

HOSPITAL BED

The following is required from **MEDICARE**. Medicare has become very stringent on each order and as a result are auditing every hospital bed billed. Currently, only 1 in 10 is being approved. As a result, we ask for Medicare's requirements prior to delivery. This is to help your success in approval for your patient and to **protect your patient** from being **responsible for the cost later**.

Hospital Bed Requirements

- Documented Face-to Face
- Documentation (Chart notes) with related diagnoses. Must provide Narrative including specific criteria from below
- Establish a Medical History
- Detailed Written Order (DWO): Includes Beneficiary Name, Item, NPI, Signature, Date of the Order, Length of Need (LON)

MEDICARE **DOES NOT** COVER: FULL/TOTAL ELECTRIC BED **OR**
HI-LOW FULL ELECTRIC BED

Specific Criteria for Semi-Electric Hospital Bed

THE FOLLOWING MUST BE NARRATED IN THE PATIENT'S CHART NOTES

Patient requires frequent changes in body position and/or has an immediate need for change in body position {EXPLAIN WHY, PROVIDE A SPECIFIC EXAMPLE}

AND

Patient requires head of bed elevation >30 degrees most of the time due to CHF, COPD, or problems with aspiration {PROVIDE SPECIFIC EXAMPLE OF HOW AFFECTS PT, WHY BED WOULD HELP}

OR

Patient requires traction equipment, which is only attached to a hospital bed
{DOES PT NEED BED MOUNTED TRACTION TRAPEZE, OR OTHER SPECIFIC TRACTION EQUIP FOR REPOSITION/TRANSFERS?}

OR

**Patient requires positioning of body not feasible with a normal bed
{EXPLAIN WHY, PROVIDE A SPECIFIC EXAMPLE, ALSO HOW WILL BED HELP?}

OR

**Patient requires positioning of body not feasible with a normal bed to alleviate pain, manage contractures and respiratory infections
{BE SPECIFIC, SUCH AS PAIN SCALE, LOCATION OF PAIN, FREQUENCY; ALSO HOW WILL BED HELP?}

**** These criteria are the most scrutinized within auditing; much more elaboration within chart notes is required.**