

**KMAP DME BULLETIN 18141**

## Covered Codes for Bed Frames

Effective with processing dates on or after August 3, 2018, retroactive to dates of service on and after May 1, 2017, the following codes for bed frames without mattresses will be covered.

E0251	E0256	E0261	E0301	E0302
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These codes are only covered when the requirements for specialty mattresses in Group II or III support surfaces are met as outlined in the SUPPORT SURFACES portion in **Section 8410** of the *Durable Medical Equipment Fee-for-Service Provider Manual*. These items will be covered for purchase and rental. Rental rate is per month and includes bed, controls, and rails. Replacements of purchased beds are limited to no more than one every seven years.

**Note:** The effective date of the policy is August 3, 2018. The implementation of State policy by the KanCare managed care organizations (MCOs) may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates, once the policy is implemented.

**KMAP**[Kansas Medical Assistance Program](#)

- [Bulletins](#)
- [Manuals](#)
- [Forms](#)

## Customer Service

- 1-800-933-6593
- 7:30 a.m. - 5:30 p.m.  
Monday - Friday

**Note:** Refer to the CPT® codebook for complete descriptions.

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For the changes resulting from this provider bulletin, view the updated *Durable Medical Equipment Fee-for-Service Provider Manual*, Section 8410, page 8-15; and Appendix I, page AI-1.