

Date of Order: _____

Patient Name: _____ DOB: _____

Height: _____ Weight: _____

Date of Face-to-Face (F2F) Examination: _____

Diagnosis Code(s) supporting need for bed: _____

Physician Order

Start Date (if different from Date of Order): _____

Length of Need: 12 months Lifetime Other: _____**Equipment and Supplies (check all appropriate):*******Qualifying criteria bulleted below must be documented in the face-to-face examination in the patient medical record*****

- Fixed height manual bed** (manual head and leg elevation adjustments but no height adjustment)
- Patient has a medical condition which requires **positioning of the body** in ways not feasible with an ordinary bed; OR
 - Patient requires positioning of the body in ways not feasible with an ordinary bed in order to **alleviate pain**; OR
 - 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; OR
 - Patient requires **traction equipment** which can only be attached to a hospital bed
- Variable height manual bed** (manual head and leg elevation adjustments plus manual height adjustment)
- Must meet criteria for fixed height bed
 - Must require **different bed height in order to permit transfers** to chair, wheelchair or standing
- Semi-electric bed** (manual height adjustment with electric head and leg elevation adjustments)
- Must meet criteria for fixed height bed
 - Must require **frequent changes** in body position and/or has an **immediate need** for change in position
- Heavy duty extra wide bed**
- Must meet criteria for fixed height bed
 - Patient's weight is **more than 350 pounds**, but does not exceed 600 pounds
- Total electric bed** (electric height adjustments and electric head and leg elevation adjustments)
This is never covered by Medicare, although covered Semi-electric upgrade options are available

 Mattress Half Side Rails Trapeze Other: _____

Physician Signature: _____ Date: _____

Physician Name: (please print) _____ NPI: _____

*****Must attach copy of F2F examination documenting qualifying criteria*****Fax back to: 320-231-4941

Hospital Bed Order and Documentation Requirements

Medicare, and other insurance providers who follow Medicare guidelines, requires that a physician, NP, CNS or PA has had a Face-to-Face (F2F) examination with the patient that documents that the patient was evaluated and/or treated for a condition that supports the need for the prescribed equipment. The date of the F2F exam may be no older than 6 months prior to the prescription date.

A Written Order Prior to Delivery (WOPD) is also required; the WOPD cannot be completed until after the F2F exam, and must be received by the supplier prior to dispensing the equipment. This order must contain:

- Patient's name
- Physician's name
- Date of the order and the start date, if start date is different from date of order
- Detailed description of the item(s)
- Ordering Practitioner's National Provider Identifier (NPI)
- Signature of ordering practitioner and signature date. Signature and date stamps are not allowed. Signatures must be legible and/or physician's name must also be printed.

Hospital Bed Description and Criteria:

- ❖ A **fixed height manual** hospital bed is one with manual head and leg elevation adjustments but no height adjustment. **This is covered if ONE OR MORE of the following criteria are met:**
 - 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 congestive heart failure, chronic pulmonary disease, or problems with aspiration
 - Patient requires **traction equipment** which can only be attached to a hospital bed
- ❖ A **variable height manual** hospital bed is one with manual height adjustment and with manual head and leg elevation adjustments.
 - Must meet criteria for fixed height bed
 - Must require different bed height in order to permit transfers to chair, wheelchair or standing
- ❖ A **semi-electric** bed is one with manual height adjustment and with electric head and leg elevation adjustments.
 - Must meet criteria for fixed height bed
 - Must require frequent changes in body position and/or has an immediate need for change in position
- ❖ A **heavy duty extra wide** hospital bed
 - Must meet criteria for fixed height bed
 - Patient's weight is more than 350 pounds, but does not exceed 600 pounds
- ❖ A **total electric** bed is one with electric height adjustments and with electric head and leg elevation adjustments.
This is never covered by Medicare, although covered Semi-electric upgrade options are available.

Patient Medical Records must contain documentation of the following:

The **Face-to-Face (F2F) examination**. This can be an inpatient admit H&P, discharge note or progress note, or an outpatient chart note. The qualifying criteria for the prescribed bed must be met and documented in the F2F notes.

- This includes documentation of the patient's weight if a heavy duty bed is being prescribed.
- Side rails are covered when they are required by the patient's condition and are an integral part of, or an accessory to, a covered hospital bed.

Thank you for making Lake Region Home Medical Supply part of your healthcare team. Please call 218-332-5920 with questions.