News You Can Use - Medicare Hospital Bed Coverage

This guideline is designed for physicians & other medical professionals to understand the coverage criteria and documentation required for Medicare payment of hospital beds for home use.

**Medicare policy states:** A semi-electric hospital bed (E0260) is covered if **one** of the following criteria (1-4) **AND** (5) are met:

1. 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
2. The beneficiary requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, or
3. 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
4. The beneficiary requires traction equipment, which can only be attached to a hospital bed. **AND**
5. The beneficiary requires frequent changes in body position and/or has an immediate need for change in body position. In addition specifically state the reason for frequent repositioning and the reason why the client cannot reposition.

**Medicare documentation required before delivery must include:**

1. Written Order Prior to Delivery (WOPD)
2. Face to Face Examination Notes (must be within 6 months of bed order date)
3. Medical Records that support medical necessity/Face to Face (must be within 6 months of bed order date)

The physician’s progress notes should be in their typical format, documenting the medical necessity in regards to the need for a hospital bed. There should be information regarding the patient’s history, diagnosis, mobility functions and limitations, prognosis, and any information to support a medical condition which requires positioning of the body in ways not feasible with an ordinary bed. Records must be legibly signed and dated by treating physician. Documentation should indicate any previous methods tried prior to the use of a hospital bed such as the use of pillows or wedges being considered and ruled out.

**Hospital Bed Medical Record (Example Only):**

Pt A. was seen today (xx/xx/xxxx) for the ongoing treatment of his Spinal Stenosis (M48.00) and Chronic kidney disease (N18.3). His condition is worsening and he has trouble sleeping. He would benefit from a semi-electric hospital bed for home use to alleviate pain caused by his gout (M10.9) and arthritis (M13.80) by frequent changes in body position. Pt A. is unable to re-position himself due to muscle weakness (M62.81) and a decrease in upper and lower body strength. He should also sleep with upper body elevated at least 30 degrees to prevent further complications with acute respiratory failure with hypoxia (J96.01).

Please contact your Miller’s representative if you have any questions or to request in person training on coverage criteria.

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