

**PHYSICIAN'S ORDER FOR  
Hospital Beds**

**STARTING DATE OF ORDER:** \_\_\_\_\_  
(if different than the signed date)

**Patient Information:**

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**DIAGNOSIS INFORMATION**

**Diagnoses:** \_\_\_\_\_

**Length of need:** \_\_\_\_\_ Months

**Date of Face to Face Evaluation:** \_\_\_\_\_

Per Medicare Coverage guidelines:

**Circle the criteria that is documented in patients medical record**

A fixed height hospital bed (E0250, E0251, E0290, E0291, and E0328) is covered if one or more of the following criteria (1-4) are met:

1. The patient 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
2. The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, or
3. The patient 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
4. The patient requires traction equipment, which can only be attached to a hospital bed.

A semi-electric hospital bed (E0260, E0261, E0294, E0295, and E0329) is covered if the patient meets one of the criteria for a fixed height bed and requires frequent changes in body position and/or has an immediate need for a change in body position.

Does patient require a semi-electric hospital bed?      Y / N

If yes, explain why patient meets the criteria for Semi Electric. \_\_\_\_\_

\_\_\_\_\_

**Check appropriate box:**

**Hospital Beds and Components**

- E0250, E0255, E0260 –Hospital Bed With Rails and Mattress
- E0251, E0256, E0261, E0301(>350lbs.), E0302(>600lbs.) –Hospital Bed With Rails
- E0290, E0292, E0294, E0303(>350lbs.), E0304(>600lbs.) –Hospital Bed With Mattress
- E0291, E0293, E0295 –Hospital Bed
- E0910, E0911 –Trapeze equipment Attached to Bed, with Grab Bar
- E0940, E0912 –Trapeze equipment, Free Standing, Complete with Grab Bar

**Group 1 Mattress Overlays**

- E0181 –Medical APP Standard Pump & Pad
- E0185 –Medical Gel Overlay Mattress

By signing below I assert I am the treating physician for this patient and this patient meets all of the above criteria to qualify for Medicare Coverage for this item. Additionally, I understand:

- Supplier-produced records, even if signed by the ordering physician, and attestation letters (e.g. letters of medical necessity) are deemed not to be part of a medical record for Medicare payment purposes.
- Templates and forms, including CMS Certificates of Medical Necessity, are subject to corroboration with information in the medical record.

Physician Name \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ NPI \_\_\_\_\_

Corroborating medical records attached: \_\_\_\_\_ Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_