

HOSPITAL BED AND MATTRESS CODING AND PAYMENT UPDATE

Effective for **dates of service** on or after **04 /01 /2011**, hospital beds and mattresses will be paid separately.

- Equipment providers will be required to obtain **separate** electronic **Dispensing Validation System** prior authorizations for both hospital bed and **one** of the mattress codes listed below.
- The equipment provider is required to have a specific order for each item.
- The ordering medical practitioner is required to have medical documentation on file to support the specific bed and mattress ordered.
- The mattress codes are E0271, E0272, E0184, E0186, E0187, E0193, E0196, E0277, E0371, and E0372.
- Since payment is now separate for hospital beds and mattresses, hospital bed procedure codes which include a mattress will not be payable (see cross reference chart below).
- The coverage criteria for hospital beds and mattresses have not changed. Refer to the DME Provider Manual, Procedure Code Section:
<http://www.emedny.org/ProviderManuals/DME/index.html>

Refer to the cross reference procedure codes for billing.

DISCONTINUED CODES	CROSS-REFERENCE CODES /SHORT DESCRIPTION	CROSS- REF. MRA
# E0250	# E0251- Hospital bed, fixed height, with any type side rails, without mattress	\$ 288.81
# E0255	# E0256- Hospital bed, variable height, hi-lo, with any type side rails, without mattress	\$ 450.06
# E0260	# E0261- Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	\$ 731.97
# E0265	# E0266- Hospital bed, total electric (head, foot, and height adjustments), with any type side rails, without mattress	\$ 863.68
# E0303	# 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	\$ 2206.15
# E0304	# E0302- Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	\$ 4865.84

Effective for **dates of service** on or after **04 /01 /11**, please also note the change in maximum reimbursable amount for the following codes:

# E0271	Mattress, inner spring	\$ 170.64
# E0272	Mattress, foam rubber	\$ 155.52

Questions may be directed to the Division of Provider Relations and Utilization Management, at
1 800 342-3005, option 1.