

# Hospital Beds & Accessories

## MEDICAL REVIEW DOCUMENTATION CHECKLIST

### REQUIRED DOCUMENTATION IN SUPPLIER'S FILE

#### Claims for All Hospital Beds

5 Element Order obtained prior to Delivery:

5 Element order contains:

- Beneficiary's name
- Practitioner's NPI
- General description of the item
- Practitioner's signature
- Order date

The date of the order is on or after a face-to-face encounter between the ordering physician and the beneficiary.

The 5EO was obtained prior to delivery.

A date stamp (or similar) clearly indicates the supplier's date of receipt.

Any changes or corrections have been initialed/signed and dated by the ordering physician.

#### Detailed Written Order That Contains All of The Following Elements:

Beneficiary's name;

Prescribing practitioner's name;

Detailed description of the specific hospital bed that is to be provided;

Detailed description of each option/accessory that will be separately billed;

The prescribing practitioner's signature;

The date the prescribing practitioner signed the order (personally entered by practitioner); and

The date of the order

Any changes or corrections have been initialed/signed and dated by the prescribing practitioner.

The practitioner's signature on the written order meets **CMS Signature Requirements:**

[http://www.cgsmedicare.com/jb/forms/pdf/jb\\_cms\\_signature\\_req.pdf](http://www.cgsmedicare.com/jb/forms/pdf/jb_cms_signature_req.pdf)

#### Delivery Documentation

Beneficiary's name

Delivery address

Delivery date

Quantity delivered

Detailed description of item(s)

Brand

Serial Number

Signature of the person accepting delivery (if the signature is illegible, the name of the person should be printed underneath the signature)

Relationship to beneficiary

Delivery date

#### Medical Records

Medical records include documentation of a face-to-face encounter between the beneficiary and the ordering practitioner that occurred within 6 months prior to completion of the detailed written order.

The notes of the face-to-face encounter record that the encounter occurred specifically to document that the beneficiary was evaluated and/or treated for a condition that supports the need for a hospital bed.

A date stamp or similar indicator verifies that the supplier received a copy of the F2F note on or before the date of delivery.

The practitioner's signature on the medical records meets **CMS Signature Requirements:**

[http://www.cgsmedicare.com/jb/forms/pdf/jb\\_cms\\_signature\\_req.pdf](http://www.cgsmedicare.com/jb/forms/pdf/jb_cms_signature_req.pdf)

**Claims for Fixed Height Hospital Beds (E0250, E0251, E0290, E0291, and E0328)**

The 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**

The beneficiary requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, **OR**

The 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**

The beneficiary requires traction equipment, which can only be attached to a hospital bed.

**Claims for Variable Height Hospital Beds (E0255, E0256, E0292, and E0293)**

The beneficiary meets coverage criteria for a fixed height hospital bed (see above), **AND**

The beneficiary requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.

**Claims for Semi-electric Hospital Beds (E0260, E0261, E0294, E0295, and E0329)**

The beneficiary meets coverage criteria for a fixed height hospital bed (see above); **AND**

The beneficiary requires frequent changes in body position and/or has an immediate need for a change in body position.

**Claims for Heavy Duty Extra Wide Hospital Beds (E0301 and E0303)**

The beneficiary meets coverage criteria for a fixed height hospital bed (see above); **AND**

The beneficiary's weight is more than 350 pounds but does not exceed 600 pounds.

**Claims for Extra Heavy-duty Hospital Beds (E0302 and E0304)**

The beneficiary meets coverage criteria for a fixed height hospital bed (see above); **AND**

The beneficiary's weight exceeds 600 pounds.

**Claims for Total Electric Hospital Beds (E0265, E0266, E0296, and E0297)**

Total electric hospital beds are not covered since the height adjustment feature is a convenience feature. Claims for total electric beds will be denied as not reasonable and necessary.

**Claims for Accessories**

- Trapeze Equipment (E0910 and E0940)

Records support that the beneficiary needs this 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 and 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)

Records support side rails or a safety enclosure is required by the beneficiary's condition or they are an integral part of, or an accessory to, a covered hospital bed.

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

The beneficiary owns a hospital bed that requires a mattress replacement.

**Continued Medical Need for the Equipment/Accessories/Supplies is Verified by Either:**

A change in prescription dated within 12 months of the date of service under review; or

A medical record, dated within 12 months of the date of service under review, which shows usage of the item.

## Billing Reminders

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- Items delivered before a signed and dated detailed written order has been received must be submitted with modifier EY added to each affected HCPCS code.
- Suppliers **must** add a KX modifier to a hospital bed code only if all of the coverage criteria in the Indications and Limitations of Coverage section of this policy have been met. If the coverage criteria are not met, the KX modifier **must** not be used.
- If all of the coverage criteria have not been met, the GA or GZ modifier **must** be added to the code. When there is an expectation of a medical necessity denial, suppliers **must** enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier if they have not obtained a valid ABN.
- Claim lines billed without a KX, GA, GY, or GZ modifier will be **rejected** as missing information.
- When a hospital bed upgrade is provided, the GA, GK, GL and/or GZ modifiers must be used to indicate the upgrade. Fully electric hospital beds must always be billed with these modifiers.

## Additional Information References on the Web

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### Hospital Beds and Accessories Local Coverage Determination (LCD) and Policy Article

- <http://www.cgsmedicare.com/jb/coverage/lcdinfo.html>
- <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleid=52508>

### DME MAC Jurisdiction B Supplier Manual

- <http://www.cgsmedicare.com/jb/pubs/supman/index.html>

#### NOTE

It is expected that the patient's medical records will reflect the need for the care provided. These records are not routinely submitted to the DME MAC but must be available upon request. Therefore, while it is not a requirement, it is a recommendation that suppliers obtain and review the appropriate medical records and maintain a copy in the beneficiary's file.

#### DISCLAIMER

This document was prepared as an educational tool and is not intended to grant rights or impose obligations. This checklist may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either written law or regulations. Suppliers are encouraged to consult the *DME MAC Jurisdiction B Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.