Hospital Bed Requirements:

- **DOCUMENTED FACE-TO FACE**
- **DOCUMENTATION (CHART NOTES) WITH RELATED DIAGNOSES. MUST PROVIDE NARRATIVE INCLUDING SPECIFIC CRITERIA FROM BELOW**
- **DETAILED WRITTEN ORDER (DWO): INCLUDES**
  - BENEFICIARY NAME, ITEM, NPI, SIGNATURE, DATE OF THE ORDER, LENGTH OF NEED (LON)

**MEDICARE DOES NOT COVER: FULL/TOTAL ELECTRIC BED OR HI-LOW FULL ELECTRIC BED**

**Specific Criteria for Semi-Electric Hospital Bed:**

**THE FOLLOWING MUST BE NARRATED IN THE PATIENT’S CHART NOTES**

Patient requires frequent changes in body position and/or has an immediate need for change in body position  
{EXPLAIN WHY, PROVIDE A SPECIFIC EXAMPLE}

AND

Patient requires head of bed elevation >30 degrees most of the time due to CHF, COPD, or problems with aspiration  
{PROVIDE SPECIFIC EXAMPLE OF HOW AFFECTS PT, WHY BED WOULD HELP}

OR

Patient requires traction equipment, which is only attached to a hospital bed  
{DOES PT NEED BED MOUNTED TRACTION TRAPEZE, OR OTHER SPECIFIC TRACTION EQUIP FOR REPOSITION/TRANSFERS?}

OR

**Patient requires positioning of body not feasible with a normal bed**  
{EXPLAIN WHY, PROVIDE A SPECIFIC EXAMPLE, ALSO HOW WILL BED HELP?}

OR

**Patient requires positioning of body not feasible with a normal bed to alleviate pain, manage contractures and respiratory infections**  
{BE SPECIFIC, SUCH AS PAIN SCALE, LOCATION OF PAIN, FREQUENCY; ALSO HOW WILL BED HELP?}

**These criteria are the most scrutinized within auditing; much more elaboration within chart notes is required.**