



The checklist below is derived from Medicare's Coverage criteria for a Hospital Bed. Without the below criteria being fully and legibly documented *in the physician's chart* notes and Rx, Medical justification has not been met.

Checklist for Face-to-Face Examination Chart Notes for a Hospital Bed

Criteria for F2F Chart Notes for Hospital Bed:

- Is the **Reason** for the face-to-face encounter conducted by the physician, to evaluate and/or treat the condition that supports the item(s) of DME ordered. –("follow-up" is not acceptable)
- Is there a description of how the diagnosis limits the patient's condition
- Is there an indication that the beneficiary (one of the below):
- has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed- condition must be clearly stated **-or-**
- requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, and why **-or-**
- 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-**
- requires traction equipment, which can only be attached to a hospital bed
- Indication if alternate methods such as pillows and wedges have been ruled out and why.
- Indication that requires frequent changes in body position and/or has an immediate need for a change in body position w/ explanation.

Detailed Written Order-

- beneficiary's name,
- item of DME ordered,
- the prescribing practitioner's National Provider Identifier (NPI),
- signature of the ordering practitioner and
- date of the order.
- Is the Detailed written order dated after the F2F, but not more than 6 months old

Please Note: Medicare pays for hospital bed *rentals* only. The hospital beds that we rent are Full Electric Hospital Beds (FEHB). These types of beds are an *out of pocket upgrade* to the Fixed Hospital Bed that Medicare covers. To obtain a Full Electric Hospital Bed, upon qualification, we will apply Medicare's Fee Schedule to the rental rate of a Full Electric Hospital Bed.

[FEHB Rental \$180/month - Medicare ~\$60/month] = Out of pocket \$85/month] 13/months)

Please fax your referrals and documentation to 561-290-1434