

## **Hospital Bed Documentation Requirements**

### **Valid written order that contains: (Prescription)**

- Beneficiary's name
- Item(s) to be dispensed i.e. (Hospital Bed)
- Diagnosis
- Length of need i.e. (lifetime, 6 months)
- Treating physician's signature
- Date the treating physician signed the order

### **Qualifying Documented Criteria (Well documented in the patient chart notes)**

#### **I. Manual Fixed Height Hospital Bed *(to qualify must have one of the following):***

- 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**
- The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain. **OR**
- The patient requires the head of the bed to be elevated more than 30 degrees most of the time due to CHF, COPD or problems with aspiration. Pillows or wedges must have been considered and ruled out. **OR**
- The patient requires traction equipment which can only be attached to a hospital bed

#### **II. Manual Variable Height Hospital Bed**

*(to qualify must have one Manual Fixed Height Criteria, **and**)*

- Additionally patient must require a bed height different than a fixed height bed to permit transfers to w/c or standing position and documented in the chart notes

#### **III. Semi Electric Hospital Bed**

*(to qualify must have one Manual Fixed Height Criteria, **and**)*

- Additionally patient requires frequent changes in body position and/or has an immediate need for a change in body position, and is documented in the chart notes