an integral part of a medically necessary bed.

Ordinary (Non-Hospital) Beds

Note: Ordinary beds do not meet Aetna's definition of covered DME, in that ordinary beds are not primarily medical in nature, are not primarily used in the treatment of disease or injury, and are normally of use in the absence of illness or injury. Please check benefit plan descriptions. An ordinary bed is one that is typically sold as furniture. It consists of a frame, box spring, and mattress. It is a fixed height, and has no head or leg elevation adjustments. An ordinary bed will accommodate most transfers to a chair, wheelchair, or standing position. If needed, it can almost always be adapted to accommodate these transfers. The need for a particular bed height would rarely by itself justify the need for a hospital bed.

Aetna does not cover power or manual lounge beds because they are a comfort or convenience item.

Note: In addition, power or manual lounge beds do not meet Aetna's definition of covered DME, in that they are not primarily medical in nature, are not primarily used in the treatment of disease or injury, and are normally of use in the absence of illness or injury. Please check benefit plan descriptions. These beds, like other ordinary beds, are typically sold as furniture. The following are examples of brands of lounge beds that do not fall within the definition of DME:

- Adjust-A-Sleep Adjustable Bed
- Adjustable firmness/support mattresses (e.g., Select Comfort/Sleep Number Bed)
- Craftmatic Adjustable Bed
- Electropedic Adjustable Bed
- Sealy Posturpedic Bed
- Simmons Beautyrest Adjustable Bed
- Visco-elastic or memory foam mattresses (e.g., Tempur-Pedic)
- Waterbed.

Institutional-Type Hospital Beds

Institutional-type hospital beds are inappropriate for home use. These include oscillating beds, springbase beds, circulating beds, cage beds, and stryker frame beds.

Beds that provide kinetic therapy or continuous lateral rotation therapy (e.g., Kinetic Therapy Triadyne Bed, Hill-Rom TotalCare SpO2RT) are considered experimental and investigational for prevention or treatment of pressure sores, because of a lack of evidence in the peer-reviewed medical literature of their effectiveness for that indication (AWMA, 2001; Cullum et al, 2001; Cullum et al, 2004). Beds that provide kinetic therapy or continuous lateral rotation therapy are considered experimental and investigational for long-term use outside of the acute-care hospital setting for preventing and treating pulmonary complications because the published peer-reviewed evidence of the effectiveness of these beds is limited to use in critically ill patients in the acute-care hospital setting.

Beds that provide vibration therapy or percussion therapy for preventing and treating pulmonary complications related to immobility are considered experimental and investigational because of a lack of adequate evidence in the peer-reviewed published medical literature of their effectiveness for this indication.

Pediatric Hospital Crib

Aetna considers a pediatric hospital crib medically necessary when the child meets criteria for any of the afore-mentioned hospital beds.

Turning Bed

Aetna considers turning bed for the prevention of pneumonia and bedsores experimental and investigational because its effectiveness has not been established.

Enclosure Beds and Frame/Canopy Beds

The Vail Enclosure Bed (Vail Products, Inc., Toledo, OH), a padded bed that is completely enclosed with netting, is considered experimental and investigational because the U.S. Food and Drug Administration has determined that this device poses significant safety risks.

Note: Most plans exclude coverage of safety beds (SleepSafe Beds), enclosure beds (e.g., Posey Bed Enclosure Safety System; Vail Enclosure Bed) or a frame/canopy for use with a hospital bed and limb restraints as they are considered non-covered safety items. Aetna's plans cover medically necessary services and supplies for the "*diagnosis, care or treatment*" of disease or injury. Although restraints, helmets, safety straps, etc., may prevent injury, they are not considered *care or treatment* of disease or injury. In addition, such safety items are specifically excluded from coverage. Most medical plans specifically exclude charges for care furnished to provide a safe surrounding, including the charges for providing a surrounding free from exposure that can worsen the disease or injury. Please check benefit plan descriptions.

Bed Accessories

The following bed accessories are considered medically necessary DME according to the criteria set forth below:

- Bed cradles -- bed blanket cradles are considered medically necessary for members with acute gouty arthritis, burns, decubiti, or diabetic ulcer, when necessary to prevent contact with bed coverings.

- Bed pans (autoclavable hospital type) -- reusable, autoclavable bed pans are considered medically necessary if member is bed-confined.
- Trapeze equipment -- trapeze bars are considered medically necessary if the member is bed-confined and needs a trapeze bar to sit up because of respiratory conditions, to change body position for other medical reasons, or to get in and out of bed. An “attachable” trapeze bar is not covered when used on a ordinary (non-hospital) bed.
- Heavy duty trapeze equipment is considered medically necessary if the member meets the criteria for regular trapeze equipment and the member's weight is more than 250 pounds.
- Urinals -- urinals are considered medically necessary for bed-confined members.

Note: The following accessories do not meet Aetna's definition of covered DME because they are not primarily medical in nature, they are not mainly used in the treatment of disease or injury, and they are normally of use to persons who do not have a disease or injury:

- Bed baths (a.k.a. Schmidt bath)
- Bed boards (i.e., board inserted between bed spring and mattress to give extra support)
- Bed elevation blocks (i.e., blocks to elevate the head or foot of bed)
- Bed lifters (i.e., bed elevators) (e.g., Burke bed elevator)
- Bed railing pads (i.e., protection over bed railing)
- Bed spectacles (used for reading while lying flat in bed)
- Bed trays/reading tables
- Call switches (i.e., device to summon help)
- Foot boards (i.e., board at the end of the bed)
- Gatch boards (i.e., type of bed board)
- Lap boards (i.e., board used on lap as a table or desk)
- Overbed tables (e.g., Able table)

- Standard beds and mattresses made of allergy-free materials

Note: The following bed accessory does not meet the requirement of durability for coverage as DME:

- Limb restraints (leg restraints, limb holders, and wrist restraints).

In addition, limb restraints are excluded from coverage in plans that exclude safety items. Most medical plans specifically exclude charges for care furnished to provide a safe surrounding, including the charges for providing a surrounding free from exposure that can worsen the disease or injury. Please check benefit plan descriptions.

Hospital Bed Repairs

The following are repair units of service allowances that are considered medically necessary for common repairs to hospital beds (NHIC, 2009).

Hospital Bed Part Being Repaired/Replaced	Allowed Units of Service (UOS)
Hospital bed pendant	2
Hospital bed headboard/footboard	2

One unit of service is equal to 15 mins. Units of service include basic troubleshooting and problem diagnosis.

Background

This policy is adapted from Medicare Durable Medical Equipment Carrier (DMERC) policy.

Note on Vail Enclosure Bed: On March 22, 2005, the U.S. Food and Drug Administration (FDA) and the U.S. Department of Justice initiated seizures of all finished Vail 500, 1000, and 2000 Enclosed Bed Systems on the ground that use of these systems poses a public health risk because patients can become entrapped and suffocate, resulting in severe neurological damage or death. The FDA believed the Vail products seized do not meet the Quality System regulations of the Federal Food, Drug and Cosmetic Act and pose significant health risk for consumers. Furthermore, Vail Products failed or refused to furnish material or information to the FDA as required by Medical Device Reporting regulation and the Reports of Corrections and Removals regulation. According to an FDA public health notification, Vail Products, on June 16, 2005, stated that it is permanently ceasing the manufacture, sale and distribution of all Vail enclosed bed systemS Vail Products will no longer be available to provide accessories, replacement parts, or retrofit kits. Additionally, on June 23 and 24, 2005, revised instruction manuals and warning labels were mailed to customers with Vail 500, Vail 1000 or Vail 2000 enclosed bed systems. The revised manuals include new warnings, precautions, and instructions for use. The safety precautions state that, if this bed must continue to be used, they should not be used for persons who are less than 45 inches tall or who weigh less than 46 lbs. According to the revised safety precautions, these beds should not be used in persons who exhibit burrowing behavior; who are violent, aggressive, combative, or suicidal; who have multiple lines, or who have excessive pica eating disorder.

Turning Bed

Gentilello et al (1988) noted that the risk of nosocomial pneumonia and atelectasis is high among critically ill immobilized patients. These investigators hypothesized that continuous turning on the kinetic treatment table would reduce their incidence. A total of 65 critically ill patients, immobilized because of head injury or traction, were prospectively

randomized for treatment in a conventional bed (n = 38) or the kinetic treatment table (n = 27). Patients were well-matched for baseline demographic and pulmonary risk factors. Patients in the conventional bed group had a higher incidence of cigarette smoking. The combined incidence of significant atelectasis or pneumonia was higher (66 %) in the conventional versus kinetic treatment table (33 %) groups ($p < 0.01$). Atelectasis, pneumonia, adult respiratory distress syndrome, requirements for ventilator treatment, for PEEP, and for an FIO2 greater than 0.50 were not significantly different, but tended to be higher in the control group. Survival and the incidence of decubitus ulcers were similar.

Delaney et al (2006) examined if kinetic bed therapy reduces the incidence of nosocomial pneumonia and improves outcomes in critically ill mechanically ventilated patients. These investigators searched Medline, EMBASE, CINAHL, CENTRAL, and AMED for studies, as well as reviewed abstracts of conference proceedings, bibliographies of included studies and review articles and contacted the manufacturers of medical beds. Studies included were randomized or pseudo-randomized clinical trials of kinetic bed therapy compared to standard manual turning in critically ill mechanically ventilated adult patients. Two reviewers independently applied the study selection criteria and extracted data regarding study validity, type of bed used, intensity of kinetic therapy, and population under investigation. Outcomes assessed included the incidence of nosocomial pneumonia, mortality, duration of ventilation, and intensive care unit and hospital length of stay. A total of 15 prospective clinical trials were identified, which included a total of 1,169 participants. No trial met all the validity criteria. There was a significant reduction in the incidence of nosocomial pneumonia (pooled odds ratio (OR) 0.38, 95 % confidence interval (CI): 0.28 to 0.53), but no reduction in mortality (pooled OR 0.96, 95 %CI: 0.66 to 1.14), duration of mechanical ventilation (pooled standardized mean difference (SMD) -0.14 days, 95 % CI: -0.29 to 0.02), duration of

intensive care unit stay (pooled SMD -0.064 days, 95 % CI: -0.21 to 0.086) or duration of hospital stay (pooled SMD 0.05 days, 95 % CI: -0.18 to 0.27). The authors concluded that while kinetic bed therapy has been purported to reduce the incidence of nosocomial pneumonia in mechanically ventilated patients, the overall body of evidence is insufficient to support this conclusion. There appears to be a reduction in the incidence of nosocomial pneumonia, but no effect on mortality, duration of mechanical ventilation, or intensive care or hospital length of stay. Given the lack of consistent benefit and the poor methodological quality of the trials included in this analysis, definitive recommendations regarding the use of this therapy cannot be made at this time.

Goldhill et al (2007) reviewed the effect of rotational therapy (use of therapeutic surfaces that turn on their longitudinal axes) on prevention and/or treatment of respiratory complications in critically ill patients. Published articles evaluating prophylaxis and/or treatment were reviewed. Prospective randomized controlled trials were assessed for quality and included in meta-analyses. A literature search yielded 15 non-randomized, uncontrolled, or retrospective studies. Twenty prospective randomized controlled trials on rotational therapy were published between 1987 and 2004. Various types of beds were studied, but few details on the rotational parameters were reported. The usual control was manual turning of patients by nurses every 2 hours. One animal investigation and 12 clinical trials addressed the effectiveness of rotational therapy in preventing respiratory complications. Significant benefits were reported in the animal study and 4 of the trials. Significant benefits to patients were reported in 2 of another 4 studies focused on treatment of established complications. Researchers have examined the effects of rotational therapy on mucus transport, intra-pulmonary shunt, hemodynamic effects, urine output, and intra-cranial pressure. Little convincing evidence is available, however, on the most effective rotation parameters (e.g., degree, pause time, and amount of time per day). Meta-

analysis suggested that rotational therapy decreases the incidence of pneumonia but has no effect on duration of mechanical ventilation, number of days in intensive care, or hospital mortality. The authors concluded that rotational therapy may be useful for preventing and treating respiratory complications in selected critically ill patients receiving mechanical ventilation.

In a systematic reviews of wound care management, Cullum et al (2001) evaluated the clinical effectiveness and cost-effectiveness of: (i) pressure-relieving beds, mattresses and cushions for pressure sore prevention and treatment; (ii) compression therapy for the prevention and treatment of leg ulcers; (iii) low-level laser therapy, therapeutic ultrasound, electrotherapy and electromagnetic therapy for the treatment of chronic wounds. A total of 19 electronic databases, including MEDLINE, CINAHL, EMBASE and the Cochrane Controlled Trials Register (CENTRAL), were searched. Relevant journals, conference proceedings and bibliographies of retrieved papers were hand-searched. An expert panel was also consulted. Randomized controlled trials (RCTs) that evaluated these interventions were eligible for inclusion in this review if they used objective measures of outcome such as wound incidence or healing rates. A total of 45 RCTs were identified, of which 40 compared different mattresses, mattress overlays and beds. Only 2 trials evaluated cushions, 1 evaluated the use of sheepskins, and 2 looked at turning beds/kinetic therapy. A total of 24 trials reporting 26 comparisons were included (2 of prevention and 24 of treatment strategies). Four RCTs of laser (for venous leg ulcers), 10 of therapeutic ultrasound (for pressure sores and venous leg ulcers), 12 of electrotherapy (for ischemic and diabetic ulcers, and chronic wounds generally) and 5 of electromagnetic therapy (for venous leg ulcers and pressure sores) were included. Studies were generally small, and of poor methodological quality. The authors concluded that (i) foam alternatives to the standard hospital foam mattress

can reduce the incidence of pressure sores in people at risk, as can pressure-relieving overlays on the operating table. One study suggested that air-fluidized therapy may increase pressure sore healing rates, (ii) compression is more effective in healing venous leg ulcers than is no compression, and multi-layered high compression is more effective than single-layer compression. High-compression hosiery was more effective than moderate compression in preventing ulcer recurrence, and (iii) there is generally insufficient reliable evidence to draw conclusions about the contribution of laser therapy, therapeutic ultrasound, electrotherapy and electromagnetic therapy to chronic wound healing. (No conclusion was drawn regarding the turning bed)

In an evidence-based analysis on “Management of chronic pressure ulcers” by the Health Quality Ontario (2009), as well as a National Pressure Ulcer Advisory Panel’s guideline on “Pressure ulcer treatment recommendations” (2009), turning/rotational bed is not mentioned as a management tool.

Furthermore, the Institute for Clinical Systems Improvement’s health care protocol on “Pressure ulcer prevention and treatment protocol” (ICSI, 2012) does NOT mention the use of turning/rotational bed.

Also, an UpToDate review on “Prevention of pressure ulcers” (Berlowitz, 2013) states that “Continuous lateral rotation was originally developed to enhance respiratory function in hospitalized patients, but has been advocated for the prevention and management of pressure ulcers. Continuous lateral rotation is achieved with a mechanized bed that continuously rotates around its longitudinal axis. Observational studies indicate modest improvements in healing rates when continuous lateral rotation is added to an advanced therapy surface. Conceptually, the advantage gained by this automated approach to pressure reduction

could be offset by the presence of continuous shearing forces. Technical parameters such as bed rotation frequency and bed tilt angle need to be better defined. Continuous rotation therapy is not likely to replace the need to reposition the patient every two hours, but clearly further study is warranted".

Appendix

The items in Column II are included in the allowance for the corresponding item in Column I when provided at the same time:

Column I	Column II
Hospital bed, fixed height, with any type of side rails, with mattress	Mattress, innerspring Mattress, foam rubber Bed side rails, half length Bed side rails, full length
Hospital bed, fixed height, with any type of side rails, without mattress	Bed side rails, half length Bed side rails, full length

Hospital bed, variable height, Hi-Lo, with any type of side rails, with mattress	Mattress, innerspring Mattress, foam rubber Bed side rails, half length Bed side rails, full length
Hospital bed, variable height, Hi-Lo, with any type of side rails, without mattress	Bed side rails, half length Bed side rails, full length
Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	Mattress, innerspring Mattress, foam rubber Bed side rails, half length Bed side rails, full length

Hospital bed, semi-electric (head and foot adjustment), with any type of side rails, without mattress	Bed side rails, half length Bed side rails, full length
Hospital bed, total electric (head, foot and height adjustments), with any type of side rails, with mattress	Mattress, innerspring Mattress, foam rubber Bed side rails, half length Bed side rails, full length
Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress	Bed side rails, half length Bed side rails, full length
Hospital bed, fixed height, without side rails, with mattress	Mattress, innerspring Mattress, foam rubber

Hospital bed, variable height, Hi-Lo, without side rails, with mattress	Mattress, innerspring Mattress, foam rubber
Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Mattress, innerspring Mattress, foam rubber
Hospital bed, total electric (head, foot and height adjustments) without side rails, with mattress	Mattress, innerspring Mattress, foam rubber
Hospital bed, heavy duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type of side rails, without mattress	Bed side rails, half length Bed side rails, full length
Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type of side rails, without mattress	Bed side rails, half length Bed side rails, full length

Hospital bed, heavy duty, extra wide, with weight capacity 350 pounts, but less than or equal to 600 pounds, with any type of side rails, with mattress	Mattress, innerspring Mattress, foam rubber Bed side rails, half length Bed side rails, full length
Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type of side rails, with mattress	Mattress, innerspring Mattress, foam rubber Bed side rails, half length Bed side rails, full length
Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	Mattress, innerspring Mattress, foam rubber Bed side rails, half length Bed side rails, full length

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	Mattress, innerspring Mattress, foam rubber Bed side rails, half length Bed side rails, full length

When mattress or bedside rails are provided at the same time as a hospital bed, use the single code that combines these items.

CPT Codes / HCPCS Codes / ICD-10 Codes

Information in the [brackets] below has been added for clarification purposes. Codes requiring a 7th character are represented by "+":

Code	Code Description
HCPCS codes covered if selection criteria are met:	
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

Code	Code Description
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
E0271	Mattress, inner spring [covered for member owned hospital bed, if condition requires replacement]
E0272	Mattress, foam rubber [covered for member owned hospital bed, if condition requires replacement]
E0275	Bed pan, standard, metal or plastic
E0276	Bed pan, fracture, metal or plastic
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

Code	Code Description
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
E0316	Safety enclosure frame/canopy for use with hospital bed, any type (safety item)
E0325	Urinal; male, jug-type, any material
E0326	Urinal; female, jug-type, any material

Code	Code Description
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 (a.k.a. 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
E0912	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free standing, complete with grab bar
E0940	Trapeze bar, free standing, complete with grab bar
K0739	Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component, per 15 minutes
HCPCS codes not covered for indications listed in the CPB:	
E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress
E0273	Bed board
E0274	Over-bed table
E0305	Bedside rails, half-length (safety item)
E0310	Bedside rails, full-length (safety item)

Code	Code Description
E0315	Bed accessory: board, table, or support device, any type
E0700	Safety equipment (e.g., belt, harness or vest)
E0710	Restraints, any type (body, chest, wrist or ankle)
Other HCPCS codes related to the CPB:	
E0184	Dry pressure mattress
E0186	Air pressure mattress
E0194	Air-fluidized bed
E0196	Gel pressure mattress
E0197	Air pressure pad for mattress, standard mattress length and width
E0277	Powered pressure-reducing air mattress
E0370	Air pressure elevator for heel
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
E0372	Powered air overlay for mattress, standard mattress length and width
E0373	Nonpowered advanced pressure reducing mattress
ICD-10 codes covered if selection criteria are met:	
Z91.81	History of falling [At risk for falls or climbing out of bed]

The above policy is based on the following

references:

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oxygenation in hepatopulmonary syndrome after liver transplantation. Liver Transpl Surg. 1998;4(6):510-512.

11. Dolovich M, Rushbrook J, Churchill E, et al. Effect of continuous lateral rotational therapy on lung mucus transport in mechanically ventilated patients. J Crit Care. 1998;13(3):119-125.
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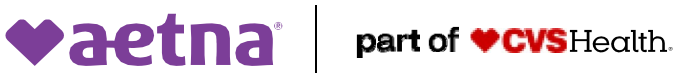

AETNA BETTER HEALTH® OF PENNSYLVANIA

Amendment to Aetna Clinical Policy Bulletin Number: 0543 Hospital Beds and Accessories

The following codes may be considered for coverage on a case by case basis for the Pennsylvania Medical Assistance plan:

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
E0273 Bed board
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
E0305 Bedside rails, half-length (safety item)
E0310 Bedside rails, full-length (safety item)
E0315 Bed accessory: board, table, or support device, any type

For the Pennsylvania Medical Assistance plan requests for safety items for members with medical conditions that place them at increased risk of injury and/or make them especially susceptible to harm from injury will be considered on a case by case basis.