

CLINICIAN CHECKLIST FOR HOSPITAL BEDS AND ACCESSORIES

Policy References:

- [Local Coverage Determination \(LCD\) \(L33820\)](#)
- [Policy Article \(A52508\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

[Standard Written Order \(SWO\)](#)

Medical records as noted below

Medical Documentation

Hospital Beds

Fixed Height Hospital Beds

One or more of the following criteria are met:

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 hospital bed; **or**

Beneficiary requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain; **or**

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**

Beneficiary requires traction equipment, which can only be attached to a hospital bed.

Variable Height Hospital Beds

Beneficiary meets criteria for a fixed height hospital bed above; **and**

Beneficiary requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.

Semi-Electric Hospital Beds

Beneficiary meets criteria for a fixed height hospital bed above; **and**

Beneficiary requires frequent changes in body position and/or has an immediate need for a change in position.

Heavy-Duty Extra Wide Hospital Beds

Beneficiary meets criteria for a fixed height hospital bed above; **and**
Beneficiary's weight is more than 350 pounds but doesn't exceed 600 pounds.

Extra Heavy-Duty Hospital Beds

Beneficiary meets criteria for a fixed height hospital bed above; **and**
Beneficiary's weight exceeds 600 pounds.

Total Electric Hospital Beds

Total electric beds are not covered since the height adjustment feature is a convenience feature.

Hospital Bed Accessories

Trapeze Equipment

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

Heavy-Duty Trapeze Equipment

The beneficiary meets the criteria for regular trapeze equipment (see above) and the patient's weight is more than 250 pounds.

Bed Cradle

If necessary, in order to prevent contact with the bed coverings.

Side Rails or Safety Enclosures

If they are required by the beneficiary's condition and they are an integral part of, or an accessory to, a covered Medicare bed.

Non-Covered Accessories

- Bed-board
- Over bed table
- Trapeze bars when used on an ordinary bed