

# Medicare Medical Policy

## Hospital Beds, Support Surfaces, and Related Accessories

MEDICARE MEDICAL POLICY NUMBER: 404

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**INSTRUCTIONS FOR USE:** Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

**SCOPE:** Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

# PRODUCT AND BENEFIT APPLICATION

Medicare Only

## MEDICARE COVERAGE CRITERIA

**IMPORTANT NOTE:** More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

Service	Medicare Guidelines	HCPCS Code(s)
<p><b>NOTE:</b> Some items or accessories may only be covered in limited situations. Please review the listed Medicare policies to confirm coverage for the individual request.</p>		
<p><i>Non-Covered Hospital Beds and Related Items or Accessories</i></p>	<ul style="list-style-type: none"> <li>• <b>HCPCS codes E0265, E0266, E0296, and E0297:</b> Local Coverage Determination (LCD): Hospital Beds And Accessories (<a href="#">L33820</a>)</li> <li>• <b>HCPCS codes E0273, E0274, and E0315:</b> Local Coverage Article (LCA): Hospital Beds And Accessories - Policy Article (<a href="#">A52508</a>)</li> <li>• <b>HCPCS code E0270, E0700, and E0710:</b> Noridian Noncovered Items webpage</li> <li>• <b>HCPCS code A9270:</b> Any service reported with this code is non-covered by definition of the code itself, but various LCDs and LCAs address specific uses of this code.</li> </ul>	<p>A9270, E0265, E0266, E0270, E0273, E0274, E0296, E0297, E0315, E0700, E0710</p>
<p><i>Hospital Beds and Related Accessories</i></p>	<ul style="list-style-type: none"> <li>• National Coverage Determination (NCD): Durable Medical Equipment Reference List (<a href="#">280.1</a>) (use this reference for bed lifters and bed elevators)</li> <li>• NCD: Hospital Beds (<a href="#">280.7</a>)</li> <li>• LCD: Hospital Beds And Accessories (<a href="#">L33820</a>)</li> </ul>	<p>Various – see <a href="#">Coding table</a> below</p>

	<ul style="list-style-type: none"> <li>LCA: Hospital Beds And Accessories - Policy Article (<a href="#">A52508</a>)</li> </ul> <p><b>NOTE:</b> Some accessories/features have criteria available to support medical necessity for coverage. When an accessory or feature is requested, but the medical necessity criteria are not met, those items are considered “convenience items.”</p>	
<i>Pressure Reducing Support Surfaces - Group 1</i>	<ul style="list-style-type: none"> <li>LCD: Pressure Reducing Support Surfaces - Group 1 (<a href="#">L33830</a>)</li> <li>LCA: Pressure Reducing Support Surfaces - Group 1 - Policy Article (<a href="#">A52489</a>)</li> </ul>	A4640, E0181, E0182, E0184, E0185, E0186, E0187, E0188, E0189, E0196, E0197, E0198, E0199, E1399
<i>Pressure Reducing Support Surfaces - Group 2</i>	<ul style="list-style-type: none"> <li>LCD: Pressure Reducing Support Surfaces - Group 2 (<a href="#">L33642</a>)</li> <li>LCA: Pressure Reducing Support Surfaces - Group 2 - Policy Article (<a href="#">A52490</a>)</li> </ul>	E0193, E0277, E0371, E0372, E0373, E1399
<i>Pressure Reducing Support Surfaces - Group 3 (Air-Fluidized Beds)</i>	<ul style="list-style-type: none"> <li>National Coverage Determination (NCD): Air-Fluidized Bed (<a href="#">280.8</a>)</li> <li>LCD: Pressure Reducing Support Surfaces - Group 3 (<a href="#">L33692</a>)</li> <li>LCA: Pressure Reducing Support Surfaces - Group 3 - Policy Article (<a href="#">A52468</a>)</li> </ul>	E0194
<i>Repair or Replacement Requests</i>	<p>Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, <a href="#">§110.2 - Repairs, Maintenance, Replacement, and Delivery, Subsections A and C</a></p> <p>See <a href="#">Policy Guidelines</a> below</p>	Varies

**IMPORTANT NOTICE:** While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member’s benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. (*Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021*)

## POLICY CROSS REFERENCES

None

The full Company portfolio of Medicare Medical Policies is available online and can be [accessed here](#).

## POLICY GUIDELINES

### DOCUMENTATION REQUIREMENTS

#### Initial Provision

The following Noridian Durable Medical Equipment Medicare Administrative Contractor (DMEMAC) documentation checklists can be used to determine if all applicable documentation to support medical necessity are available, in support of the relevant local coverage determination (LCD) and local coverage article (LCA) found above.

- [Documentation Checklist for Hospital Beds and Accessories](#)
- [Documentation Checklist for Pressure Reducing Support Surfaces - Group 1](#)
- [Documentation Checklist for Pressure Reducing Support Surfaces - Group 2](#)
- [Documentation Checklist for Pressure Reducing Support Surfaces - Group 3](#)

#### Replacement Requests

Replacement of a hospital bed (any type) or component of a hospital bed may be medically necessary when Medicare's DME replacement requirements in the Medicare coverage manual found in the criteria table are met. These include documentation of the following:

- Continued medical need for the hospital bed or pressure-reducing support surface (PRSS).
- Condition of the current hospital bed or accessory.
- Documentation that the item is not covered under manufacturer warranty, and
- Documentation that the 5-year useful lifetime of the item has been reached.
  - If replacement is requested **prior to** the 5-year useful lifetime of the item being reached, then documentation must show that the item has been lost (or stolen) or is irreparably damaged from a specific event (e.g., accident, natural disaster, etc.).

### BACKGROUND

The Durable Medical Equipment, Prosthetic, and Orthotic Services (DMEPOS) benefit originated with the Medicare program as part of the home health benefit under the *Social Security Act*. Thus, DMEPOS items are intended to assist with medical needs within the *home* environment.

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

- meet all other applicable Medicare statutory and regulatory requirements. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. “reasonable and necessary”).

Hospital beds and pressure-reducing support surfaces are both covered under the Medicare Durable Medical Equipment benefit (Social Security Act §1861(s)(6)). In order for a member’s equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determinations must be met. In addition, there are specific statutory payment policy requirements, discussed in the LCAs listed above, that also must be met. (LCAs A52508, A52489, A52490, and A52468)

## REGULATORY STATUS

### U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

## BILLING GUIDELINES AND CODING

### GENERAL

See associated local coverage articles (LCAs) for related billing and coding guidance, as well as additional coverage and non-coverage scenarios and frequency utilization allowances and limitations:

- LCA: Hospital Beds And Accessories - Policy Article ([A52508](#))
- LCA: Pressure Reducing Support Surfaces - Group 1 - Policy Article ([A52489](#))
- LCA: Pressure Reducing Support Surfaces - Group 2 - Policy Article ([A52490](#))
- LCA: Pressure Reducing Support Surfaces - Group 3 - Policy Article ([A52468](#))

### Unlisted Code E1399

HCPCS code E1399 should be used for products not described by a specific HCPCS code.

### Billing Instructions - Hospital Beds and Pressure Reducing Support Surfaces

“(b)illing a hospital bed with mattress in conjunction with a mattress-type support surface (i.e., not a support surface mattress overlay) is considered to be a claim for duplicate items (same/similar). Suppliers must not bill HCPCS codes for two types of mattresses concurrently.”<sup>2</sup> Noridian has provided billing guidance for these situations on their [DME MAC website](#).<sup>2,3</sup>

CODES*	
CPT	None
<b>Hospital Beds – Fixed Height</b>	

<b>HCPCS</b>	E0250	Hospital bed, fixed height, with any type side rails, with mattress
	E0251	Hospital bed, fixed height, with any type side rails, without mattress
	E0290	Hospital bed, fixed height, without side rails, with mattress
	E0291	Hospital bed, fixed height, without side rails, without mattress
	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
	<b>Hospital Beds – Variable Height</b>	
	E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress
	E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress
	E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress
	E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress
<b>Hospital Beds – Semi Electric</b>		
	E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress
	E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress
	E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress
	E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without 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
<b>Hospital Beds – Total Electric</b>		
	E0265	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, with mattress
	E0266	Hospital bed, total electric (head, foot and height adjustments), with any type side rails, without mattress
	E0296	Hospital bed, total electric (head, foot and height adjustments), without side rails, with mattress
	E0297	Hospital bed, total electric (head, foot and height adjustments), without side rails, without mattress
<b>Hospital Beds – Heavy Duty</b>		
	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
<b>Hospital Beds – Heavy Duty</b>		
	E0270	Hospital bed, institutional type includes: oscillating, circulating and stryker frame, with mattress
<b>Hospital Beds - Accessories</b>		
	E0271	Mattress, innerspring
	E0272	Mattress, foam rubber

E0273	Bed board
E0274	Over-bed table
E0275	Bed pan, standard, metal or plastic
E0276	Bed pan, fracture, metal or plastic
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
E0325	Urinal; male, jug-hyphentype, any material
E0326	Urinal; female, jug-hyphentype, any material
E0370	Air pressure elevator for heel
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
<b>Pressure Reducing Support Surfaces – Group 1</b>	
A4640	Replacement pad for use with medically necessary alternating pressure pad owned by patient
E0181	Powered pressure reducing mattress overlay/pad, alternating, with pump, includes heavy duty
E0182	Pump for alternating pressure pad, for replacement only
E0184	Dry pressure mattress
E0185	Gel or gel-like pressure pad for mattress, standard mattress length and width
E0186	Air pressure mattress
E0187	Water pressure mattress
E0188	Synthetic sheepskin pad
E0189	Lambswool sheepskin pad, any size
E0196	Gel pressure mattress
E0197	Air pressure pad for mattress, standard mattress length and width
E0198	Water pressure pad for mattress, standard mattress length and width
E0199	Dry pressure pad for mattress, standard mattress length and width
<b>Pressure Reducing Support Surfaces – Group 2</b>	
E0193	Powered air flotation bed (low air loss therapy)
E0277	Powered pressure-reducing air mattress
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
E0372	Powered air overlay for mattress, standard mattress length and width
E0373	Nonpowered advanced pressure reducing mattress
<b>Pressure Reducing Support Surfaces – Group 3</b>	
E0194	Air fluidized bed
<b>Miscellaneous Codes</b>	
A9270	Non-covered item or service
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories
E0700	Safety equipment (e.g., belt, harness or vest)
E0710	Restraints, any type (body, chest, wrist or ankle)

E1399	Durable medical equipment, miscellaneous
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**\*Coding Notes:**

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit. According to Medicare, “presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare.” The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. (*Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician’s Fee Schedule, A. Physician’s Services*)
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

## REFERENCES

1. Medicare NCD for Durable Medical Equipment Reference List (280.1). <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=190>. Last accessed 1/14/2026.
2. Noridian DME MAC web page. Billing Instruction - Hospital Beds and Pressure Reducing Support Surfaces. Last Updated: January 4, 2017. <https://med.noridianmedicare.com/web/jddme/policies/dmd-articles/billing-instruction-hospital-beds-and-pressure-reducing-support-surfaces>. Last accessed 1/14/2026.
3. Noridian DME MAC web page. Hospital Beds. Last Updated: March 12, 2025. <https://med.noridianmedicare.com/web/jddme/dmepos/hospital-beds>. Last accessed 1/14/2026.

## POLICY REVISION HISTORY

DATE	REVISION SUMMARY
6/2024	New Medicare Advantage medical policy
3/2025	Annual review, no criteria changes
3/2026	Annual review, no criteria changes