



360 DEGREE Patient Care

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## Medicare Requirement for Adjustable Height Hospital Bed

A fixed height hospital bed (E0250, E0251, E0290, E0291, and E0328) is covered if **one or more** of the following criteria (1-4) are met:

1. The patient 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**
2. The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, **or**
3. 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. **Pillows or wedges must have been considered and ruled out, or**
4. The patient requires traction equipment, which can only be attached to a hospital bed.

A variable height hospital bed (E0255, E0256, E0292 and E0293) is covered if the patient meets one of the criteria for a fixed height hospital bed **and requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.**

A semi-electric hospital bed (E0260, E0261, E0294, E0295, and E0329) is covered if the patient meets one of the criteria for a fixed height bed and **requires frequent changes in body position and/or has an immediate need for a change in body position.**  
**This must all be documented in your dictation note.**

Medicare is auditing every hospital chart for the above information, if not dictated they will deny not medically necessary and the patient will be responsible for the cost monthly.

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Physicians Order for Semi-Electric Hospital Bed

Length of Need: \_\_\_\_\_ (99=Lifetime)

Table with 4 columns: Date Order, Patient Name, Patient DOB, Ordering Physician, Date of Discharge, Height, Weight, Therapist/Case Mgr, AM / PM, Diagnosis.

- 1) Does the patient require positioning of the body in ways not feasible with an ordinary bed due to a medical condition?
2) Does the patient require, for the alleviation of pain, positioning of the body in ways not feasible with an ordinary bed?
3) Does the patient require 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 aspiration?
4) Has Pillows or Wedges been considered, tried and ruled out?
5) Does the patient require a bed height different than a fixed height bed to permit transfer to chair, wheelchair, or standing position?
6) Does the patient require frequent changes in body position and/or have an immediate need for a change in body position?

\*\*\*Answers to all these questions must be documented in your office visit within the last 6 months. If the documentation is not in the office notes we will be unable to bill insurance for the bed.\*\*\*

Physician Signature:

NPI:

Date

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