

Hospital Beds

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Overview

Hospital beds are used for positioning patients.

Eligible Providers

- Medical suppliers
- Pharmacies
- Home health agencies
- Indian Health Services
- Federally qualified health centers
- Rural health clinics

TPL and Medicare

Providers must meet any provider criteria, including accreditation, for third-party insurance or for Medicare to assist members for whom Minnesota Health Care Programs (MHCP) is not the primary payer.

MHCP quantity limits and thresholds apply to all members unless only Medicare coinsurance or deductible is requested.

Eligible Members

Hospital beds are covered for eligible [MHCP](#) members who meet the medical necessity criteria.

Covered Services

Fixed-height manual hospital beds

Codes: E0250, E0251, E0290, E0291

Covered for members with one of the following:

- A medical condition that requires positioning of the body not feasible in an ordinary bed, where pillows or wedges do not meet the member's needs
- Protection needed from serious injury not feasible in an ordinary bed, where pillows or wedges do not meet the member's needs.
- A medical condition that requires special attachments, such as traction equipment, that cannot be fixed and used on an ordinary bed
- A medical condition that requires the head of the bed to be elevated more than 30 degrees, where pillows or wedges do not meet the member's needs

Variable-height manual hospital beds

Codes: E0255, E0256, E0292, E0293

Covered for members who meet criteria for a fixed-height manual hospital bed and require one of the following criteria:

- A bed height different than a fixed-height hospital bed to permit transfers in or out of the bed

- A change of bed height to enable caregivers to assist with member care

Semi-electric hospital beds

Codes: E0260, E0261, E0294, E0295

Covered for members who meet criteria for a fixed-height manual hospital bed and require one of the following criteria:

- Frequent changes in body position to alleviate pain or address a medical condition
- Immediate changes in body position to alleviate pain or address a medical condition

Total electric hospital beds

Codes: E0265, E0266, E0296, E0297

Covered for members who meet criteria for a hospital bed and both of the following criteria:

- Require a change of bed height at least once per day to allow a caregiver to assist with the member's care
- The caregiver is unable to change the bed height manually, but is able to assist with all necessary cares in bed

Bariatric, extra-heavy duty, extra wide hospital beds

Codes: E0301-E0304

Covered for members who meet criteria for the type of hospital bed requested (manual, semi-electric, total electric) and whose weight is within the capacity limits of the requested bed.

Coverage may be considered for members with daily seizure activity, uncontrolled movement disorder, or a medically necessary condition putting the member at significant risk for injury in a standard bed. Requests for a manual, semi-electric, or total electric bed must meet the criteria for the type of hospital bed requested.

Pediatric hospital beds

Codes: E0328-E0329

Covered for members who meet criteria for a manual, semi-electric or total electric hospital bed and who have medical needs best met by a pediatric-sized bed with footboard and side rails up to 24 inches above the spring. The bed must be reasonably expected to meet the member's needs for at least five years.

Enclosed beds

Codes: E0316 (enclosure), E0300 (hospital-grade enclosed crib), E1399 (Enclosed bed manufactured as a unit)

Enclosed beds are considered medically necessary and the least costly alternative only in the most extreme conditions due to the restrictive nature of the beds and the confinement they entail. Enclosed beds may be fully or partially enclosed.

Based on advice from medical consultants, MHCP considers an enclosed bed medically necessary when the member is cognitively impaired and mobile if their unrestricted mobility demonstrates significant risk for serious injury, not just a possibility of injury. Even then, it must be shown that other, less costly methods have been attempted and have failed to effectively address the problem.

Generally, such confinement is not medically necessary nor the least costly way of managing seizures or behaviors such as head banging, rocking, or similar. Issues of sensory deprivation and the potential for overuse must also be addressed in this process.

Coverage will be considered for members who have documented evidence of unsafe mobility (climbing out of bed and moving round the home, not just standing at the side of the bed).

The member must meet the following criteria:

- Diagnosis of one of the following:
 - Brain injury
 - Moderate to severe cerebral palsy
 - Seizure disorder with daily seizure activity
 - Developmental disability
 - Severe behavioral disorder
- Documentation of a specific risk from unrestricted mobility including:
 - Tonic-clonic type seizures
 - Uncontrolled perpetual movement related to diagnosis
 - Self-injurious behavior

Documentation must show that you have tried or considered, and rejected less costly alternatives, including any of the following (not all-inclusive):

- Padding around a regular or hospital bed
- Placing the mattress on the floor
- Medications to address seizures or behaviors
- Behavior modification strategies
- Helmets for head banging
- Removing safety hazards from the member's bedroom and using a child protection device on the door knob
- Baby monitors to listen to the member's activity

MHCP believes there is no clear-cut medical justification for enclosed beds. The real need is to proactively address with intervention the underlying medical or behavioral issues that give rise to the risk of harm.

Enclosed bed options and accessories

Enclosed bed options and accessories are covered if they are medically necessary and address a specific medical need of the member. All requested accessories require an evaluation from an occupational therapist or a behavioral therapist that works directly with the member. The following list of options and accessories is not all-inclusive; many additional options and accessories may be covered if medically necessary.

- High-side door system: Covered for members that have documented of being able to stand taller than or climb over the standard size side door system.
- Gel-infused mattress: Covered for members that have a documented diagnosis of dysautonomia or a condition that is exacerbated by increased temperatures.
- Padding on inside of bed: Covered for members that have a documented diagnosis of seizures or uncontrolled movement disorders.
- Semi-electric or electric articulation: Covered for members that have a documented medical reason why the caregiver is unable to use a manually adjustable bed.

Replacement mattress or bed rails

Codes: E0271-E0272 (mattress), E0305, E0310 (bed rails)

Covered when used with a patient-owned hospital bed.

When replacing a mattress on a patient-owned heavy-duty or bariatric bed, include “bariatric mattress for patient-owned bariatric bed” and the authorization number or purchase date for the bed, if known, in the Claim Notes field on the Claim Information tab or in the line item Notes field on the Services tab in MN-ITS. For X12 batch submission, refer to the [Minnesota Uniform Companion Guides](#). Use modifiers NU and U3.

Typically Noncovered Services

Some services are typically not covered but may be covered in certain situations. Refer to criteria under Typically Noncovered Services in the [Equipment and Supplies](#) section of the MHCP Provider Manual.

- Beds, which are typically sold as furniture, including adjustable beds that are not manufactured as durable medical equipment
- Orthopedic mattresses
- Waterbeds
- Oscillating and lounge beds
- Bed tables and other bed accessories
- Bedding or linens, including hypoallergenic bedding
- Heat and massage pads
- Enclosed beds for members with one-on-one caregiver supervision 24 hours per day
- The following accessories for enclosed beds:
 - Technology hub
 - Extra windows
 - Mattress protector
 - Vibration pad
 - Dual multi-side doors

Refer to information under the [Noncovered Services](#) heading in the [Billing the Member \(Recipient\)](#) section of the MHCP Provider Manual to review the conditions required to bill the member.

Authorization

Submit authorization request and required documentation to the [Authorization Medical Review Agent](#).

Hospital Bed Authorization and Documentation Requirements

Item	Authorization Requirements	Documentation Requirements
Manual hospital beds	Not required for rental or purchase	Documentation in the provider’s files must establish medical necessity as described under Covered Services in the Fixed-height manual hospital beds subsection.
Semi-electric hospital beds	Required after three months rental and for all purchases	Authorization requests must document the medical condition that requires a hospital bed, and the frequency of severity of symptoms that require repositioning. Include a description of the member’s or caregiver’s judgment and ability to operate the bed.
Total electric hospital beds	Always required for purchase or rental	Authorization requests must document the medical condition that requires a hospital bed, and the reason that changes in bed height are required. Include documentation that demonstrates that the caregiver is unable to change the bed height manually, but is able to

		assist with needed cares and transfers.
Bariatric/heavy-duty hospital beds	Required	<p>Authorization requests must document the medical condition that requires a hospital bed, and the weight of the member that justifies a heavy-duty hospital bed.</p> <p>Authorization requests for a member with daily seizures, uncontrolled movement disorder, or a medically necessary condition must include the history and nature of the seizure, movement disorder, or condition, and document the significant risk of injury in a standard hospital bed.</p>
Pediatric hospital beds	Required	<p>Authorization requests must document the medical condition that requires a manual, semi-electric or total electric hospital bed, as well as the medical condition that prevents the use of a standard size hospital bed. Include documentation of the member's current age, height and weight and expected growth.</p>
Enclosed beds	Required	<p>Complete both the Enclosed Medical Bed Authorization (DHS-4370) (PDF) and the Minnesota Health Care Programs Authorization Form (DHS-4695) (PDF). Submit completed forms to Authorization Medical Review Agent as instructed on authorization forms.</p> <p>Documentation must include a diagnosis that is directly linked to the need for the enclosed bed, a complete description of the member's mobility, documentation of the specific risk from unrestricted bedtime mobility, the member's history of injuries related to bedtime mobility, all less costly and less intrusive alternatives tried or considered and why they were rejected, and all other information requested on the authorization form.</p> <p>List all accessories and options that are not included with a standard enclosed bed, as determined by the manufacturer, on separate lines on the authorization request. List each item by HCPCS code, appropriate modifier, quantity, with the charge and medical necessity documentation for all nonstandard items.</p>

Billing

- Providers are responsible to [coordinate services](#). Refer to the [Billing Policy Overview](#) section of [Provider Basics](#) for general billing information.

- Bill using [MN-ITS 837P Professional](#). Refer to the [Billing for Durable Medical Equipment, Medical Supplies, Prosthetics and Orthotics, and Augmentative Devices MN-ITS User Manual](#) for general billing requirements and guidance when submitting claims.
- Codes E0250, E0255, E0260, E0265, E0303, E0304, E0328, and E0329 include the bed, bed rails and mattress. Do not bill rails (E0305, E0310) or mattress (E0271, E0272) within 180 days of billing these codes.
- Codes E0251, E0256, E0261, E0266, E0301, and E0302 include the bed and bed rails. Do not bill rails (E0305, E0310) within 180 days of bill these codes.
- Codes E0290, E0292, E0294 and E0296 include the bed and mattress. Do not bill mattress (E0271, E0272) within 180 days of billing these codes.
- If the member has [Medicare](#), MHCP will pay only the deductible and coinsurance on any item for which Medicare made payment, regardless of any MHCP authorization.
- If the member has Medicare, any items for which Medicare denies payment must meet MHCP coverage and authorization requirements.
- Shipping, delivery, and set-up costs are included in the MHCP maximum allowable payment and may not be separately billed to MHCP or the member.
- Hospital beds are expected to serve the member for at least five years. If a device is stolen or damaged beyond repair, a replacement device may be covered with authorization.
- Refer to [Non-Mobility Equipment Repairs](#) for billing requirements for repairs to hospital beds.