Hospital Bed Checklist for Physicians

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This documentation checklist is meant to be a quick guide to the various items that may be requested to support a prescription for hospital beds and accessories.

Beds

Fixed Height Hospital Beds:
A fixed height hospital bed (E0250, E0251, E0290, E0291, and E0328) is covered if one or more of the following criteria are met:

☐ The beneficiary has a medical condition which 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 a hospital bed, or

☐ The beneficiary requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, or

☐ The beneficiary 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, or

☐ The beneficiary requires traction equipment, which can only be attached to a hospital bed.

Variable Height Hospital Beds:
A variable height hospital bed (E0255, E0256, E0292, and E0293) is covered if the beneficiary meets all of the following criteria:

☐ One of the criteria for a fixed height hospital bed, and

☐ The beneficiary requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.

Semi-Electric Hospital Beds:
A semi-electric hospital bed (E0260, E0261, E0294, E0295, and E0329) is covered if the beneficiary meets all of the following criteria:

☐ One of the criteria for a fixed height hospital bed, and

☐ The beneficiary requires frequent changes in body position and/or has an immediate need for a change in body position.
**Total-Electric Hospital Beds:**
A total electric hospital bed (E0265, E0266, E0296, and E0297) is not covered; the height adjustment feature is a convenience feature. Total electric beds will be denied as not reasonable and necessary.

**Heavy-Duty Extra Wide Hospital Beds:**
A heavy duty extra wide hospital bed (E0301, E0303) is covered if the beneficiary meets all of the following criteria:

- One of the criteria for a fixed height hospital bed, and
- The beneficiary's weight is more than 350 pounds, but does not exceed 600 pounds.

**Extra Heavy-Duty Extra Wide Hospital Beds:**
An extra heavy-duty hospital bed (E0302, E0304) is covered if the beneficiary meets all of the following criteria:

- One of the criteria for a fixed height hospital bed, and
- The beneficiary's weight exceeds 600 pounds.

**Accessories**

**Trapeze:**
Trapeze equipment (E0910, E0940) is covered if the beneficiary meets one of the following criteria:

- The beneficiary needs this device to sit up because of a respiratory condition, or
- To change body position for other medical reasons, or
- To get in or out of bed.

**Heavy-Duty Trapeze:**
Heavy duty trapeze equipment (E0911, E0912) is covered if the beneficiary meets all of the following criteria:

- The criteria for regular trapeze equipment, and
- The beneficiary's weight is more than 250 pounds.

**Bed Cradle:**
A bed cradle (E0280) is covered when:

- It is necessary to prevent beneficiary contact with the bed coverings.
**Side Rails or Safety Enclosures:**

Side rails (E0305, E0310) or safety enclosures (E0316) are covered when they are required by the beneficiary's condition, and meet one of the following conditions:

- They are an integral part of a covered hospital bed, or
- An accessory to a covered hospital bed.

**Affordable Care Act (ACA) 6407 Requirements**

ACA 6407 contains provisions that are applicable to certain specified items in this policy. In this policy the specified items are: E0250-E0251, E0255-E0256, E0260-E0261, E0265-E0266, E0290-E0297, and E0301-E0304.

As a condition for payment, Section 6407 of the Affordable Care Act (ACA) requires that a physician (MD or DO), physician assistant (PA), nurse practitioner (NP) or clinical nurse specialist (CNS) has had a face-to-face examination with a beneficiary that meets all of the following requirements:

- The treating physician must have an in-person examination with the beneficiary within the six (6) months prior to the date of the Written Order Prior to Delivery (WOPD).
- This examination must document that the beneficiary was evaluated and/or treated for a condition that supports the need for the item(s) of DME ordered.

A new face-to-face examination is required each time a new prescription for one of the specified items is ordered:

- For all claims for purchases or initial rentals
- When there is a change in the prescription for the drug, accessory, etc.
- When an item is replaced
- When there is a change in the supplier

Information required to be in the supplier’s file Before Delivery of E0255-E0256, E0260-E0261, E0265-E0266, E0290-E0297, E0301-E0304. These documents require completion by the prescribing physician:

- Documentation of the face-to-face visit
- Completed, dated and signed Written Order Prior to Delivery (WOPD)

**Information Required From Beneficiary Medical Record**

Documentation from the treating physician, which includes:

- Information which supports the coverage criteria specified above

Detailed requirements for coverage of Hospital Beds can be found in the LCD and related Policy Article at: [http://www.medicarenhic.com/dme/mrlcdcurrent.aspx](http://www.medicarenhic.com/dme/mrlcdcurrent.aspx)