

Medicare Prescribing Checklist for Hospital Beds

TO: _____ @ _____ RE: patient _____ DOB _____

Thanks for your referral! We've received your order to provide a **hospital bed and/or accessories**. However, Medicare requires documentation, indicated below, to be in our chart before providing the equipment.



If you have questions, please call 989-9902 and ask for _____.



Fax documents to 205-989-9903.

- Documentation of a face-to-face evaluation by a physician or PA/NP/CNS, stating the condition for which the patient needs the hospital bed **dated on, or six months prior, to the date of the order.**
- Write a prescription containing these five elements: 1. patient's name, 2. item of DME ordered, 3. prescriber's National Provider Identifier (NPI), 4. signature of the ordering prescriber, 5. date of the order.
- FOR **ANY HOSPITAL BED**, medical records **MUST document one or more** of the following criteria:
 - patient has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed. Elevation of the head/up-per body less than 30 degrees does not usually require the use of a hospital bed, **OR**
 - requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, **OR**
 - 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 considered and ruled out, **OR**
 - requires traction equipment, which can only be attached to a hospital bed.
- VARIABLE HEIGHT BED - meets coverage criteria for **ANY** hospital bed **AND** requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.
- SEMI-ELECTRIC BED - meets criteria for **ANY** hospital bed **AND** requires frequent changes in body position and/or has an immediate need for a change in body position.
- HD-EXTRA WIDE BED - meets criteria for **ANY** hospital bed **AND** documented weight is >350 lbs <600 lbs.
- EXTRA HD BED - meets criteria for **ANY** hospital bed **AND** documented weight >600 lbs.
- Trapeze - Records support that the patient needs this device to sit up because of a respiratory condition, to change body position for other medical reasons, or to get in or out of bed.
- Heavy Duty Trapeze Equipment - Records support that the patient meets the criteria for regular trapeze equipment (see above) and the patient's weight is > 250 lbs.

NOTE: Total electric hospital beds are not covered since the height adjustment feature is a convenience feature. Claims for total electric beds will be denied as not reasonable and necessary. Available for purchase out-of-pocket.