



KAISER PERMANENTE®

Mid-Atlantic States

Hospital Bed for Home-Use Medical Coverage Policy

UTILIZATION * ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
- Please refer to CMS guidelines or Medicare Coverage Database: National Coverage Determination (NCD) or Local Coverage Determination (LCD) for Medicare members.

I. **Service: Hospital bed for home use**

II. **Specialties: DME**

III. **Scope**

The policy does not address hospital bed for use in an institution or medical facility

IV. **Clinical Indication: Hospital Bed, Adult**

A hospital bed is medically necessary when the patient meets **ALL** of the following criteria:

- A. Physician's prescription for a hospital bed and bed components/accessories if needed including the required documentation cited in section VII; **and**
- B. The patient meets the criteria for the appropriate type of hospital bed below.

Hospital Bed-Type	Medical Necessity Criteria
Fixed Height Hospital Beds	<p>The patient has a medical condition that require any of the following where pillows or wedges do not meet the member's need:</p> <ol style="list-style-type: none">1. Presence of a medical condition that requires positioning of the body that is not feasible in an ordinary bed; or2. Positioning of the body for pain relief, not feasible in an ordinary bed or3. The head of the bed requires to be elevated > than 30 degrees most of the time due to problems with aspiration, chronic pulmonary disease or congestive heart failure; or <p>Note: Elevation of the head/upper body to less than 30 degrees does not require the use of a hospital bed.</p>



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	4. The patient needs special bed attachments such as traction equipment which cannot be attached to an ordinary bed.
Variable Height Hospital Beds	<ol style="list-style-type: none">1. One of the criteria for a fixed height hospital bed is met; and2. The patient's condition requires a bed height that is different than a fixed height hospital bed to permit transfer to a chair, wheelchair, or standing position. This includes but not limited to the following conditions:<ol style="list-style-type: none">a. Stroke;b. Quadriplegia or paraplegia or other spinal cord injuries;c. Lower extremity injuries;d. Fracture of the hip;e. Severe arthritis and/or other injuries to lower extremities;f. Severe cardiac conditions where straining must be avoided; org. Severe debilitating conditions where variable height features would aid in ambulation.
Semi-Electric Hospital Beds	<ol style="list-style-type: none">1. One of the criteria for a fixed height hospital bed is met; and2. Frequent changes in body position are required and/or has an immediate need for a change in body position
Heavy-Duty Extra Wide Hospital Beds	<ol style="list-style-type: none">1. One of the criteria for a fixed height hospital bed is met; and2. BMI of 45 or greater or body weight is > than 350 pounds, but does not exceed 600 pounds
Extra Heavy-Duty Hospital Beds	<ol style="list-style-type: none">1. One of the criteria for a fixed height hospital bed is met; and2. BMI of 45 or greater or body weight is > 600 pounds
Total Electric Hospital Beds	A total electric hospital bed is considered not medically necessary, as the height adjustment of the bed is a convenience feature.

V. Hospital Bed Component/Accessories

Bed features, component and/or accessories are clinically indicated when the patient meets the following criteria:

A. **Trapeze equipment** is medically necessary when the patient meets **all** of the following:

1. The patient is confined to a hospital bed; and



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2. The trapeze device is necessary to be able to sit up or to “reposition” upright because of any of the following:
 - a. Respiratory condition; **or**
 - b. To get in or out of bed; **or**
 - c. To change body position for other medical reasons.

Note:

An “attachable” trapeze bar is not covered on a non-hospital bed.

- B. **Heavy duty trapeze equipment** is medically necessary if the patient meets the criteria for regular trapeze equipment and the patient’s weight is > than 250 pounds.
- C. **Bed cradle** is medically necessary when there is a need to prevent contact with the bed cover such as but not limited to burns, decubitus or diabetic ulcers, or acute gouty arthritis.
- D. **Side rails or safety enclosure** are medically necessary when required for safety due to patient’s medical condition (such as risks for fall or climbing out of bed) or an integral part of, or an accessory to a medically necessary hospital bed.
- E. **Electric powered hospital bed adjustment** is medically necessary when:
 1. The patient’s medical condition warrants frequent changes in body position and/or no delay in body position can be tolerated; **and**
 2. The patient can operate the bed controls and cause the adjustments independently.

Note:
This feature is not appropriate if the patient is unable to control the bed controls such as spinal injury and/or brain damage.
- F. **A built-in weight scale** is medically necessary only for a non-ambulatory patient if routine monitoring of the patient’s weight or periodic weight measurement is needed.

VI. Clinical Indication: Hospital Bed, Pediatric

A. Enclosed pediatric crib or enclosed pediatric-sized hospital bed

An enclosed pediatric-sized crib or hospital bed is medically necessary when there is clinical documentation that the child meets **all** of the following:

1. Confirmed diagnosis of **any** of the following: **and**
 - a. Seizure disorder with daily seizures; **or**
 - b. Moderate to severe cerebral palsy; **or**
 - c. Brain injury; **or**
 - d. Severe behavioral disorder; **or**



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- e. Developmental disability; **or**
 - f. Neurological disorders including autism spectrum disorder
2. Cognitively impaired and mobile with unrestricted mobility; **and**
3. Documented evidence that the underlying medical and/or behavioral issue may give rise to significant risk for serious injury (e.g. not just standing on the side of the bed but climbing out of the bed and moving round the home) due to **any** of the following:
- a. Self-injurious behavior; **or**
 - b. Uncontrolled perpetual movement related to diagnosis; **or**
 - c. Tonic-clonic type seizures; **and**
4. Documentation that less costly methods to effectively address the risk of serious injury were attempted, tried or considered but unsuccessful or failed. A few examples of conventional approach to address the issue are the following (not an exhaustive list):
- a. Use of helmets for head banging; **or**
 - b. Placement of mattress on the floor; **or**
 - c. Application of padding around the regular or hospital bed; **or**
 - d. Use of bed rails and/or bed rail protectors; **or**
 - e. Environmental modifications; **or**
 - f. Medications for seizures or to address behavioral problems; **or**
 - g. Behavioral modification strategies; **or**
 - h. Safety hazards from the patient's bedroom have been removed; **or**
 - i. Use of child protection device on the doorknob; **or**
 - j. Use of baby monitor to monitor patient's activity
- B. A Safety Bed** (manual or electric) is considered a convenience item and is non-covered including but not limited to Safety bed systems (e.g. KayserBetten Secure Sleep Systems, SleepSafe Bed, Hannah Safety Bed, Dream Series, Safety Sleeper, Cubby Bed).
- C. Enclosed pediatric-sized bed option and accessories**
The bed options and accessories for an enclosed pediatric-sized bed are medically necessary when the item is intended to address a medical need based on the patient's medical condition as below (the list is not exhaustive):
1. **Padding on the inside the bed** when there is a documented diagnosis of uncontrolled movement disorders or seizures;



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2. **Gel infused mattress** in the presence of a documented diagnosis of dysautonomia or a condition that is exacerbated by increased temperatures.
3. **High door system** when there is documented evidence of the child's ability to stand taller than or climb over a standard-size door system;
4. **Semi-electric or electric articulation** in the presence of a documented medical reason why the caregiver is unable to use a manually adjusted bed.

VII. Documentation

The following information must be provided when requesting a hospital bed:

- A. Physician's order for the specific type of hospital bed including special bed attachment(s) and/or accessories if required which can only be fixed or attached to a hospital bed; **and**
- B. Medical documentation that demonstrates evidence of the following:
 1. Patient's medical diagnosis, clinical history and physical examination including age, height and weight; **and**
 2. Description, frequency and severity of symptoms associated with the condition requiring the hospital bed to help meet the patient's functional needs.
 3. For an enclosed pediatric hospital bed, clinical documentation that reflects a more conservative approach (such as bed rails, bed rail protectors, or environmental modifications) was tried but has not been successful.



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Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
06/18/2025	06/18/2025

*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.

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