Beds and Mattresses

Policy Number: MP.028.15
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➲ Instructions for Use

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Related Commercial/Individual Exchange Policy

- Durable Medical Equipment, Orthotics, Medical Supplies, and Repairs/Replacements

Community Plan Policy

- Beds and Mattresses

Application

UnitedHealthcare Commercial

This Medical Policy applies to UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

This Medical Policy applies to Individual Exchange benefit plans.

Coverage Rationale

➲ See Benefit Considerations

Indications for Coverage

Hospital beds and accessories are proven and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Durable Medical Equipment:

- Support Surfaces
- Hospital Beds, Cribs, and Accessories

Click here to view the InterQual® criteria.

Safety Enclosure With Beds

Safety enclosure with beds (e.g., pediatric enclosed bed, adult bed, safety enclosure) is covered as durable medical equipment for individuals who have a risk for safety in bed when **all** 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

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- Less intensive alternative 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

Notes:
- Safety enclosure with beds (e.g., Safety Sleeper®) should be coded with HCPCS code E0316.
- Enclosed bed systems are not covered when the purpose is to restrain the beneficiary due to behavioral conditions, caregiver need, or convenience.

Medical Records Documentation Used for Reviews

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. Medical records documentation may be required to assess whether the member meets the clinical criteria for coverage but does not guarantee coverage of the service requested; refer to the guidelines titled Medical Records Documentation Used for Reviews.

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 guideline 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
E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure

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HCPCS Code	Description
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
E0305	Bedside rails, half-length
E0310	Bedside rails, full-length
E0316	Safety enclosure frame/canopy for use with hospital bed, any type
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
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

Support surfaces include mattress overlays applied on top of a mattress, mattresses, and specialty air-fluidized beds and can be preventive or therapeutic. For individuals at risk for skin breakdown, preventive support surfaces are often incorporated into treatment. Therapeutic support surfaces are used to assist individuals with advanced pressure injuries (e.g., stage 3, stage 4, or unstageable pressure injuries).

Specialty beds are designed to keep individuals with altered self-awareness and/or neurological impairments from falling out of bed or having 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).

Benefit Considerations

Most benefit plans include coverage for proven and medically necessary hospital beds and mattresses under the Durable Medical Equipment benefit.

Coverage does not include certain support services (e.g., sheepskin pad).

Additional coverage limitations and exclusions may apply. Refer to the member specific benefit plan document for details.

Note:

- Standalone bed enclosures (e.g., Cubby® Beds) are excluded from coverage, do not meet the definition of durable medical equipment in the benefit plan, and should be coded with HCPCS code E1399.

Clinical Evidence

Sherburne et al. (2017) conducted an exploratory retrospective chart review of 208 pediatric enclosure bed encounters in an acute care setting in a 2-year period. The aims of the study were (1) to examine the use of the enclosure bed in the pediatric setting and (2) to identify the population of children in which an enclosure bed was implemented and the safety elements associated with the use of the enclosure bed. Demographics, length of stay and bed use, behavioral medications, skin breakdown, risk of falls, restraint, and sitter usage were all variables in this review. Cognitive function, no cognitive function, new cognitive impairment, and congenital cognitive impairment were three categories extracted from the charts for review. Disparities were found between groups of children, and safety variables were observed with

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enclosure bed use. Children with new-onset cognitive impairment were likely to have safety concerns and incur falls, skin breakdown, and injury during enclosure bed use. The authors concluded that the use of an enclosure bed is a reasonable intervention for certain children to ensure their safety in a hospital setting.

Nawaz et al. (2007) conducted a single-center randomized controlled trial to assess the acceptability and efficacy of safe enclosures in agitated hospitalized participants. The Soma Safe Enclosure was used for this intervention. Overall, 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 had an injury in the safe enclosure group. The authors concluded that for hospitalized participants 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). Refer to the following website for more information: https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/hospital-beds. (Accessed January 14, 2026)

References

ECRI Institute. Clinical Utility of Specialty Beds for Children With Special Needs. Plymouth Meeting (PA): ECRI Institute; November 4, 2019. (Special HTA Reports).

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):385-393.

Sherburne E, Snethen JA, Kelber S. Safety profile of children in an enclosure bed. Clin Nurse Spec. 2017 Jan/Feb;31(1):36-44.

Policy History/Revision Information

Date	Summary of Changes

07/01/2026	**Coverage Rationale**
	Indications for Coverage
	Safety Enclosure With Beds
	• Updated list of examples of safety enclosure beds:
	  ○ Added “Safety Sleeper®”
	  ○ Removed “Posey”
	• Added language to indicate enclosed bed systems are not covered when the purpose is to restrain the beneficiary due to behavioral conditions, caregiver need, or convenience
	Supporting Information
	• Updated *Description of Services*, *Benefit Considerations*, *Clinical Evidence*, *FDA*, and *References* sections to reflect the most current information
	• Archived previous policy version MP.028.14

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, check the member specific benefit plan document and any applicable federal or state mandates. 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.

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This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. 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.

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