

HOSPITAL BEDS

Policy # 90

Implementation Date: 7/19/98

Review Dates:

Revision Dates:

Disclaimer:

1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

COMMERCIAL PLAN POLICY AND CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Justification for use in the home

Hospital beds are medically justified when:

1. The condition requires positioning of the body in a manner not feasible in a standard bed (e.g., to alleviate pain, prevent contractures, or avoid secretions).
2. Management of condition requires special attachments that cannot be applied to an ordinary bed.

A variable height hospital bed may be necessary for the management of certain conditions, for example:

1. Severe arthritis or injuries to lower extremities, so the patient can sit on the edge of the bed with feet on the floor to assist in ambulation.
2. Severe cardiac conditions, where climbing into an elevated bed would be difficult due to a worsening of cardiac symptoms.
3. Spinal cord injuries, including quadriplegia and paraplegia, multiple limb amputee, and strokes.
4. Other severe debilitating conditions where the variable height feature is required to assist the patient, so they can ambulate.

Limitations/Exclusions

Continuing medical necessity for a hospital bed should be regularly monitored at intervals appropriate to the patient's likely course of improvement, if any.

Notes

These same factors, including overall prognosis for longevity, should be weighed when determining whether to purchase or rent a hospital bed for the use of a specific beneficiary.

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, and InterQual criteria are not available, the **Select Health Commercial policy applies**. For the most up-to-date Medicare policies and coverage, please visit their search website <http://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search1.asp> or [the manual website](#)

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the **Select Health Commercial criteria will apply**. For the most up-to-date Medicaid policies and coverage, please visit

their website <http://health.utah.gov/medicaid/manuals/directory.php> [Utah Medicaid Information Bulletin \(MIB\)](#) or the [Utah Medicaid code Look-Up tool](#)

Applicable Codes

HCPCS Codes	Descriptions
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches 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 inches above the spring, includes mattress

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate healthcare providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Select Health® makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. Select Health updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or Select Health members.

Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Provider Relations at (801) 442-3692.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Select Health.

"Intermountain Healthcare" and its accompanying logo, the marks of "Select Health" and its accompanying marks are protected and registered trademarks of the provider of this Service and or Intermountain Health Care, Inc., IHC Health Services, Inc., and Select Health, Inc. Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use.

© CPT Only – American Medical Association