

POLICY TITLE	HOSPITAL AND SPECIALIZED BEDS
POLICY NUMBER	MP-6.001

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**I. POLICY**

A **fixed height hospital bed** may be considered **medically necessary** when ONE or more of the following criteria are met:

- The patient has a medical condition, which requires positioning of the body for alleviation of pain, good body alignment, prevent contractures or avoid respiratory infections that is not feasible in an ordinary bed;
- The patient 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 aspirations. The use of pillows or wedges must have been considered and ruled out; or
- The patient requires traction equipment, which cannot be attached to an ordinary bed.

**Hospital bed with the variable height feature** may be considered **medically necessary** when the hospital bed is approved for coverage as a fixed height hospital bed and meets ONE of the following criteria:

- The patient has severe arthritis or other injuries to the lower extremities (e.g., fractured hip). This condition requires the variable height feature to assist the patient to ambulate by enabling the patient to place his/her feet on the floor when sitting on the edge of the bed.
- The patient with a severe cardiac condition who is able to leave bed, but must avoid the strain of “jumping” up or down;
- For patients who are able to transfer from bed to wheelchair, with or without help. This would be such conditions as spinal cord injuries, including quadriplegia or paraplegia, multiple limb amputee or stroke patients; or
- Other severely debilitating diseases or conditions, when the variable height feature is required to assist the patient to ambulate.

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A **semi-electric hospital bed** may be considered **medically necessary** if the patient meets the requirements 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 hospital bed** may be considered **medically necessary** if the patient meets one of the criteria for a fixed height hospital bed and the patient’s weight is more than 350 pounds, but does not exceed 600 pounds.

An **extra heavy duty hospital bed** may be considered **medically necessary** if the patient meets the criteria for a fixed height hospital bed and the patient’s weight exceeds 600 pounds.

An **air-fluidized** or **low-air-loss** bed may be considered **medically necessary** when used in the treatment of pressure injuries and extensive burns for non-ambulatory bedridden patients when ALL of the following criteria are met:

- The patient has exhausted conservative treatment without improvement;
- An adult caregiver is available to assist the patient with the basic activities of daily living (BADL);
- The patient has ONE or more of the following conditions:
  - Two or more Stage III, Stage IV, or unstageable pressure injuries.
  - Suspected deep tissue injury
  - Is within 60 days of myocutaneous flap or skin graft
- The patient is at moderate to high risk for development of pressure injuries as evidenced by a Braden scale score of less than 14 in an adult or a Braden Q scale score of less than 21 in a child.
- Contraindications have been excluded, including ALL of the following:
  - Pulmonary disease
  - Moist dressings that are not protected with impervious covering
  - Inadequate structural support for weight of air-fluidized bed
  - Insufficient electrical system for anticipated increase in electricity consumption
- A healthcare professional with training and expertise in wound care has evaluated the patient and recommended an active bed support surface.

A pediatric hospital bed, including a pediatric hospital bed with 360° side enclosures, is considered **medically necessary** when the individual meets all of the medical necessity criteria for one of the hospital **beds** specified above.

A canopy enclosure **as an accessory** to a hospital bed is **medically necessary** when the following criteria are met.

- Criteria for a hospital bed listed above is met
- There is a medical condition that requires a safety enclosure

**MEDICAL POLICY**

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- Less restrictive options are unsuccessful.

The following beds or accessories are considered safety/convenience items and **not medically necessary**:

- Safety bed systems (e.g., KayserBetten Secure Sleep Systems, SleepSafe Bed, Hannah Safety Bed, Dream Series, Safety Sleeper™)
- Safety accessories such as enclosures/canopies for a bed other than a hospital bed (e.g., Vail® Enclosed Bed Systems, Posey Bed Canopy beds)
- Bed Rocker and rocking beds

Hospital beds of any type will be considered **not medically necessary** if the patient does not meet the above criteria.

Kinetic (Oscillating) beds and hospital grade beds (including pediatric hospital grade beds) are considered institutional equipment and inappropriate for home use.

Power or Manual Lounge Beds (i.e., Adjust A Bed, Craftmatic Bed, or Electra-Rest bed) are considered convenience items, as they are not hospital beds nor primarily medical in nature.

Total Electric Hospital Beds (adult and pediatric) which include a height adjustment feature are considered convenience items.

Home use of the **air-fluidized or low-air-loss bed** is considered **not medically necessary** under **any** of the following circumstances:

- The patient requires wound care treatment with wet soaks or has moist wound dressings that are not protected with non-permeable covering such as a plastic-based wrap;
- The caregiver is unable to provide the type of care necessary to maintain a patient on an air fluidized bed;
- Structural support is inadequate to sustain an air fluidized system’s weight of 1600 pounds or more; or
- The home electrical system is insufficient for the anticipated increase in energy consumption.

**Bed Accessories:**

- **Trapeze equipment** may be considered **medically necessary** if the patient requires the device to sit up due to respiratory conditions, to change body position for other medical reasons, or to get in or out of bed.
- **Bed Cradle** may be considered **medically necessary** to prevent contact with bed coverings.
- **Side Rails** may be considered **medically necessary** when they are required by the patient’s condition and they are an integral part of, or an accessory to, a hospital bed.

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- **Support Surfaces:** Alternating Pressure Pads and Mattresses, Water and Pressure Pads and Mattresses, Gel flotation Pads or Mattresses and Lambs Wool Pads, etc. may be considered **medically necessary** if the patient has or is highly susceptible to decubitus injuries and the patient’s physician has specified that he/she will be supervising its use in connection with the course of treatment.

Bed boards and over bed tables are considered convenience items and therefore **not medically necessary**.

*Cross-reference:*

**MP-6.026** Durable Medical Equipment

**II. PRODUCT VARIATIONS**

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This policy is applicable to all programs and products administered by Capital BlueCross unless otherwise indicated below.

**III. DESCRIPTION/BACKGROUND**

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Durable Medical Equipment (DME), also referred to as Home Medical Equipment (HME), is any equipment which provides therapeutic benefits to a patient with a specific illness, injury, or medical condition. Hospital beds (manual or electric) and other specialized beds, such as active (dynamic) beds, may be considered durable medical equipment.

Active (dynamic) beds include air-fluidized (e.g. Clinitron, FluidAir), low-air-loss beds (e.g. Flexicair, KinAir), or rotating (oscillating) beds. A low-air-loss mattress consists of air sacs through which warmed air passes. An air-fluidized mattress contains silicone-coated beads that liquefy when air is pumped through them. An active bed is one potential component of a comprehensive pressure injury prevention protocol.

A kinetic (oscillating) bed is a programmable bed that turns on its longitudinal axis, intermittently or continuously. Kinetic bed therapy has been proposed for those with acute respiratory conditions, but published literature indicates that it offers no advantage in pressure injury prevention.

In addition to beds, various overlay support surfaces (dynamic and static) are utilized as part of a treatment program for the prevention of pressure injuries. Dynamic overlays include systems with alternating surfaces powered by a pump. Static support surfaces include air, fluid or gel filled overlays, foam mattresses and sheepskin.

On March 22, 2005, the U.S. Food and Drug Administration (FDA) and the U.S. Department of Justice initiated seizures of all finished Vail 500, 1000, and 2000 Enclosed Bed Systems on the ground that use of these systems poses a public health risk because patients can become entrapped and suffocate, resulting in severe neurological damage or death.

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A number of scales have been proposed for assessing risk for pressure injury development. The Braden scale is used across many settings and subpopulations, and has been determined to be valid and reliable. The Braden scale risk levels have been adapted to pediatrics in the form of the Braden Q scale. The lower the Braden scale score, the higher the level of risk for developing pressure injuries.

**IV. DEFINITIONS**

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**BASIC ACTIVITIES OF DAILY LIVING (BADL)** include and are limited to walking in the home, eating, bathing, dressing, and homemaking.

**PRESSURE INJURY** is a type of wound that forms as a result of prolonged pressure against areas of the skin. This is commonly seen over the bony prominences, such as sacrum and heels, in bedridden and/or wheelchair confined individuals. Pressure injuries are classified into the following stages (and an unstageable category), to signify the degree of skin damage:

- **Stage 1 Pressure Injury: Non-blanchable erythema of intact skin**  
Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.
- **Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis**  
Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions).
- **Stage 3 Pressure Injury: Full-thickness skin loss**  
Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.
- **Stage 4 Pressure Injury: Full-thickness skin and tissue loss**  
Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by

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anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

- Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss**  
 Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.
- Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration**  
 Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.
- Medical Device Related Pressure Injury:**  
**This describes an etiology.**  
 Medical device related pressure injuries result from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure injury generally conforms to the pattern or shape of the device. The injury should be staged using the staging system.
- Mucosal Membrane Pressure Injury:** Mucosal membrane pressure injury is found on mucous membranes with a history of a medical device in use at the location of the injury. Due to the anatomy of the tissue these ulcers cannot be staged.

V. **BENEFIT VARIATIONS**

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The existence of this medical policy does not mean that this service is a covered benefit under the member’s contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member’s individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member’s benefit information or contact Capital BlueCross for benefit information.

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**VI. DISCLAIMER**

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*Capital BlueCross’s medical policies are developed to assist in administering a member’s benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member’s benefit information, the benefit information will govern. Capital BlueCross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.*

**VII. CODING INFORMATION**

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**Note:** This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

**Kinetic (Oscillating) and hospital grade beds (including pediatric hospital grade beds) are considered institutional equipment and inappropriate for home use:**

HCPCS Code	Description
E0270	Hospital bed, institutional type includes: oscillating, circulating and Stryker frame, with mattress
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure

**Over-Bed Table and Bed Boards are considered convenience items and not medically necessary: therefore they are not covered.**

HCPCS Code	Description
E0273	Bed board
E0274	Over-bed table
E0315	Bed accessory: board, table, or support device, any type

**Total Electric Hospital Beds (adult and pediatric), which include a height adjustment feature are considered convenience items and not medically necessary:**

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<b>HCPCS Code</b>	<b>Description</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

**Pediatric safety beds, manufactured as a unit (e.g. KayserBetten Sleep Systems, SleepSafe Beds, and Dream Series Beds), are considered convenience items and not medically necessary:**

<b>HCPCS Code</b>	<b>Description</b>
E1399	Durable medical equipment, miscellaneous

**Power or Manual Lounge Beds (i.e., Craftmatic®, AdjustaBed, Electra-Rest bed) are considered convenience items and not medically necessary:**

<b>HCPCS Code</b>	<b>Description</b>
E1399	Durable medical equipment, miscellaneous

**Bed Rocker or Rocking Bed is considered a safety/convenience item and not medically necessary:**

<b>HCPCS Code</b>	<b>Description</b>
E0462	Rocking bed, with or without side rails

**An air-fluidized or low-air-loss bed may be considered medically necessary in the treatment of pressure injuries and extensive burns for non-ambulatory bedridden patients when ALL the criteria are met:**

<b>HCPCS Code</b>	<b>Description</b>
E0193	Powered air flotation bed (low air loss therapy)
E0194	Air fluidized bed

**Fully enclosed pediatric crib or hospital bed with 360° side enclosures is covered when medically necessary:**



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<b>HCPCS Code</b>	<b>Description</b>
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 in 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 in above the spring, includes mattress

**Covered when Medically Necessary Hospital Beds:**

<b>HCPCS Code</b>	<b>Description</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
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
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
E0290	Hospital bed, fixed height, without side rails, with mattress
E0291	Hospital bed, fixed height, without 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
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
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

**Covered when Medically Necessary Mattresses, Support Surfaces, and Supplies:**

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<b>HCPCS Code</b>	<b>Description</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
E0271	Mattress, inner spring
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
E0272	Mattress, foam rubber
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

**Covered when Medically Necessary Hospital Bed Accessories:**

<b>HCPCS Code</b>	<b>Description</b>
E0280	Bed cradle, any type
E0305	Bedside rails, half-length
E0310	Bedside rails, full-length
E0316	Safety enclosure frame/canopy for use with hospital bed, any type
E0910	Trapeze bars, also known as 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, freestanding, complete with grab bar
E0940	Trapeze bar, freestanding, complete with grab bar
E0912	Trapeze bar, heavy-duty, for patient weight capacity greater than 250 pounds, freestanding, complete with grab bar
E0940	Trapeze bar, freestanding, complete with grab bar

*\*Specific diagnosis codes do not apply, unless indicated above in the policy statement*

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VIII. REFERENCES

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*Berlowitz D. Prevention of pressure ulcer and soft tissue injury. In: UpToDate Online Journal [serial online]. Waltham, MA: UpToDate; updated March 28, 2018[Website]: [www.uptodate.com](http://www.uptodate.com). Accessed April 2, 2018.*

*Durable Medical Equipment Regional Carrier (DME MAC JA) Region JA Noridian Healthcare Solutions, LLC Local Coverage Determination (LCD) L33820. Hospital Beds and Accessories. Effective 1/1/17 [Website]: <https://med.noridianmedicare.com/documents/2230703/7218263/Hospital+Beds+And+Accessories+LCD+and+PA>. Accessed April 2, 2018.*

*Durable Medical Equipment Regional Carrier (DME MAC JA) Region JA Noridian Healthcare Solutions, LLC Local Coverage Determination (LCD) L33830 Pressure Reducing Support Surfaces-Group 1. Effective 01/01/17, [Website]: <https://med.noridianmedicare.com/documents/2230703/7218263/PRSS+Group+1>. Accessed April 2, 2018.*

*Durable Medical Equipment Regional Carrier (DME MAC JA) Region JA Noridian Healthcare Solutions, LLC Local Coverage Determination (LCD) L33642. Pressure Reducing Support Surfaces-Group 2. Effective 05/25/17 [Website]: <https://med.noridianmedicare.com/documents/2230703/7218263/PRSS+Group+2>. Accessed April 2, 2018.*

*Durable Medical Equipment Regional Carrier (DME MAC JA) Region JA Noridian Healthcare Solutions, LLC Local Coverage Determination (LCD) L33692. Pressure Reducing Support Surfaces-Group 3. Effective 01/01/17. [Website]: <https://med.noridianmedicare.com/documents/2230703/7218263/PRSS+Group+3>. Accessed April 2, 2018.*

*Goldhill DR, Imhoff M, McLean B, Waldmann C. Rotational bed therapy to prevent and treat respiratory complications: a review and meta-analysis. American Journal of Critical Care 2007; 16(1):50-61.*

*Hill-Rom. Clinitron Air Fluidized Therapy Bed [Website]: <https://www.hill-rom.com/usa/Products/Category/Wound-Therapy-Systems/Clinitron-RiteHite-Air-Fluidized-Beds/>. Accessed April 2, 2018.*

*Kilman, C. Pressure Ulcers and Wound Care. eMedicine. Updated March 15, 2017. [Website]: <http://emedicine.medscape.com/article/190115-overview>. Accessed April 2, 2018.*

*National Pressure Ulcer Advisory Panel (NPUAP). Updated Staging System. 2016[Website]: <http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages>. Accessed April 2, 2018.*

## MEDICAL POLICY

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*Prevention Plus. Braden Scale for Predicting Pressure Sore Risk*©. [Website]:

[https://www.in.gov/isdh/files/Braden\\_Scale.pdf](https://www.in.gov/isdh/files/Braden_Scale.pdf).

Accessed April 2, 2018.

*Reger SI, Ranganathan VK, Sahgal V. Support surface interface pressure, microenvironment, and the prevalence of pressure ulcers: an analysis of the literature. Ostomy Wound Management 2007; 53(10):50-8.*

*Stechmiller JK, et al. Guidelines for the prevention of pressure ulcers. Wound Repair and Regeneration 2008; 16(2):151-68.*

*Taber's Cyclopedic Medical Dictionary 20<sup>th</sup> edition.*

*Hospital Bed Safety Workgroup (HBSW). Your Helpful Guide to Bed Safety. Bed Entrapment Guide [Website]: <http://www.directsupply.com/resources/products-services/bed-entrapment-guide.pdf>. Accessed April 2, 2018.*

*Wellness Nordic. The wellness Nordic bed rocker- relaxation for bedridden patients. [Website]: <http://www.wellnessnordic.com/eng/products/wn-bed-rocker/>. Accessed April 2, 2018.*

## IX. POLICY HISTORY

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<b>MP 6.001</b>	<b>CAC 1/27/04</b>
	<b>CAC 8/31/04</b>
	<b>CAC 8/30/05</b>
	<b>CAC 9/27/05</b>
	<b>CAC 3/27/07</b>
	<b>CAC 3/25/08</b>
	<b>CAC 3/31/09 Consensus</b>
	<b>CAC 5/25/10 Consensus</b>
	<b>CAC 4/26/11 Consensus</b>
	<b>CAC 10/30/12 Consensus review.</b> References updated; no changes to policy statements. Codes reviewed.
<b>CAC 11/26/13 Consensus.</b> References updated. No change to policy statements. Codes reviewed, no changes.	
<b>CAC 11/25/14 Consensus review.</b> References updated. No changes to the policy statements.	
<b>11/2/15 Administrative change.</b> LCD numbers changed from L5049, L11578, L11579, L50691 to L33820, L33830, L33642, L33692 due to Novitas update to ICD-10.	
<b>CAC 3/29/16 Minor review.</b> Added statements regarding pediatric hospital beds. References updated. Coding reviewed/updated. Changed DME Medicare carrier from NHIC to Noridian for 7/8/16.	
<b>Admin update 1/1/17:</b> Product variation section reformatted.	

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	<p><b>CAC 5/23/17 Consensus review.</b> Changed the word “ulcer” to “injury” per the National Pressure Ulcer Advisory Panel (NPUAP) who redefined the definition of pressure injuries during the NPUAP 2016 Staging Consensus Conference that was held April 8-9, 2016. No change to intent of policy statements. References updated. Changed definition of pressure injury stages to match NPUAP. Coding Reviewed.</p>
	<p><b>1/1/18 Admin Update:</b> Medicare variations removed from Commercial Policies.</p>
	<p><b>2/14/18 Consensus review.</b> No change to policy statements. References reviewed.</p>
	<p><b>4/2/18 Minor review.</b> Added bed rocker, rocking beds, bed boards, over bed tables and hospital grade beds (including pediatric hospital grade beds) as not medically necessary. Coding reviewed.</p>

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