

**References: L33820, A52508, NCD 280.1 and NCD 280.7**

### **Hospital Beds E0250, E0251, E0255, E0256, E0260, E0261, E0265, E0266, E0290–E0297, E0301–E0304**

- Face-to-Face Examination (F2F)
  - Date stamp indicating supplier's date of receipt of F2F on or before date of delivery
- Written Order Prior to Delivery (WOPD)
  - Date stamp indicating supplier's date of receipt for WOPD on or before date of delivery

### **Pediatric Hospital Beds E0328, E0329 and Accessories and Supplies**

- Dispensing Order, if applicable
- Detailed Written Order (DWO)

### **All Hospital Beds, Accessories and Supplies**

- Beneficiary Authorization
- Proof of Delivery (POD)
  - Method 1 - Direct Delivery to the Beneficiary by the Supplier  
**The date the beneficiary/designee signs for the equipment is to be the date of service of the claim.**
  - Method 2 - Delivery via Shipping or Delivery Service  
**The shipping date is to be the date of service of the claim.**
- Continued Need
- Continued Use

### **Medical Records**

**Fixed Height Hospital Beds (E0250, E0251, E0290, E0291, E0328)**

- Medical records document one (1) or more of the following criteria are met:
  - 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 hospital bed; **or**
  - Beneficiary requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain; **or**

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- 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**
- Beneficiary requires traction equipment, which can only be attached to a hospital bed.

**Variable Height Hospital Beds** (E0255, E0256, E0292, E0293)

- Beneficiary meets criteria for a fixed height hospital bed; **and**
- Beneficiary requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.

**Semi-electric Hospital Beds** (E0260, E0261, E0294, E0295, E0329)

- Beneficiary meets criteria for a fixed height hospital bed; **and**
- Beneficiary requires frequent changes in body position and/or has an immediate need for a change in position.

**Heavy Duty Extra Wide Hospital Beds** (E0301, E0303)

- Beneficiary meets criteria for a fixed height hospital bed; **and**
- Beneficiary's weight is more than 350 pounds, but doesn't exceed 600 pounds.

**Extra Heavy Duty Hospital Beds** (E0302, E0304)

- Beneficiary meets criteria for a fixed height hospital bed; **and**
- Beneficiary's weight exceeds 600 pounds.

**Total Electric Hospital Beds** (E0265, E0266, E0296, E0297)

- Total electric beds are not covered since the height adjustment feature is a convenience feature. Claims for total electric beds will be denied as not reasonable and necessary.

**Accessories**

**Trapeze Equipment** (E0910, E0940)

- Records support that the beneficiary needs the 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)

- Records support that the beneficiary meets the criteria for regular trapeze equipment (see above) and the patient's weight is more than 250 pounds.

**Bed Cradle** (E0280)

- Records support that a bed cradle is necessary in order to prevent contact with the bed coverings.

**Side Rails** (E0305 or E0310) or **Safety Enclosures** (E0316)

- Covered when they are required by the beneficiary's condition and they are an integral part of, or an accessory to, a covered bed.

**Replacement Innerspring Mattress** (E0271) or **Foam Rubber Mattress** (E0272)

- Beneficiary owns a hospital bed that requires a mattress replacement.

## Billing Reminders

- Bed boards (E0273, E0315) and over the bed tables (E0274, E0315) are noncovered because they are not primarily medical in nature.
- Trapeze bars (E0910, E0911) are noncovered when used with an ordinary bed.
- When mattress or bedside rails are provided at the same time as a hospital bed, use the single code that combines these items.
- The KX modifier must be added to the code if all the coverage criteria noted above have been met.
- When there is an expectation of a medical necessity denial, the GA modifier must be added to the code if a valid Advance Beneficiary Notice of Noncoverage (ABN) has been obtained or a GZ modifier if a valid ABN has not been obtained.
- When a hospital bed upgrade is provided, the GA, GK, GL and/or GZ modifiers must be used to indicate the upgrade.
- A fully electric hospital bed must always be billed with an upgrade modifier.
- E0316 is a safety enclosure used to prevent a beneficiary from leaving the bed.
- E1399 should be used for products not described by specific hospital bed HCPCS codes.

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