

	<h2>Hospital Bed Guidelines</h2>	
Guideline # 6183	Categories Clinical → Care Coordination, Care Coordination – Utilization management , TCHP Guidelines	This Guideline Applies To: Texas Children's Health Plan
		Document Owner Lisa Fuller

GUIDELINE STATEMENT:

Texas Children's Health Plan (TCHP) performs authorization of all Hospital Beds.

The following procedure codes are used when billing for the rental or purchase of pediatric hospital beds, cribs, and equipment: E1090*, E0300, E0316, E0328, E0329, E1399, K0739* (*E0190 and K0739 are for purchase only).

DEFINITIONS:

Hospital beds are a specialty bed used primarily in the treatment of individuals with an illness or injury. It must contain the following elements in order to be considered for authorization:

- A headboard
- A footboard
- A mattress
- Side rails of any type (A side rail is defined as a hinged or removable rail, board, or panel of any height.)
- An articulating frame that allows adjustment of the head and foot of the bed

Note: Without all the components listed above, Texas Medicaid will not consider a request for any hospital bed.

Pediatric Hospital Bed

A pediatric hospital bed (E0328, E0329) or pediatric crib (E0300) is defined as a fully enclosed bed with all of the following features:

- A bed that allows adjustment of the head and foot of the bed.
- A manual pediatric hospital bed or pediatric crib allows manual adjustment to the head and leg elevation.
- A semi-electric or fully electric hospital bed) allows manual or electric adjustments to height and electric adjustments to head and leg elevation.
- A headboard
- A footboard
- A mattress

- Side rails of any type (A side rail is defined as a hinged or removable rail, board, or panel.)

Pediatric hospital beds and pediatric cribs that do not have all of these features will not be considered for prior authorization.

Bed Descriptions:

A pediatric hospital bed (E0328, E0329) is defined as a bed that has side rails that extend 24 inches or less above the mattress. A pediatric hospital bed may be fixed or variable height. Variable height beds may be adjusted manually or electrically as required for the client's medical condition. These beds are restricted to members who are 20 years of age and younger.

A pediatric crib (E0300) is defined as a bed that has side rails that extend more than 24 inches above the mattress.

A fixed height hospital bed (E0250) is one with manual head and leg elevation adjustments but no height adjustment.

A variable height hospital bed (E0255) is one with manual height adjustment and with manual head and leg elevation adjustments.

A semi-electric hospital bed (E0260) is one with manual height adjustment and with electric head and leg elevation adjustments.

A fully electric hospital bed (E0329) is one with electric height adjustment and with electric head and leg elevation adjustments.

An ordinary bed is one that is typically sold as furniture. It is normally for use in the absence of illness or injury. It consists of a frame, box springs and mattress. It is a fixed height and has no head or leg elevation adjustments.

Power or manual lounge beds, like other ordinary beds, are typically sold as furniture and are not considered durable medical equipment or medically necessary as they are used in the absence of illness or injury. The following are examples of lounge beds:

- Craftmatic® Adjustable Bed;
- Adjust-A-Sleep Adjustable Bed;
- Electropedic® Adjustable Bed (Electropedic Beds, Burbank, CA);
- Simmons® Beautyrest® Adjustable Bed (Simmons Bedding Company, Norcross, GA);
- Adjustable, vibrating beds.

PRIOR AUTHORIZATION GUIDELINES

1. All requests for prior authorization for Hospital Beds are received via fax, phone or mail by the Utilization Management Department and processed during normal business hours.
2. The Utilization Management professional receiving the request evaluates the submitted information to determine if the documentation supports the Hospital Bed as an eligible service.
3. To request prior authorization for a Hospital Bed, the following documentation must be provided:
 - 3.1. Accurate diagnostic information pertaining to the underlying medical diagnoses or conditions to include member's overall health status. The following must be submitted:
 - Member height and weight
 - Member functional mobility status
 - Member use of any pressure-reducing support surfaces, if applicable
 - 3.2. The following documentation must be submitted for clients who are birth through 20 years of age
 - The diagnosis, medical needs, treatments, developmental level, and functional skills of the child. A diagnosis alone is insufficient information.
 - A description of any other devices that have been used, the length of time used, and why they were ineffective.
 - How the requested equipment will correct or ameliorate the member's condition beyond that of a standard crib or regular bed.
 - The name of the manufacturer and the manufacturer's suggested retail price (MSRP).
4. Medical necessity for hospital beds:
 - 4.1. A fixed-height hospital bed (E0250), pediatric hospital bed (E0328), or pediatric crib (E0300) is considered medically necessary if at least one of the following criteria are met:
 - The member has a medical condition that requires positioning of the body in ways not feasible with an ordinary bed.
 - The member's medical condition requires special positioning to alleviate pain.
 - It is necessary to elevate the head of the bed 30 or more degrees most of the time due to, but not limited to, congestive heart failure, chronic pulmonary disease or problems with aspiration, and alternative measures such as wedges or pillows, have been attempted but have failed to manage the client's medical condition.
 - The member requires traction equipment that can only be attached to a hospital bed.
 - 4.2. A variable-height hospital bed (E0255) is considered medically necessary if the member meets the criteria for a fixed-height hospital bed and requires a bed height that is different from a fixed-height hospital bed to permit transfers in and out of the bed to a chair, wheelchair, or

standing position. Medical conditions that require a variable-height hospital bed includes, but is not limited to:

- Severe arthritis and other injuries to lower extremities that require the variable height feature to assist in ambulation by enabling the member to place his or her feet on the floor while sitting on the edge of the bed.
- Fractured hips or other lower extremity injuries
- Spinal cord injuries (including quadriplegia and paraplegia), muscular dystrophies, multiple limb amputations, and stroke, where the member is able to transfer from a bed to a wheelchair with or without help.
- Severe cardiac conditions, where the member is able to leave the bed, but must avoid the strain of “jumping” up and down.
- Other severely debilitating diseases and conditions if the member requires a bed height different than a fixed-height hospital bed to permit transfers to a chair, wheelchair, or to a standing position.

4.3 A semi-electric hospital bed (E0260), which allows electric adjustments to height and head and leg elevation, is considered medically necessary if the individual meets the criteria for a fixed height bed and requires frequent changes in body position or might require an immediate change in body position to avert a life-threatening situation.

4.4 A fully-electric hospital bed (E0329), which allows electric adjustments to height and head and leg elevation, may be considered for prior authorization when all of the following criteria are met:

- The member has paraplegia or hemiplegia
- The fully-electric hospital bed will allow the member to have functional independence with self-care.
- Documentation must include an attestation statement from the member’s treating physician or physical or occupational therapist that verifies a determination has been made that the fully-electric hospital bed will allow the member to independently meet their daily self-care needs.

4.5 A heavy-duty, extra-wide hospital bed (E0303) is considered medically necessary if the individual meets criteria for a hospital bed **AND** the individual's weight is more than 350 pounds, but does not exceed 600 pounds.

4.6 An extra heavy-duty, extra wide hospital bed (E0304) is considered medically necessary if the individual meets criteria for a hospital bed **AND** the individual's weight exceeds 600 pounds.

4.7 An enclosed pediatric hospital bed or pediatric crib (E0300, E0316, E0328, E0329) is considered medically necessary for individuals with seizures, disorientation, vertigo, and similar neurological disorders, when needed for patient safety.

- Clinical documentation must be provided that states less invasive strategies (i.e., bed rails, bed rail protectors, or environmental modifications) have been tried and have not been successful.
- The purchase of a safety enclosure, frame, canopy or bubble top (E0316) may be a benefit when the protective crib top or bubble top is for safety use. It is not considered a

benefit when it is used prevent member from leaving the bed or for the convenience of family or caregivers.

5. Non-covered Items. The following types of beds will not be considered for prior authorization, because they are not considered medically necessary or are inappropriate for use in the home setting:
 - 5.1 Institutional type beds (E0270)
 - 5.2 An ordinary or standard bed typically sold as furniture (See **Definitions, Bed Descriptions**)
 - 5.3 All non-hospital adjustable beds available to the general public as furniture.
 - 5.3.1 These types of beds are a comfort and convenience item and are not considered durable medical equipment by Texas Medicaid. They are not primarily used in the treatment of disease or injury, and are normally used in the absence of illness or injury.
 - 5.4 Power or manual lounge beds per **Definitions, Bed Descriptions**
 - 5.5 Adjustable, vibrating beds
 - 5.6 Hospital beds without rails. Side rails are an integral part of a medically necessary bed.
 - 5.7 Beds with rails of any height that do not allow head and foot elevation (e.g., platform beds with rails), and are primarily used to prevent clients from leaving the bed. This types of beds are not primarily medical in nature.
6. Requests for mattresses for pressure sores, replacements of bed rails and frames, and any other hospital bed accessory not specifically identified in this guideline will be subject to the medical policy documented in the current Texas Medicaid Provider Procedures Manual.
7. Requests that do not meet the criteria established by this procedure will be referred to a TCHP Medical Director/Physician Reviewer for review and the Denial Policy will be followed.
8. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

Table A: Procedure Codes for Hospital Bed and Hospital Bed Accessories

Description	CPT Code
pediatric hospital bed	E0300, E0316, E0328, E0329
pediatric crib	E0300
fixed height hospital bed	E0250
variable height hospital bed	E0255
semi-electric hospital bed	E0260
fully electric hospital bed	E0329
heavy-duty, extra-wide hospital bed	E0303
extra heavy-duty, extra wide hospital bed	E0304
reflux swings	E1399
safety enclosure, canopy, or bubble top	E0316
reflux wedges and positional devices including positioning pillows and cushions	E0190 with modifier UD (limited once per 3 years)
mattress of any size with innerspring	E0271
replacement rails and hospital bed frame padding	E0315

REFERENCES:

Government Agency, Medical Society, and Other Publications:

Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook, Section 2.2.14-Hospital Beds and Equipment; Section 2.2.14.1 Hospital Beds; Section 2.2.14.2 Pediatric Hospital Bed, Accessed February 4, 2025.
<https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/archives/2025-02-TMPPM.pdf>

Peer Reviewed Publications:

Sherburne E, Snethen JA, Kelber S. Safety Profile of Children in an Enclosure Bed. Clin Nurse Spec. 2017 Jan/Feb;31(1):36-44. doi: 10.1097/NUR.0000000000000261. PMID: 27906732.

Curley MAQ, Hasbani NR, Quigley SM, Stellar JJ, Pasek TA, Shelley SS, Kulik LA, Chamblee TB, Dilloway MA, Caillouette CN, McCabe MA, Wypij D. Predicting Pressure Injury Risk in Pediatric Patients: The Braden QD Scale. J Pediatr. 2018 Jan;192:189-195.e2. doi: 10.1016/j.jpeds.2017.09.045. PMID: 29246340.

McInnes E, Jammali-Blasi A, Bell-Syer SE, Leung V, Cochrane Wounds Group School of Nursing, Midwifery and Paramedicine, Australian Catholic University, Nursing Research Institute, St Vincent's Health Australia (Sydney) and Australian Catholic University (ACU). Support surfaces for pressure ulcer prevention. *Cochrane Database Syst Rev*. 2018;(10):CD009490. Published 2018 Oct 11. doi:10.1002/14651858.CD009490.pub2

Status	Date	Action
Approved	02/13/2025	Clinical & Administrative Advisory Committee Reviewed and Approved for Implementation

Original Document Creation Date: 10/21/2016	This Version Creation Date: 03/19/2024	Effective/Publication Date: 03/21/2024
---	--	--