Dear Physician,

Medicare provides reimbursement for certain hospital beds and related accessories when coverage criteria are met. The following information is intended to provide guidance on Medicare's coverage and documentation requirements for hospital beds and related accessories.

## Required Face-to-Face Encounter and Written Order Prior to Delivery List

Some hospital bed HCPCS codes are included in CMS' Required Face-to-Face Encounter and Written Order Prior to Delivery List. Items selected by CMS for inclusion in this list are subject to specific requirements, as conditions of payment. For detailed information on face-to-face and written order prior to delivery requirements, see CMS' Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Order and Face-to-Face Encounter Requirements webpage (https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/FacetoFaceEncounterRequirementforCertainDurableMedicalEquipment).

## Medical Necessity Documentation

CMS requires that the hospital bed be reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve the functioning of a malformed body member. Information to support the medical necessity for a hospital bed will come from your, and other qualified healthcare practitioners', documentation. A summary of the coverage criteria for hospital beds is provided below. If the below coverage criteria are not met, the hospital bed and related accessories will be denied as not reasonable and necessary.

**Hospital Bed Coverage Criteria**

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 beneficiary 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 beneficiary requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain; or,
3. 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; or,
4. The beneficiary 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 beneficiary 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 beneficiary 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 beneficiary meets one of the criteria for a fixed height hospital bed and the beneficiary'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 beneficiary meets one of the criteria for a hospital bed and the beneficiary's weight exceeds 600 pounds.

© 2024, CGS Administrators, LLC

CGS Administrators, LLC is a Medicare Part A, B, Home Health and Hospice, and DME Medicare Administrative Contractor for the Centers for Medicare & Medicaid Services.

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

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 denied as not reasonable and necessary.

**Common Hospital Bed Accessories Coverage Criteria**

*Trapeze equipment* (E0910, E0940) is covered if the beneficiary 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 beneficiary meets the criteria for regular trapeze equipment and the beneficiary'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 beneficiary's condition and they are an integral part of, or an accessory to, a covered hospital bed.

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

This article includes a brief summary of the Hospital Beds And Accessories LCD (L33820) and LCD-related Policy Article (A52508) requirements. Please refer to the complete Hospital Beds And Accessories LCD (L33820) and LCD-related Policy Articles (A52508 and A55426) located in the Medicare Coverage Database at https://www.cms.gov/medicare-coverage-database. We encourage you to review the entirety of the resources mentioned in this article, for a full description of the coverage, coding, and documentation requirements.

Your participation and cooperation with the supplier in this process will allow your patient to receive the most appropriate type of equipment. We appreciate all of your efforts in providing quality services to your Medicare patients.

Sincerely,

Smitha M. Ballyamanda MD, CAQSM
Medical Director, DME MAC, Jurisdiction A
Noridian Healthcare Solutions, LLC

Robert D. Hoover, Jr., MD, MPH, FACP
Medical Director, DME MAC, Jurisdiction C
CGS Administrators, LLC

Sunil V. Lalla, MD, FACS, CPC
Medical Director, DME MAC, Jurisdiction B
CGS Administrators, LLC

Angela S. Jenny, DO, DABFM
Medical Director, DME MAC, Jurisdiction D
Noridian Healthcare Solutions, LLC