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# WISCONSIN MEDICAID UPDATE

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APRIL 10, 1995

UPDATE 95-11

TO:  
DME Vendors  
Home Health Agencies  
Occupational Therapy  
Physical Therapy  
Rehabilitation Agencies  
Pharmacies

**Hospital Beds - Changes To Prior Authorization Guidelines - Effective May 1, 1995**

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## **Revised Prior Authorization Guidelines**

The prior authorization guidelines for hospital beds have been revised effective May 1, 1995. These changes are described in this update.

## Revised Prior Authorization Guidelines

Documentation and clinical requirements for hospital beds have been updated. This is a summary of key elements and is not all inclusive. This update is a summary of key elements and is not all inclusive. A brief description of the equipment precedes the guidelines. The complete guidelines are available upon written request from the DME Analyst. Specify the code or particular equipment for which you are requesting guidelines.

### **Hospital Beds, Fixed Height and Variable Height**

#### *Descriptions:*

- ♦ *A fixed height hospital bed is one with manual head and leg elevation adjustments but no height adjustment.*
- ♦ *A variable height hospital bed is one with manual height adjustment and manual head and leg elevation adjustments.*
- ♦ *An ordinary bed is one which is typically sold as furniture. It consists of a frame, box spring and mattress. It has a fixed height and no head or leg elevation adjustments.*

**Note:** *An ordinary bed accommodates most transfers to a chair, wheelchair or standing position. If needed, it can almost always be adapted to accommodate these transfers. The need for a particular bed height by itself would rarely justify the need for a hospital bed.*

#### Key Elements:

1. Documentation must indicate all of the following:
  - a. the recipient requires positioning of the body in ways not feasible with an ordinary bed due to a medical condition which is expected to last at least one month;
  - b. the recipient 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; and
  - c. the recipient has a condition which requires special attachments (such as a trapeze, foot board, or traction equipment) that cannot be fixed and used on an ordinary home bed.
2. In addition to all of the above, requests for a variable height bed must document that the recipient requires a bed height different than a fixed height hospital bed to permit safe transfers to a chair or for adequate bed care.

## **Hospital Bed, Semi-Electric**

### *Description:*

- ♦ *A semi-electric hospital bed is one with manual height adjustment and electric head and leg elevation adjustments.*
- ♦ *An ordinary bed is one which is typically sold as furniture. It consists of a frame, box spring and mattress. It has a fixed height and no head or leg elevation adjustments.*

**Note:** *An ordinary bed accommodates most transfers to a chair, wheelchair or standing position. If needed, it can almost always be adapted to accommodate these transfers. The need for a particular bed height by itself would rarely justify the need for a hospital bed.*

### Key Elements:

1. Documentation must indicate all of the following:
  - a. the recipient requires positioning of the body in ways not feasible with an ordinary bed due to a medical condition which is expected to last at least one month. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed;
  - b. the recipient has a condition which requires special attachments (such as a trapeze, foot board, or traction equipment) that cannot be fixed and used on an ordinary home bed;
  - c. the recipient requires a bed height different than a fixed height hospital bed to permit safe transfers to a chair or for adequate bed care; and
  - d. the recipient is alone for extended periods of time, requires frequent and immediate changes in body position, and can operate the bed controls independently.

## **Hospital Bed, Total Electric**

### *Description:*

- ♦ *A total electric hospital bed is one with electric height adjustment and electric head and leg elevation adjustments.*
- ♦ *An ordinary bed is one which is typically sold as furniture. It consists of a frame, box spring and mattress. It has a fixed height and no head or leg elevation adjustments.*

**Note:** *An ordinary bed accommodates most transfers to a chair, wheelchair or standing position. If needed, it can almost always be adapted to accommodate these transfers. The need for a particular bed height by itself would rarely justify the need for a hospital bed.*

Key Elements:

1. Documentation must indicate all of the following:
  - a. the recipient requires positioning of the body in ways not feasible with an ordinary bed due to a medical condition which is expected to last at least one month. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed;
  - b. the recipient has a condition which requires special attachments (such as a trapeze, foot board, or traction equipment) that cannot be fixed and used on an ordinary home bed;
  - c. the recipient requires a bed height different than a fixed height hospital bed to permit safe transfers to a chair or for adequate bed care; and
  - d. the recipient is alone for extended periods of time, requires frequent and immediate changes in body position, and can operate the bed controls independently.
2. In addition, documentation must indicate one of the following conditions:
  - a. the recipient has tried multiple means of transfer and can *only* transfer with a total electric bed; or
  - b. the recipient has a care giver with a documented medical condition stating an inability to use a crank on a semi-electric bed.

**Hospital Bed, Institutional Type, Includes: Oscillating, Circulating and Stryker Frame**

Oscillating beds are never covered according to HSS 107.24(5)(d). Circulating and stryker beds are only rarely medically necessary.