

DETAILED WRITTEN ORDER FOR SEMI-ELECTRIC HOSPITAL BED



Beneficiary's name: _____

Date of the order: _____ Start date: _____

Detailed description of the item(s) (i.e. - semi-electric hospital bed) **E0260**:

Length of Need: _____ Months

Check 1 or more of the following 3 items.

- Patient has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed.
- Patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.
- Patient requires the head of the bed to be elevated more than 30 degrees most of the time due to CHF, chronic pulmonary disease or problems with aspiration.

And

- Patient requires frequent changes in body position.
- Patient has an immediate need for a change in body position.

Gel overlay (E0185)

- Patient cannot make changes in body position without assistance.

Or

- Patient cannot independently make changes in body position significant enough to alleviate pressure.
- Patient has any stage pressure ulcer on the trunk or pelvis.

And

Patient has at least one of the following conditions:

- Impaired nutritional status.
- Fecal or urinary incontinence.
- Bed rails (E0305/E0310) – half length or full length**
- Altered sensory perception.
- Compromised circulatory status.

Physician/Practitioner's name: _____

Physician/Practitioner's signature: _____

NPI#: _____ Date: _____

****fax to 419.754.2692 with patient's demographics.**