



Health & Human Services

## ENCLOSED BED

Non-Covered Item

### DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICY

EFFECTIVE: March 2007

REVISED: December 2025

### ENCLOSED BED

#### Non-covered:

If a specialty bed is physician/practitioner ordered and deemed medically necessary due to the member's medical condition, and before Medicaid will consider coverage, a home evaluation with recommendations by a Licensed Occupational Therapist must take place. Provider must submit as instructed in the EXCEPTION REQUEST section of the DME Manual.

Date Revised	Revisions
February 2017	Reformatted and reviewed.
November 2019	Reviewed and revised physician ordered to physician/practitioner ordered. Header logo updated with new logo.
November 23, 2022	Reformatted and reviewed. Header logo updated with new logo.
November 29, 2023	Reformatted and reviewed. No changes made.
December 17, 2025	Reviewed and reformatted. Removed "CMN" verbiage from the header section.