

LA.CLI.049 Hospital Bed



Medicaid Medical Coverage Policy

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Line of Business: Medicaid

State: LA

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Summary of Changes:

10/10/24: Annual Review, minor grammatical changes and updated references to most recent edition reviewed. Updated criteria to include the language "one or all of the following." 1/20/25: Updated language approved by LDH.

Scope:

Description

This policy applies to all Humana Healthy Horizons® in Louisiana (Plan) associates who administer, review, or communicate covered physical and behavioral health benefits and services to eligible enrolled members.

A hospital bed is a bed with special features for the comfort, safety and well-being of an individual with a medical condition that causes limited or no mobility.

Policy:

Coverage Determination

All hospital beds require prior authorization (PA).

Humana Healthy Horizons in Louisiana members may be eligible under the Plan for a hospital bed when the following criteria are met:

Standard hospital beds are approved if the member is unable to safely get out of bed alone 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 one of the following:

- **Diagnosis of a medical condition that requires frequent position changes and** ~~The member requires positioning of the body in ways not feasible with an ordinary bed, and due to a medical condition that is expected to last for at least one month; OR~~
- ~~The member~~ **Condition** requires the head of the bed to be elevated more than 30 degrees most of the time ~~due to~~ **(eg, congestive heart failure, chronic pulmonary disease, or problems with aspiration)** and pillows or wedges must have been tried and failed; **OR**
- ~~The member has a~~ **Condition that** requires special attachments ~~(such as a~~ **eg, trapeze, foot board, or traction equipment)** that cannot be fixed and used on an ordinary home bed

NOTE: ~~More s~~ Specific criteria may apply as described for each ~~covered~~ hospital bed type **listed in the below sections.**

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.

Prior authorization requests for fixed and variable height hospital bed must include ALL of the following:

- **Documentation for PA requests as described in [hospital beds](#) above; AND**
- **Member has a condition that requires special attachments (eg, trapeze, foot board, or traction equipment) that cannot be fixed and used on an ordinary home bed; AND**

- Requests for variable height bed (only) must document that the member requires a bed height different than a fixed height hospital bed to permit safe transfers to a chair or for adequate bed care

~~In addition to the required documentation for PA requests as described under Hospital Beds above, the request must also include that the member 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 member requires a bed height different than a fixed height hospital bed to permit safe transfers to a chair or for adequate bed care.~~

Hospital Beds, Heavy Duty, Extra Wide (E0301, E0302, E0303, E0304)

A heavy duty, extra wide hospital bed is a hospital bed designed to supports an individual weighing up to 600 pounds and has a larger sleeping surface than traditional hospital beds.

Prior authorization requests for heavy duty, extra wide hospital bed must include:

- Required documentation for PA requests as described in [hospital beds](#) above;

AND either of the following:

- Individual weighs more than 350 pounds, but less than or equal to 600 pounds (for E0303); OR
- Individual weighs more than 600 pounds (for E0304)

Hospital Bed, Semi-Electric (E0260, E0261, E0294, E0295)

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

Prior authorization requests for semi-electric hospital bed must include ALL of the following:

- Documentation for PA requests as described in [hospital beds](#) above; AND
- Documentation must state the member requires a bed height different than a fixed height hospital bed to permit safe transfers to a chair or for adequate bed care; AND

- **Documentation must state the member requires frequent and immediate changes in body position and member/caregiver can operate the bed controls independently**

~~In addition to the required documentation as previously listed under Hospital Beds, the PA request must document that the member 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 member requires frequent and immediate changes in body position and member/caregiver can operate the bed controls independently.~~

Hospital Bed, Total Electric (E0265, E0266, E0296, E0297)

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

Prior authorization requests for total electric hospital bed must include ALL of the following:

- **Documentation for PA requests as described in [hospital beds](#) above; AND**
- **Documentation must state the member requires a bed height different than a fixed height hospital bed to permit safe transfers to a chair or for adequate bed care; AND**
- **Documentation must state the member is alone for extended periods of time, requires frequent and immediate changes in body position and can operate the bed controls independently; AND**
- **Documentation submitted on the PA request must also indicate one of the following:**
 - **The individual has tried multiple means of transfer and can only transfer with a total electric bed; OR**
 - **The individual has a caregiver with a documented medical condition contributing to an inability to use a crank on a semi-electric bed**

~~In addition to the required documentation as previously listed under Hospital Beds, the PA request must document that the member 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 member 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 member has tried multiple means of transfer and can only transfer with a total electric bed; and~~
- ~~The member 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 member 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.

Prior authorization requests for egg-crate mattress, alternating air pressure mattresses or pads must include ALL of the following:

~~The PA request must include:~~

- Documentation describing the lesions, the individual'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; **AND**
- 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

Hospital Bed, Pediatric (E0328, E0329)

A pediatric hospital bed has a full side rail (360 degrees, up to 24 inches high above the mattress) enclosure and may be manual, semi-electric, or fully electric when adjusting head and leg elevation.

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 member must:~~

- Individual is under 21 years of age;

- Meets the criteria as described in [hospital beds](#) above;
- ~~Have~~ **Diagnosis of** 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;~~
- ~~Have a medical c~~**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; **AND**

~~In addition, the following criteria must be met:~~

- Desired medical benefit is not attainable by the use of an ordinary bed; all alternative methods have been tried and failed; **AND**
- 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 ~~the absence of a pediatric hospital bed with safety enclosure would result in the member being institutionalized and~~ **ALL** of the following criteria are met:

- Individual is under 21 years of age;
- Absence of a pediatric hospital bed with safety enclosure would result in the member being institutionalized
- Meets criteria as described in [hospital beds](#) above
- Diagnosis of at least one of the following (this list is not all inclusive):
 - Brain injury
 - Moderate to severe cerebral palsy
 - Seizure disorder (with daily seizure activity taking anti-seizure medication)
 - Developmental disability
 - Severe behavior disorder

- Condition that puts individual 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;
- History of behavior involving unsafe mobility (climbing out of bed - more than standing at the side of the bed) that puts the member at risk for serious injury while in an ordinary bed, standard hospital bed, or pediatric hospital bed;
- Cognitively impaired and have communication impairments; Individual is mobile and his/her unrestricted mobility has resulted in documented injuries;
- Less costly alternatives were tried and 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 (eg, baby gate, safety doorknob) in the individual's room
 - Placement of mattress on the floor;
 - 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

~~The member must:~~

- ~~• Be under 21 years of age; and~~
- ~~• 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); and~~
- ~~• Meet the criteria for a hospital bed (see Hospital Bed Criteria in this section); and~~
- ~~• 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; and

- ~~Have a history of behavior involving unsafe mobility (climbing out of bed more than standing at the side of the bed) that puts the member at risk for serious injury while in an ordinary bed, standard hospital bed, or pediatric hospital bed; and~~
- ~~Be cognitively impaired and have communication impairments. The member 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 doorknob) in the member'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 member'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 members 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.~~

Documentation Requirements

ALL of the The following documentation must be submitted to support the medical necessity for this equipment **a pediatric hospital bed**:

- Physician prescription;
- Louisiana Medicaid Pediatric Hospital Bed Evaluation (BHSF-PHB-Form 1) completed by a Louisiana State licensed physician and physical or occupational therapist in its entirety (see Appendix G) Insert HHH form; ~~and~~
- Original manufacturer's price
- A copy of the State of Louisiana — Louisiana Department of Health (LDH) — Medicaid [Pediatric Hospital Bed Evaluation form](#) must be used with all prior authorization requests for a pediatric hospital bed.

Coverage Limitations

Humana Healthy Horizons in Louisiana members may NOT be eligible under the Plan for a hospital bed for any indications other than those listed above.

Humana Healthy Horizons in Louisiana members may NOT be eligible under the Plan for a pediatric hospital bed for any indications other than those listed above including, but may not be limited to:

- Lack of caregiver monitoring of member's safety;
- Safety enclosure frames are used as a restraint or for the convenience of family or caregiver;
- An ordinary bed, typically sold as furniture (not durable medical equipment [DME]), which consists of a frame, box spring, and mattress;
- Institutional type hospital beds (eg; oscillating beds, spring-base beds, circulating beds, continuous lateral rotation beds, and Stryker frame beds);
- Enclosed beds for members 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 (eg, Vail Enclosure Bed, Posey Bed Enclosure System); ~~and~~
- Hospital beds where manufacturer is not registered and cleared to market with the FDA

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

<u>CPT® Code(s)</u>	<u>Description</u>	<u>Comments</u>
<u>No code(s) identified</u>		
<u>CPT® Category III Code(s)</u>	<u>Description</u>	<u>Comments</u>
<u>No code(s) identified</u>		
<u>HCPCS Code(s)</u>	<u>Description</u>	<u>Comments</u>
<u>E0260</u>	<u>Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress</u>	
<u>E0261</u>	<u>Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress</u>	
<u>E0265</u>	<u>Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, with mattress</u>	
<u>E0266</u>	<u>Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress</u>	
<u>E0294</u>	<u>Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress</u>	
<u>E0295</u>	<u>Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress</u>	
<u>E0296</u>	<u>Hospital bed, total electric (head, foot, and height adjustments), without side rails, with mattress</u>	
<u>E0297</u>	<u>Hospital bed, total electric (head, foot, and height adjustments), without side rails, without mattress</u>	
<u>E0301</u>	<u>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</u>	
<u>E0302</u>	<u>Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress</u>	
<u>E0303</u>	<u>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</u>	
<u>E0304</u>	<u>Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress</u>	

<u>E0328</u>	<u>Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in above the spring, includes mattress</u>	
<u>E0329</u>	<u>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</u>	

References

- ~~1. State of Louisiana Bureau of Health Services Financing. Durable Medical Equipment Provider Manual, Chapter Eighteen of the Medicaid Services Manual, DME (3/8/2024). Accessed (10/10/24).~~
- ~~2. Louisiana Department of Health Bureau of Health Services Financing. Louisiana Medicaid Managed Care Organization Contract Attachment C: In Lieu of Services.~~

1. Louisiana Department of Health. Medicaid Services Manual. Chapter 18: Durable Medical Equipment. <https://ldh.la.gov/medicaid>. Published September 1, 2010. Updated March 8, 2024.

Non-Compliance:

~~Failure to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services, or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules, and regulations.~~

~~Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to noncompliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet on Hi! (Workday & Apps/Associate Support Center).~~

Change Summary

10/10/24: Annual Review, Coverage Change.

1/20/25: Update, Coverage Change

07/01/2025 Annual Review, Coverage Change. New Medical Coverage Policy Template