



Medicare Hospital Bed Qualifications

Prescription

- Patient's Name
- Date of Order
- General Description of the Item
- Quantity to be Dispensed
- Physician's Signature
- Physician's Name Printed or NPI

Chart Notes (must support the following)

Patient's height and weight must be in the medical record.

- **A Fixed Height Hospital Bed (E0250)** is covered if one or more the of the following criteria are met:
 - A. Requires positioning of the body in ways not feasible with an ordinary bed. Elevation of the head/upper body < 30 degrees doesn't usually require use of a hospital bed, or
 - B. Requires positioning of the body in ways not feasible with an ordinary bed to alleviate pain, or
 - C. Requires the head of the bed to be elevated >30 degrees most of the time due to congestive heart failure (CHF), chronic pulmonary disease, or problems with aspiration, or
 - D. Requires traction equipment which can only be attached to a hospital bed.
- **Variable Height Hospital Bed (E0255):**
 - A. Patient meets coverage criteria for a fixed height hospital bed (above), and
 - B. Requires a bed height different than a fixed height hospital bed to permit
- **Semi-Electric Hospital Bed (E0260):**
 - A. Patient meets coverage criteria for a fixed height hospital bed (above), and
 - B. Requires frequent changes in body position and/or has an immediate need for a change in body position
- **Heavy Duty Extra Wide Hospital Bed (E0301):**
 - A. Patient meets coverage criteria for a fixed height hospital bed (above), and
 - B. Patient weight is more than 350 lbs. but does not exceed 600 lbs.
- **Extra Heavy Duty Hospital Bed (E0302)**
 - A. Patient meets coverage criteria for a fixed height hospital bed (above), and
 - B. Patient weight is greater than 600 lbs.
- **Full Electric Hospital Bed (E0265)** - NOT covered by Medicare and most other insurances.

Accessories:

- **Bed cradle (E0280)**- Covered when it is necessary to prevent contact with the bed coverings.
- **Transfer Board (E0705)**- Used when transferring between bed and w/c or w/c to commode
- **Trapeze equipment* (E0910 attached, E0940 free standing)**
 - A. Patient is required to sit up due to a respiratory condition, change body position for other medical reasons, or to get in or out of bed.
- **Heavy Duty Trapeze equipment* (E0911 attached, E0912 free standing)**
 - A. Patient is required to sit up due to a respiratory condition, change body position for other medical reasons, or to get in or out of bed, and
 - B. Patient weight is >250 lbs.

**Attached trapeze bars are only covered when used with patient rented/owned hospital bed*

- **Hoyer patient lift (E0630, E0635, E0639 or E0640)**
 - A. Transfer between bed and a chair, wheelchair, or commode is required, and
 - B. Without the use of a lift, the patient would be bed confined.
- **Commode** is covered when the patient is physically incapable of utilizing regular toilet facilities. This would occur in the following situations:
 - A. The patient is confined to a single room, or
 - B. The patient is confined to one level of the home and there is no toilet on that level, or
 - C. The patient is confined to the home, and there are no toilet facilities in the home.
 - **Extra Wide/Heavy Duty Commode**
 - A. One of the above criteria
 - B. Patient weight is > 300 lbs.
 - **Commode Chair with Detachable Arms**
 - A. One of the above criteria
 - B. Needed to facilitate transferring or has body configure that requires an extra width

If patient is using a walker or wheelchair, please indicate the inability to use the mobility item to access the toileting facility.

*Disclaimer: This information was prepared as an educational tool and not intended to grant rights or impose obligation.
This information is only intended to be a general summary and not intended to take place of written law or regulations.*

Current as of January 2024

Scan For Hospital Bed & Accessory Criteria

