

Medicare Requirements for Hospital Beds

PHYSICIAN REQUIREMENTS

1. Prescription that contains the following:

- Beneficiary's name
- Physician's name
- Physician's NPI number
- Specific type of bed that is to be ordered
- Each option/accessory
- Diagnosis that is relevant to the need for the hospital bed
- Length of Need
- Physician's signature and signature date (must be dated the same day or after the face to face exam).

2. Chart notes or patient progress notes written by the Physician that document the following:

Physician had a Face to Face Exam with the patient for the purpose of evaluating medical necessity for the hospital bed.

Face to face exam instructions for hospital beds

Fixed Height Hospital Beds – Manual Crank Bed - E0250

- **Describe** the patient's condition and how it requires positioning of the body in ways not feasible with an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of hospital bed; **or**
- **Describe** how and why the patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain (describe the location and cause of the pain); **or**
- **Describe** why the patient 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. **Document** that pillows or wedges have been considered and ruled out; **or**
- **Document** that the patient requires traction equipment, which can only be attached to a hospital bed.

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Variable Height Hospital Beds- Manual Crank Bed - E0255

- The patient meets coverage criteria for a fixed height hospital bed (see above); **and**
- **Document** that a patient requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.

Semi-electric Hospital Beds – Electric powered head and foot section - E0260

- The patient meets coverage criteria for a fixed height hospital bed (see above); **and**
- **Describe** why the patient requires frequent changes in body position and/or has an immediate need for a change in position. Include the diagnosis that relates to this condition.

ACCESSORIES

Trapeze

Document why the patient needs a trapeze to sit up because of a respiratory condition, to change body position for other medical reasons, or to get in or out of bed.

Gel Mattress Overlay – See separate instruction sheet for gel mattress overlay.

Alternating Pressure Mattress Overlay – See separate instruction sheet for alternating pressure mattress overlay.

Fax the completed chart notes, Rx and face sheet to (707)253-7399

If you have questions call (707) 224-7921

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