

DOCUMENTATION CHECKLIST FOR HOSPITAL BEDS AND ACCESSORIES

Policy References:

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

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

The supplier must be able to provide all of these items on request:

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

[Beneficiary Authorization](#)

[Proof of Delivery \(POD\)](#)

[Continued Need](#)

[Continued Use](#)

Medical records from treating practitioner as noted below

Medical records should contain:

Hospital Beds

Fixed Height Hospital Beds (E0250, E0251, E0290, E0291, E0328)

Medical records document 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 a 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 (E0255, E0256, E0292, E0293)

Beneficiary meets criteria for a fixed height hospital bed; **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 (E0260, E0261, E0294, E0295, E0329)

Beneficiary meets criteria for a fixed height hospital bed; **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 (E0301, E0303)

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

Beneficiary's weight is more than 350 pounds but doesn't exceed 600 pounds.

Extra Heavy Duty Hospital Beds (E0302, E0304)

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

Beneficiary's weight exceeds 600 pounds.

Total Electric Hospital Beds (E0265, E0266, E0296, E0297)

Denied as not reasonable and necessary since height adjustment is a convenience feature.

Accessories

Trapeze Equipment (E0910, E0940)

Records support that 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 (E0911, E0912)

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

Bed Cradle (E0280)

Records support that a bed cradle is necessary in order to prevent contact with the bed coverings.

Side Rails (E0305 or E0310) or Safety Enclosures (E0316)

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

Replacement Innerspring Mattress (E0271) or Foam Rubber Mattress (E0272)

Beneficiary owns a hospital bed that requires a mattress replacement.