

Title 23: Division of Medicaid

Part 209: Durable Medical Equipment, Medical Appliances and Medical Supplies

Part 209 Chapter 1: Durable Medical Equipment and Medical Appliances

Rule 1.28: Hospital Beds

- A. The Division of Medicaid defines a hospital bed as a medical device with:
1. An articulating frame allowing adjustment of the head and foot of the bed,
 2. A headboard,
 3. A footboard,
 4. A mattress, and
 5. Side rails.
- B. The Division of Medicaid covers hospital beds when medically necessary, prior authorized by the Utilization Management/Quality Improvement Organization (UM/QIO), the Division of Medicaid or designated entity and ordered by a physician for purchase or rental up to the purchase amount.
1. The Division of Medicaid defines a manual fixed-height hospital bed as one with manual head and leg elevation adjustments but no height adjustment and is covered when a beneficiary meets one (1) of the following:
 - a) Requires positioning of the body in ways not feasible with a non-hospital bed in order to alleviate pain,
 - b) Requires the head of the bed to be elevated thirty (30) degrees or more due to a medical condition including, but not limited to, congestive heart failure, chronic pulmonary disease, or risk of aspiration,
 - c) Has failed to achieve the desired clinical outcome, with pillows or wedges,
 - d) Requires equipment that can only be attached to a hospital bed,
 - e) Has a disease, injury, or condition causing paralysis, immobility, or severe malaise and weakness requiring the performance of bathing, bodily functions, and other treatment or care while in bed, or
 - f) Is semi-comatose or comatose.

2. The Division of Medicaid defines a manual variable-height hospital bed as one with manual height, head and leg elevation adjustments and is covered when a beneficiary:
 - a) Meets one (1) of the criteria listed in Miss. Admin. Code Part 209, Rule 1.28.B.1., and
 - b) Requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.
 3. The Division of Medicaid defines a semi-electric hospital bed as one with manual height adjustment and with electric head and leg elevation adjustments and is covered when a beneficiary:
 - a) Meets one (1) of the criteria in Miss. Admin. Code Part 209, Rule 1.28.B.1.a) through e) and B.2.b),
 - b) Is able to operate the hospital bed controls, and
 - c) Lives alone or with assistance of a caregiver, but without continuous twenty-four (24) hours per day caregiver support.
 4. The Division of Medicaid defines bariatric hospital beds as heavy duty extra-wide and extra-heavy duty extra wide hospital beds used for beneficiaries whose weight and/or body measurements exceed the manufacturer's limit for size or weight of a standard hospital bed and is covered when:
 - a) The beneficiary meets one (1) of the criteria listed in Miss. Admin. Code Part 209, Rule 1.28.B.1., and
 - b) Documentation includes current weight and body measurements that exceed the manufacturer's limit for size and weight of a standard hospital bed which is obtained within thirty (30) days of request.
- C. The Division of Medicaid covers total electric hospital beds when medically necessary, prior authorized by the Utilization Management/Quality Improvement Organization (UM/QIO), the Division of Medicaid or designated entity and when the following criteria are met:
1. An orthopedist, neurologist, physiatrist, or a physician with expertise in treating beneficiaries with disabilities and/or special needs orders the hospital bed and documents the following:
 - a) Medical necessity detailing the clinical rationale for the hospital bed,
 - b) The number of hours and times of the day the beneficiary is expected to be in the hospital bed, and

- c) The reason a lower cost hospital bed does not meet the needs of the beneficiary.
2. A Mississippi licensed occupational or physical therapist conducts an on-site evaluation of the location where the hospital bed is to be used includes certification of the following:
 - a) The hospital bed is for the exclusive use of the beneficiary,
 - b) The hospital bed can be installed without structural or electrical modifications to the environment, and
 - c) The beneficiary and/or caregiver are trained in the use, cleaning and care of the hospital bed.
3. The hospital bed has a full two (2) year warranty.
4. The beneficiary has not received a total electric hospital bed within the last five (5) years.

Source: 42 U.S.C. § 1395(m); Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 07/01/2019. Revised eff. 09/01/2018. Revised eff. 05/01/2014.

Rule 1.29: Hydraulic Lift with Seat or Sling

- A. The Division of Medicaid defines a patient hydraulic lift as a device used to transfer a beneficiary between a bed, a chair, wheelchair or portable commode chair but not solely for use in the bathroom.
- B. The Division of Medicaid covers hydraulic lifts for all beneficiaries when prior authorized by the Utilization Management and Quality Improvement Organization (UM/QIO), the Division of Medicaid or designated entity, for rental up to purchase amount, or purchase when ordered by a physician and all the following criteria is met:
 1. Documentation that the beneficiary's condition is such that periodic position adjustment is necessary to effect improvement or to arrest or retard deterioration in his/her condition,
 2. The beneficiary is bed or chair confined, and
 3. There is an available caregiver in the home trained in the safe operation of the hydraulic lift.
- C. The Division of Medicaid covers the seat or sling in the initial purchase price or the monthly rental price.
- D. The Division of Medicaid covers an electric lift mechanism when medically necessary, prior authorized by the Utilization Management/Quality Improvement Organization (UM/QIO), the Division of Medicaid or designated entity and when the following criteria are met:

1. An orthopedist, neurologist, physiatrist, or a physician with expertise in treating beneficiaries with disabilities and/or special needs orders the lift and documents the following:
 - a) Medical necessity detailing the clinical rationale for the DME, and
 - b) The reason a manual lift does not meet the needs of the beneficiary.
2. A Mississippi licensed occupational or physical therapist conducts an on-site evaluation of the location where the bed is to be used includes certification of the following:
 - a) The lift is for the exclusive use of the beneficiary,
 - b) The lift can be installed without structural or electrical modifications to the environment, and
 - c) The beneficiary and/or caregiver are trained in the use, cleaning and upkeep of the lift.
3. The lift has a full two (2)-year warranty.
4. The beneficiary has not received an electric lift mechanism within the last five (5) years.

Source: 42 U.S.C. § 1395m; Miss. Code Ann. § 43-13-117(17), 43-13-121.

History: Revised eff. 07/01/2019. Revised eff. 09/01/2018.