

Beds and Mattresses (for Idaho Only)

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[Instructions for Use](#)

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Related Policy

- [Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements \(for Idaho Only\)](#)

Application

This Medical Policy only applies to the state of Idaho, including Idaho Medicaid Plus plans.

Coverage Rationale

State-Specific Criteria

For medical necessity clinical coverage criteria for hospital beds and accessories, refer to the [Idaho Medicaid Provider Handbook, Suppliers, Chapter 5.22: Hospital Beds](#).

For medical necessity clinical coverage criteria for pressure reducing support surfaces:

- **Group 2** (Low Air Loss or Powered Flotation without Low Air Loss), refer to the DME MAC LCD for [Pressure Reducing Support Surfaces – Group 2 \(L33642\)](#).
- **Group 3** [Air-Fluidized Bed (Bead Bed)], refer to the DME MAC LCD for [Pressure Reducing Support Surfaces – Group 3 \(L33692\)](#).

Non State-Specific Criteria

Safety Enclosure With Beds

Safety enclosure with beds (e.g., adult bed, safety enclosure) are covered as DME for individuals that have a risk for safety in bed when all of the following criteria are met:

- Use of equipment is required due to a diagnosis related to cognitive impairment (e.g., traumatic brain injury, cerebral palsy, seizure disorder) or a severe behavioral disorder
- Medications to address seizures and/or disruptive or harmful behaviors have been optimized or are not appropriate
- There is a safety risk that includes but is not limited to any of the following:
 - Claustrophobia
 - High risk of falls due to a clinical condition
 - Uncontrolled movements
 - Violent or self-destructive behaviors such as uncontrolled head banging
- Less intensive alternatives methods such as the following have been tried as appropriate and have not been successful or are contraindicated:
 - Mattress placed on the floor
 - Medical helmet
 - Removal of all safety hazards

- Side rails
- Weighted blankets

Note: Safety enclosure with beds (e.g., Posey) should be coded with HCPCS code E0316.

Medical Records Documentation Used for Reviews

Benefit coverage for health services is determined by the federal, state, or contractual requirements, and applicable laws that may require coverage for a specific service. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the services requested.

The patient's medical record must contain documentation that fully supports the medical necessity for the requested services. This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
E0193	Powered air flotation bed (low air loss therapy)
E0194	Air fluidized bed
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
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
E0277	Powered pressure-reducing air mattress
E0280	Bed cradle, any type
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
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
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

HCPCS Code	Description
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
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
E1399	Durable medical equipment, miscellaneous

Description of Services

Specialty beds are designed to keep individuals with altered self-awareness and/or neurologic impairments from falling out of bed or suffering an injury. They promote safety, offering protection while the individual is asleep and while awake and moving around. Many manufacturers offer beds with fewer gaps and openings to reduce entrapment risk. Specialty beds often require caregiver assistance to exit (ECRI, 2019).

Clinical Evidence

Nawaz et al. (2007) conducted a single-centered randomized controlled trial (RCT) to assess the acceptability and efficacy of safe enclosures in agitated hospitalized patients. The SOMA Safe Enclosure was used for this intervention. A total of 49 participants were included. Participants were either randomized to standard restraints (n = 29) or the safe enclosure (n = 20). There was not a difference between groups in level of agitation, length of stay, time in restraints or total doses of medications. One participant in the standard restraint group had an injury and none in the safe enclosure group. The authors concluded for hospitalized patients requiring restraint, the SOMA Safe Enclosure was effective and more acceptable to relatives, physicians, and nurses than standard restraints.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

The collaborative efforts of the FDA and the Hospital Bed Safety Workgroup have led to the release of the Hospital Bed System Dimensional and Assessment Guidance to Reduce Entrapment. This guidance provides recommendations for manufacturers of new hospital beds and for facilities with existing beds (including hospitals, nursing homes, and private residences). Located at: <https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/hospital-beds>. (Accessed December 19, 2024)

References

Centers for Medicare and Medicaid Services. Pressure Reducing Support Surfaces-Group 2. Available at: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33642>. Accessed April 30, 2025.

Centers for Medicare and Medicaid Services. Pressure Reducing Support Surfaces-Group 3. Available at: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=33692>. Accessed April 30, 2025.

Idaho Medicaid Provider Handbook. Suppliers. 5.22. Hospital Beds. Available at: <https://www.idmedicaid.com/Provider%20Guidelines/Suppliers.pdf>. Accessed April 30, 2025.

Nawaz H, Abbas A, Sarfraz A, et al. A randomized clinical trial to compare the use of safety net enclosures with standard restraints in agitated hospitalized patients. *J Hosp Med*. 2007 Nov;2(6):385-93.

Policy History/Revision Information

Date	Summary of Changes
04/01/2026	<p data-bbox="337 201 1040 233">Medical Records Documentation Used for Reviews</p> <ul data-bbox="337 233 1463 512" style="list-style-type: none"><li data-bbox="337 233 1430 296">• Removed reference link to the guidelines titled <i>Medical Records Documentation Used for Reviews</i><li data-bbox="337 296 716 327">• Added language to indicate:<ul data-bbox="386 327 1463 512" style="list-style-type: none"><li data-bbox="386 327 1463 390">○ The patient's medical record must contain documentation that fully supports the medical necessity for the requested services<li data-bbox="386 390 1393 453">○ This documentation includes but is not limited to relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures<li data-bbox="386 453 1425 512">○ Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available upon request <p data-bbox="337 512 662 543">Supporting Information</p> <ul data-bbox="337 543 906 575" style="list-style-type: none"><li data-bbox="337 543 906 575">• Archived previous policy version CS1811D.B

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state, or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state, or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state, or contractual requirements for benefit plan coverage govern. Before using this policy, check the federal, state, or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.