

Hospital Beds and Accessories

Required Documentation for Insurance Coverage

The following documentation must be provided for ALL Hospital Beds and Accessories.

- | | |
|---|--|
| <ul style="list-style-type: none">• Face Sheet• Diagnosis Sheet• Written Order Prior to Delivery (WOPD) which contains:<ol style="list-style-type: none">(1) beneficiary name(2) date of order(3) detailed description of item(s)(4) length of need(5) physician name & signature(6) physician NPI | <ul style="list-style-type: none">• H&P• PT/OT Notes• Face-to-Face Examination dated no more than 6 months before date of order. (Copy of medical record documenting F2F examination by treating physician showing the beneficiary was evaluated/treated for a condition supporting the need for the equipment). |
|---|--|

Standard Hospital Bed

The medical record **MUST** document:

(at least one of the following)

- The beneficiary has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed.
- The beneficiary requires positioning of the body not feasible in an ordinary bed to alleviate pain
- 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.

AND

- The beneficiary requires frequent changes in body position and/or has an immediate need for changes in body position

Example: *Mr. Campbell suffers from severe COPD with orthopnea. He needs the head of the bed to be elevated more than 30 degrees for treatment. Wedge pillows have been tried only to yield a poor result. He is a high-risk patient for pressure ulcers and needs to have frequent changes in body positioning. A semi-electric bed is being ordered*

Heavy Duty and Extra Heavy-Duty Hospital Bed

The medical record **MUST** document:

- All documentation required for a standard hospital bed.
- Beneficiary's weight exceeds 350 lbs. for heavy duty.
- Beneficiary's weight exceeds 600 lbs. for extra heavy duty.



Total Electric Hospital Bed

- **Not a covered item by insurance. Available as private rental thru Crowder's**

Trapeze Equipment

The medical record **MUST** document:

- The beneficiary needs this device to sit up because of a respiratory condition, to change position for other medical reasons, or to get in and out of bed.



Your Hometown Pharmacy Since 1918

631 16th Street • P.O. Box 966 • Bedford, IN 47421
Phone: 812.275.5949 • Toll Free 1.800.439.9007 • Fax: 812.277.3631
www.crowderspharmacy.com