CLINICAL MEDICAL POLICY	
Policy Name:	Manual Hospital Beds
Policy Number:	MP-156-MD-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	08/31/2026
Effective Date:	11/01/2026
Next Annual Review:	11/2027
Implementation Date:	03/18/2026
Products:	Highmark Wholecare℠ Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 4

Policy History

Date	Action
11/01/2026	Provider Effective date
04/20/2026	PARP Approval
03/18/2026	QI/UM Committee review
03/18/2026	Policy initially developed Policy created based on MAB MAB 2026012901

Disclaimer

Highmark Wholecare℠ medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark Wholecare℠ may provide coverage under the DME benefits of the Company's Medicaid products for medically necessary manual hospital beds and accessories.
This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Prior Authorization Review Panel (PARP) – A panel of representatives from within the PA Department of Human Services who have been assigned organizational responsibility for the review, approval and denial of all PH-MCO Prior Authorization policies and procedures.

Fixed Height Hospital Bed – a bed with manual head and leg elevation adjustments but no height adjustment.

Variable Height Hospital Bed – a bed with manual height adjustment and with manual head and leg elevation adjustments.

Procedures

1. Manual hospital beds and accessories may be considered medically necessary when ANY of the following criteria are met:

   For manual hospital beds, fixed or variable height:

   A. ANY ONE of the following conditions exist and wedges and/or pillows are considered insufficient to assist with positioning:
      1) Mobility impairments – for individuals who have significant difficulty repositioning themselves due to musculoskeletal or neurological disorders or injuries; OR
      2) Post-surgical recovery – for individuals recovering from major surgeries where adjustable positioning is needed to enhance recovery or serious complications; OR
      3) Chronic respiratory disorders – for individuals where elevation of the head of the bed more than 30 degrees is necessary to reduce respiratory distress and promote better oxygenation; OR
      4) Any medical condition which requires special attachments that cannot be fixed and used on an ordinary bed.

   For traction equipment:

   B. Has ANY ONE of the following conditions:
      1) Post surgical support to stabilize the affected area and facilitate healing; OR
      2) Fracture management – provides immobilization for non-surgical fractures or post-reduction stabilization of displaced fractures.

Please see InterQual® for additional hospital bed medical necessity criteria.

2. Post-payment Audit Statement
   The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare℠ at any time pursuant to the terms of your provider agreement.

Governing Bodies Approval

CMS
The Centers for Medicare and Medicaid Services (CMS) has published the following guidance:

- National Coverage Determination (NCD) Hospital Beds (280.7)
- Local Coverage Determination (LCD) Hospital Beds And Accessories (L33820)
- Local Coverage Article (LCA) Hospital Beds And Accessories – Policy Article (A52508)

Coding Requirements

Procedure Codes

HCPCS Code	Description
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS
E0251	HOSPITAL BED, FIXED HEIGHT, 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
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES 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
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS

Reimbursement

Participating facilities will be reimbursed per their Highmark Wholecare℠ contract.

Reference Sources

Pennsylvania Department of Human Services. Medical Assistance Bulletin (MAB) Prior Authorization Guidelines for Manual Hospital Beds and Accessories. January 29, 2026. Accessed on February 20, 2026.

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Hospital Beds (280.7). Accessed on February 20, 2026.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Hospital Beds and Accessories (L33820). Original Effective date October 1, 2015. Revision Effective date January 1, 2020. Accessed on February 20, 2026.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Hospital Beds and Accessories – Policy Article (A52508). Original Effective date October 1, 2015. Revision Effective date January 1, 2020. Accessed on February 20, 2026.