

# Beds and Mattresses (for Louisiana Only)

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[➔ Instructions for Use](#)

Content mandated by Louisiana Department of Health

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## Application

This Coverage Determination Guideline only applies to the state of Louisiana. The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with State requirements.

## Coverage Rationale

### Hospital Beds

Standard hospital beds are approved if the beneficiary is confined to a bed and their condition necessitates positioning the body in a way that is not possible in an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed.

**Prior authorization requests for all covered hospital beds (as described in this section) must include the following:**

- The beneficiary requires positioning of the body in ways not feasible with an ordinary bed due to a medical condition that is expected to last for at least one month;
- The beneficiary 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 tried and failed; and
- The beneficiary has a condition that requires special attachments (such as a trapeze, foot board, or traction equipment) that cannot be fixed and used on an ordinary home bed.

**Note:** More specific criteria may apply as described for each covered hospital bed type.

### *Hospital Beds, Fixed and Variable Height*

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

In addition to the required documentation for PA requests as described under Hospital Beds above, the request must also include that the beneficiary has a condition that requires special attachments (such as a trapeze, foot board, or traction equipment) that cannot be fixed and used on an ordinary home bed.

Furthermore, requests for a variable height bed must document that the beneficiary requires a bed height different than a fixed height hospital bed to permit safe transfers to a chair or for adequate bed care.

### ***Hospital Bed, Semi-Electric***

A semi-electric hospital bed is one with manual height adjustment and electric head and leg elevation adjustments.

In addition to the required documentation as previously listed under Hospital Beds, the PA request must document that the beneficiary requires a bed height different than a fixed height hospital bed to permit safe transfers to a chair or for adequate bed care. The PA request must also include that the beneficiary is alone for extended periods of time, requires frequent and immediate changes in body position and can operate the bed controls independently.

### ***Hospital Bed, Total Electric***

A total electric hospital bed is one with electric height adjustment and electric head and leg elevation adjustments.

In addition to the required documentation as previously listed under Hospital Beds, the PA request must document that the beneficiary requires a bed height different than a fixed height hospital bed to permit safe transfers to a chair or for adequate bed care. The PA request must also include that the beneficiary is alone for extended periods of time, requires frequent and immediate changes in body position and can operate the bed controls independently.

Documentation submitted on the PA request must also indicate one of the following:

- The beneficiary has tried multiple means of transfer and can only transfer with a total electric bed; and
- The beneficiary has a caregiver with a documented medical condition stating an inability to use a crank on a semi-electric bed.

### **Hospital Bed Mattresses**

Hospital bed mattresses are considered part of the hospital bed and will only be approved to replace mattresses that are no longer functional when the beneficiary meets the criteria to receive a hospital bed.

### **Egg-Crate Mattresses & Alternating Air Pressure Mattresses/Pads**

Egg-crate mattresses and alternating air pressure mattresses/pads are devices used to relieve pressure and prevent the occurrence of decubitus ulcers. The pads include: gel, air, dry and water pressure pads for mattresses, and mattress-size pads.

The PA request must include:

- Documentation on the lesions, the beneficiary's condition, positioning, nutritional status (including serum albumen and total protein levels with the initial request), and detailed descriptions of prior treatments used and the outcomes of the treatments;
- Documentation showing the presence of stage three or stage four decubitus ulcers affecting at least two pressure bearing surfaces; and
- For subsequent PA requests, documentation must show signs of healing. The presence of new decubitus must be explained and may be a basis for denial without extenuating circumstances.

### **Sheepskins**

Sheepskins are approved if the beneficiary's skin condition necessitates use.

### **Side Rails**

Side rails for beds other than hospital beds are approved only if the beneficiary's medical condition necessitates use of rails on a regular bed.

### **Trapeze Bars**

Trapeze bars are approved if the beneficiary requires assistance to sit up in bed because of a respiratory condition or a need to change body position for other medical reasons.

## Hospital Bed, Pediatric

A pediatric hospital bed allows for the manual, semi-electric, or fully electric adjustment to the head and leg elevation. A pediatric hospital bed is:

- One with a full side rail (360 degrees, up to 24 inches high above the mattress) enclosure; and
- May be manual, semi-electric, or total electric.

### *Hospital Bed, Pediatric without Safety Enclosure*

**A pediatric hospital bed without an added safety enclosure is covered when all of the following criteria are met. The beneficiary must:**

- Be under 21 years of age;
- Meet the criteria for a hospital bed (see Hospital Bed Criteria in this section);
- Have a medical condition that prevents the use of a standard size hospital bed and is best met by a pediatric sized hospital bed;
- Have a medical condition that requires positioning of the body ordered by the physician so that the head of the bed elevation is greater than 30 degrees, or have documented problems with aspirations; and
- Have a medical condition that is expected to last greater than 6 months which requires positioning of the body in ways that are not feasible with an ordinary bed, or hospital bed.

In addition, the following criteria must be met:

- The desired medical benefit is not attainable by the use of an ordinary bed. All alternative methods have been tried and failed;
- An ordinary bed cannot be modified or adapted by commercially available items to meet the medical needs; and
- Pillows and wedges must have been considered and ruled out.

### *Hospital Bed, Pediatric with Safety Enclosure*

A pediatric hospital bed with an added safety enclosure is covered when all of the following criteria are met. The absence of a pediatric hospital bed with safety enclosure would result in the beneficiary being institutionalized. The beneficiary must:

- Be under 21 years of age;
- Have one of the following diagnoses: brain injury, moderate to severe cerebral palsy, seizure disorder (with daily seizure activity taking anti-seizure medication), developmental disability, or severe behavior disorder (this list is not all inclusive);
- Meet the criteria for a hospital bed (see Hospital Bed Criteria in this section);
- Have a medical condition that puts him/her at risk for falling off of or seriously injuring himself/herself while in an ordinary bed, standard size hospital bed, or a pediatric sized hospital bed;
- Have a history of behavior involving unsafe mobility (climbing out of bed – more than standing at the side of the bed) that puts the beneficiary at risk for serious injury while in an ordinary bed, standard hospital bed, or pediatric hospital bed;
- Be cognitively impaired and have communication impairments. The beneficiary is mobile and his/her unrestricted mobility has resulted in documented injuries; and
- Have tried less costly alternatives which were unsuccessful, including any of the following (not all inclusive):
  - Rail protectors;
  - Medications to address seizures and/or behaviors;
  - Helmets for head banging;
  - Baby monitors and bed alarm systems;
  - Behavior modification strategies;
  - Removal of safety hazards and installation of child protection devices (e.g. baby gate, safety door knob) in the beneficiary's room;
  - Placement of mattress on the floor; and
  - Physical and environmental factors for behavior have been eliminated. These include, but are not limited to, hunger, thirst, toileting, pain, restlessness, fatigue due to sleep deprivation, acute physical illness, temperature, noise levels, lighting, medication side effects, over/under stimulation or a change in caregivers or routine.

### *Exclusion Criteria*

Non-coverage of the pediatric hospital bed includes, but is not limited to the following:

- Lack of caregiver monitoring of beneficiary's safety;

- The safety enclosure frames are used as a restraint or for the convenience of family or caregiver;
- An ordinary bed, typically sold as furniture, which consists of a frame, box spring, and mattress;
- Institutional type hospital beds (e.g. oscillating beds, spring-base beds, circulating beds, continuous lateral rotation beds, and Stryker frame beds);
- Enclosed beds for beneficiaries with 24-hour care from caregivers who are required to be awake and actively caring for the child;
- Enclosed bed systems that are not approved by the FDA (e.g. Vail Enclosure Bed, Posey Bed Enclosure System); and
- The hospital beds where manufacturer is not registered and cleared to market with the FDA.

(Louisiana Department of Health, Durable Medical Equipment Provider Manual, Chapter Eighteen of the Medicaid Services Manual. Section 18.2.23)

## 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
E0266	Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress
E0271	Mattress, innerspring
E0272	Mattress, foam rubber
*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

HCPCS Code	Description
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
E0373	Nonpowered advanced pressure reducing 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

Codes labeled with an asterisk (\*) are not on the State of Louisiana Medicaid Fee Schedule and therefore may not be covered by the State of Louisiana 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). Available at: <https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/hospital-beds>. (Accessed January 20, 2023)

## References

Louisiana Department of Health, Durable Medical Equipment Provider Manual, Chapter Eighteen of the Medicaid Services Manual. Section 18.2.23. <https://www.lamedicaid.com/provweb1/providermanuals/manuals/DME/DME.pdf>. Accessed June 26, 2023.

## Policy History/Revision Information

Date	Summary of Changes
01/01/2024	<p><b>Coverage Rationale</b></p> <ul style="list-style-type: none"> <li>Added language to indicate trapeze bars are approved if the beneficiary requires assistance to sit up in bed because of a respiratory condition or a need to change body position for other medical reasons</li> <li>Removed content addressing documentation requirements</li> </ul> <p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>Added HCPCS codes E0271, E0272, and E0373</li> <li>Removed HCPCS code E0462</li> </ul>

Date	Summary of Changes
	<ul style="list-style-type: none"> <li>Removed notation indicating HCPCS codes E0328 and E0329 are not on the State of Louisiana Medicaid Fee Schedule and therefore may not be covered by the State of Louisiana Medicaid Program</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Added <i>FDA</i> section</li> <li>Updated <i>References</i> section to reflect the most current information</li> <li>Archived previous policy version CS181LA.B</li> </ul>

## 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.