

Division of Medicaid State of Mississippi Provider Policy Manual	New: Revised: X Current:	Date: Date: 07/01/02 09/01/07
Section: Durable Medical Equipment Subject: Hospital Bed	Section: 10.41 Pages: 3 Cross Reference: Reimbursement 10.02 Documentation 10.07	

Based on medical necessity and satisfaction of the criteria below and all other terms of the Mississippi Medicaid program, this item is available for coverage for:

- Beneficiaries under age 21
- Beneficiaries age 21 and over who are receiving services through the home health program
- All beneficiaries (no age restriction)
- Beneficiaries who are pregnant

The provider must refer to the current fee schedule for the acceptable codes and fee schedule allowances available under Medicaid.

**The following criteria for coverage apply to hospital bed with side rails, and mattress (fixed or variable height and semi / total electric and specialty beds):**

This item may be approved for :

- Rental only
- Purchase only
- Rental for X months, then recertification is required
- Rental up to the purchase amount or purchase when indicated

This item must be ordered by a physician, nurse practitioner, or physician assistant. It is expected that physicians, nurse practitioners, or physician assistants order only items within the scope of their specialty. For example, specialized items such as custom wheelchairs or prosthetics and orthotics should be ordered by specialties such as orthopedics and physicians specializing in rehabilitation. Other items are handled through other specialties.

**FIXED HEIGHT**

A fixed height hospital bed is one with manual head and leg elevation adjustments but no height adjustment.

An ordinary bed, which is typically sold as furniture, will accommodate, or can be adapted to accommodate, most transfers to a chair, wheelchair or standing position. The need for a particular bed height would rarely by itself justify the need for a hospital bed.

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**A fixed height bed is covered when one of the following criteria is satisfied:**

- A beneficiary who requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.
- A beneficiary who requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration.
- Pillows or wedges must have been tried and failed to achieve the desired clinical outcome.
- A beneficiary who requires traction equipment that can only be attached to a hospital bed.
- A beneficiary who is semi-comatose or comatose.

**VARIABLE HEIGHT**

A variable height hospital bed is one with manual height adjustment and manual head and leg elevation adjustments.

The beneficiary's disease, injury, or condition must be such that because of paralysis, immobility, or severe malaise and weakness, bed care is required to take care of body functions, bathing and other treatment or care.

**A variable height bed is covered if one of the following criteria is satisfied:**

- The beneficiary requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.
- The beneficiary requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration.
- Pillows or wedges must have been tried and failed.
- The beneficiary requires traction equipment that can only be attached to a hospital bed.
- The beneficiary is semi-comatose or comatose.

**AND** the beneficiary requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.

**Examples of conditions that may require a variable height bed are as follows:**

1. Severe arthritis and other injuries to lower extremities, e.g., fractured hip. The condition requires the variable height feature to assist the beneficiary to ambulate by enabling the beneficiary to place his feet on the floor while sitting on the edge of the bed.
2. Severe cardiac conditions. For those beneficiaries who are able to leave bed, but must avoid the strain of "jumping" up or down.
3. Spinal cord injuries, including quadriplegic and paraplegic, multiple limb amputees and stroke for those beneficiaries who are able to transfer from bed to wheelchair, with or without help.

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4. Other severely debilitating diseases and conditions, if the variable height feature is required to assist the beneficiary to ambulate.

### **SEMI ELECTRIC**

A semi-electric bed is one with manual height adjustment and with electric head and leg elevation adjustments.

**A semi-electric bed is covered if a beneficiary is capable of operating the controls and lives alone with no caregiver available and one of the following criteria is satisfied:**

- A beneficiary requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.
- A beneficiary requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration.
- Pillows or wedges must have been tried and failed to achieve the desired clinical outcome.
- A beneficiary requires traction equipment which can only be attached to a hospital bed.

### **TOTAL ELECTRIC**

A total electric bed is one with electric height adjustment and with electric head and leg elevation adjustments.

An electric bed height adjustment feature is not covered; it is a convenience feature.

### **SPECIALTY BEDS**

Specialized beds that are designed to meet varying levels of beneficiary needs for pressure reduction are not covered under Mississippi Medicaid. The beneficiary must be managed with more cost effective means that will also meet the beneficiary's needs.

### **HEAVY DUTY AND/OR EXTRA WIDE BEDS**

~~Heavy duty and/or extra wide beds, such as bariatric beds for the morbidly obese, are not covered.~~

**Heavy duty and/or extra wide beds, such as bariatric beds for the morbidly obese, are covered for beneficiaries who weigh more than 350 pounds.**