## LCD for Hospital Beds And Accessories (L5049)

<table>
<thead>
<tr>
<th>Contractor Information</th>
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<tbody>
<tr>
<td><strong>Contractor Name</strong></td>
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<tr>
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<td><strong>Contractor Number</strong></td>
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<td><strong>Contractor Type</strong></td>
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<td>DME MAC</td>
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<th>LCD Information</th>
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<tr>
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<tr>
<td>L5049</td>
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<td><strong>LCD Title</strong></td>
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<tr>
<td>Hospital Beds And Accessories</td>
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<tr>
<td><strong>Contractor's Determination Number</strong></td>
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<td>HBED20080101</td>
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**CMS National Coverage Policy**

CMS Pub. 100-3 (Medicare National Coverage Determinations Manual) Chapter 1, Sections 280.1, 280.7

**Primary Geographic Jurisdiction**

Connecticut  
District of Columbia  
Delaware  
Massachusetts  
Maryland  
Maine  
New Hampshire  
New Jersey  
New York - Entire State  
Pennsylvania  
Rhode Island
Vermont

Oversight Region
Region III

Original Determination Effective Date
For services performed on or after 10/01/1993

Original Determination Ending Date

Revision Effective Date
For services performed on or after 01/01/2008

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity
For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

A fixed height hospital bed (E0250, E0251, E0290, E0291, and E0328) is covered if one or more of the following criteria (1-4) are met:

1) The patient has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed, or

2) The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, or

3) The patient 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 and ruled out, or

4) The patient requires traction equipment, which can only be attached to a hospital bed.

A variable height hospital bed (E0255, E0256, E0292, and E0293) is covered if the patient meets one of the criteria for a fixed height hospital bed and requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.
A semi-electric hospital bed (E0260, E0261, E0294, E0295, and E0329) is covered if the patient 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 heavy duty extra wide hospital bed (E0301, E0303) is covered if the patient meets one of the criteria for a fixed height hospital bed and the patient's weight is more than 350 pounds, but does not exceed 600 pounds.

An extra heavy-duty hospital bed (E0302, E0304) is covered if the patient meets one of the criteria for a hospital bed and the patient's weight exceeds 600 pounds.

A total electric hospital bed (E0265, E0266, E0296, and E0297) is not covered; the height adjustment feature is a convenience feature. Total electric beds will be paid as the least costly medically appropriate alternative for the comparable semi-electric bed (E0260, E0261, E0294, and E0295).

For any of the above hospital beds (plus those coded E1399 - see Policy Article Coding Guidelines), if documentation does not support the medical necessity of the type of bed billed, payment will be based on the allowance for the least costly medically appropriate alternative.

If the patient does not meet any of the coverage criteria for any type of hospital bed it will be denied as not medically necessary.

ACCESSORIES:

Trapeze equipment (E0910, E0940) is covered if the patient needs this device to sit up because of a respiratory condition, to change body position for other medical reasons, or to get in or out of bed.

Heavy duty trapeze equipment (E0911, E0912) is covered if the patient meets the criteria for regular trapeze equipment and the patient's weight is more than 250 pounds.

A bed cradle (E0280) is covered when it is necessary to prevent contact with the bed coverings.

Side rails (E0305, E0310) or safety enclosures (E0316) are covered when they are required by the patient's condition and they are an integral part of, or an accessory to, a covered hospital bed.

If a patient's condition requires a replacement innerspring mattress (E0271) or foam rubber mattress (E0272) it will be covered for a patient owned hospital bed.

Coverage Topic
Durable Medical Equipment
Hospital Beds

Coding Information

CPT/HCPCS Codes
The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

EY - No physician or other licensed health care provider order for this item or service

GA – Waiver of liability on file
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E0250</td>
<td>HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS</td>
</tr>
<tr>
<td>E0251</td>
<td>HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS</td>
</tr>
<tr>
<td>E0290</td>
<td>HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS</td>
</tr>
<tr>
<td>E0291</td>
<td>HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS</td>
</tr>
<tr>
<td>E0328</td>
<td>HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS</td>
</tr>
<tr>
<td>E0255</td>
<td>HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS</td>
</tr>
<tr>
<td>E0256</td>
<td>HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS</td>
</tr>
<tr>
<td>E0292</td>
<td>HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS</td>
</tr>
<tr>
<td>E0293</td>
<td>HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS</td>
</tr>
<tr>
<td>E0260</td>
<td>HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS</td>
</tr>
<tr>
<td>E0261</td>
<td>HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS</td>
</tr>
<tr>
<td>E0294</td>
<td>HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS</td>
</tr>
<tr>
<td>E0295</td>
<td>HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS</td>
</tr>
<tr>
<td>E0329</td>
<td>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</td>
</tr>
<tr>
<td>E0265</td>
<td>HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS</td>
</tr>
<tr>
<td>E0266</td>
<td>HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS</td>
</tr>
<tr>
<td>E0296</td>
<td>HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS). WITHOUT SIDE RAILS, WITH MATTRESS</td>
</tr>
<tr>
<td>E0297</td>
<td>HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS</td>
</tr>
</tbody>
</table>
HEAVY DUTY BEDS

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

ACCESSORIES

E0271  MATTRESS, INNERSPRING

E0272  MATTRESS, FOAM RUBBER

E0273  BED BOARD

E0274  OVER-BED TABLE

E0280  BED CRADLE, ANY TYPE

E0305  BED SIDE RAILS, HALF LENGTH

E0310  BED SIDE RAILS, FULL LENGTH

E0315  BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE

E0316  SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE

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

MISCELLANEOUS

E1399  DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS

ICD-9 Codes that Support Medical Necessity
Not specified.

Diagnoses that Support Medical Necessity
Not specified.

ICD-9 Codes that DO NOT Support Medical Necessity
Not specified.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation
Diagnoses that DO NOT Support Medical Necessity
Not specified.

General Information

Documentation Requirements
Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider". It is expected that the patient’s medical records will reflect the need for the care provided. The patient’s medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

Suppliers must add a KX modifier to a hospital bed code only if all of the criteria in the "Indications and Limitations of Coverage and/or Medical Necessity" section of this policy have been met. The KX modifier should also be added for an accessory when the applicable accessory criteria are met. If the requirements for the KX modifier are not met, the KX modifier must not be used.

When a hospital bed upgrade is provided, the GA, GK, GL and/or GZ modifiers must be used to indicate the upgrade. Fully electric hospital beds must always be billed with these modifiers.

Refer to the Supplier Manual for more information on documentation requirements.

Appendices

Utilization Guidelines
Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Sources of Information and Basis for Decision

Advisory Committee Meeting Notes

Start Date of Comment Period
03/30/1993

End Date of Comment Period
05/14/1993
3/1/2008 - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L5049 from DME PSC TriCenturion (77011) LCD L5049.

Revision Effective Date: 01/01/2008
INDICATIONS AND LIMITATIONS OF COVERAGE:
Added E0328 and E0329
HCPCS CODES AND MODIFIERS:
Added E0328 and E0329

Revision Effective Date: 07/01/2007
HCPCS CODES AND MODIFIERS:
Added GA, GK, GL, and GZ modifiers
DOCUMENTATION REQUIREMENTS:
Clarified instructions for KX modifiers
Added modifier requirements for upgrades.

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

Revision Effective Date: 01/01/2007
INDICATIONS AND LIMITATIONS OF COVERAGE:
Clarified noncoverage of fully electric beds with LCA statement.
HCPCS CODES AND MODIFIERS:
Added KX modifier.
DOCUMENTATION REQUIREMENTS
Removed requirement to submit a CMN.
Added KX modifier use.

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision effective date: 01/01/2006
INDICATIONS AND LIMITATIONS OF COVERAGE:
Added criteria for E0911 and E0912.
HCPCS CODES AND MODIFIERS:
Added E0911, E0912.

Revision effective date: 01/01/2006
LMRP converted to LCD and Policy Article
INDICATIONS AND LIMITATIONS OF COVERAGE:
Added E0316 to paragraph about side-rails.

Revision effective date: 04/01/2004
HCPCS CODES AND MODIFIERS:
Added: E0301, E0302, E0303, E0304
Deleted: K0549, K0550
INDICATIONS AND LIMITATIONS OF COVERAGE:
Added references to new codes and removed deleted codes.

CODING GUIDELINES:
Added references to new codes and removed deleted codes. Updated unbundling tables to include new codes.

Revision effective date: 04/01/2003

HCPCS CODES AND MODIFIERS:
Added: EY modifier

INDICATIONS AND LIMITATIONS OF COVERAGE:
Adds standard language concerning coverage of items without an order

DOCUMENTATION REQUIREMENTS:
Adds standard language concerning use of EY modifier for items without an order

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

04/01/2002 - HCPCS code E0316 added to policy. Deleted requirement to list ICD-9 diagnosis codes for bed cradles (E0280).

10/01/2001 - Consolidated DMERC policies for all types of hospital beds and their accessories. The revision involves coding guidelines and the newer codes for heavy duty and extra heavy duty beds.

06/01/1994 – Clerical correction.

12/01/1993 – Corrected HAO to HA0 in Documentation section.

Last Reviewed On Date

Related Documents

Article(s)
A37213 - Hospital Beds And Accessories - Policy Article - Effective January 2008

LCD Attachments

There are no attachments for this LCD
**Contractor Information**

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**Article Information**

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<tr>
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<tr>
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**Primary Geographic Jurisdiction**

Connecticut  
District of Columbia  
Delaware  
Massachusetts  
Maryland  
Maine  
New Hampshire  
New Jersey  
New York - Entire State  
Pennsylvania  
Rhode Island  
Vermont

**Original Article Effective Date**

01/01/2006
**Article Text**

**NONMEDICAL NECESSITY COVERAGE AND PAYMENT RULES**

A bed board (E0273, E0315) is noncovered since it is not primarily medical in nature.

An over bed table (E0274, E0315) is noncovered because it is not primarily medical in nature.

Trapeze bars attached to a bed (E0910, E0911) are noncovered when used on an ordinary bed.

**CODING GUIDELINES**

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 with manual head and leg elevation adjustments.

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

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

An ordinary bed is one which is typically sold as furniture. It may consist of a frame, box spring and mattress. It is a fixed height and may or may not have head or leg elevation adjustments.

E0301 and E0303 are hospital beds that are capable of supporting a patient who weighs more than 350 pounds, but no more than 600 pounds.

E0302 and E0304 are hospital beds that are capable of supporting a patient who weighs more than 600 pounds.

E0316 is a safety enclosure used to prevent a patient from leaving the bed.

E1399 should be used for products not described by the specific HCPCS codes above.

A Column II code is included in the allowance for the corresponding Column I code when provided at the same time and must not be billed separately at the time of billing the Column I code.

<table>
<thead>
<tr>
<th>Column I</th>
<th>Column II</th>
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<tbody>
<tr>
<td>E0250</td>
<td>E0271, E0272, E0305, E0310</td>
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<tr>
<td>E0251</td>
<td>E0305,E0310</td>
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<td>E0255</td>
<td>E0271,E0272,E0305,E0310</td>
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<td>E0256</td>
<td>E0305,E0310</td>
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<td>E0260</td>
<td>E0271,E0272,E0305,E0310</td>
</tr>
<tr>
<td>E0261</td>
<td>E0305,E0310</td>
</tr>
<tr>
<td>E0265</td>
<td>E0271,E0272,E0305,E0310</td>
</tr>
</tbody>
</table>
When mattress or bedside rails are provided at the same time as a hospital bed, use the single code that combines these items.

E0271, E0272: Mattress, innerspring/foam rubber
- When combined with E0251, bill as E0250
- When combined with E0291, bill as E0290
- When combined with E0293, bill as E0292
- When combined with E0295, bill as E0294
- When combined with E0266, bill as E0265
- When combined with E0297, bill as E0296
- When combined with E0301, bill as E0303
- When combined with E0302, bill as E0304

E0305, E0310: Bedside rails, half-length/full-length
- When combined with E0290, bill as E0250
- When combined with E0291, bill as E0251
- When combined with E0292, bill as E0255
- When combined with E0293, bill as E0256
- When combined with E0294, bill as E0260
- When combined with E0295, bill as E0261
- When combined with E0296, bill as E0265
- When combined with E0297, bill as E0266

E0271, E0272: Mattress, innerspring/foam rubber plus
E0305, E0310: Bedside rails, half-length/full-length
- When combined with E0291, bill as E0250
- When combined with E0293, bill as E0255
- When combined with E0295, bill as E0260
- When combined with E0297, bill as E0265

 Suppliers should contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC) for guidance on the correct coding of these items.
**Coverage Topic**
Durable Medical Equipment
Hospital Beds

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**Coding Information**

No Coding Information has been entered in this section of the article.

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**Other Information**

**Revision History Explanation**

3/1/2008 - In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A37213 from DME PSC TriCenturion (77011) Article A37213.

Revision Effective Date: 01/01/2008
CODING GUIDELINES:
Added E0328 and E0329

06/01/2007 - In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

Revision Effective Date: 01/01/2007
CODING GUIDELINES:
Removed examples from E1399 guidelines.

03/01/2006 - In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006
NONMEDICAL NECESSITY COVERAGE AND PAYMENT RULES:
Clarified trapeze bars and added E0911

Effective Date: 01/01/2006
LMRP converted to LCD and Policy Article

**Related Documents**

**LCD(s)**
[L5049 - Hospital Beds And Accessories](#)