Hospital Beds & Accessories



Claims for All Hospital Beds

- [ ] 5 Element Order obtained prior to Delivery
- [ ] 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.
- [ ] Any changes or corrections have been initialed/signed and dated by the ordering physician.

Detailed Written Order For Any Accessories That Contains All of The Following Elements

- [ ] Beneficiary's name
- [ ] Prescribing practitioner's name
- [ ] Detailed description of each option/accessory that will be separately billed
- [ ] The prescribing practitioner's signature
- [ ] The date the prescribing practitioner signed the order
- [ ] 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

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
- [ ] 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.
- [ ] The practitioner's signature on the medical records meets CMS Signature Requirements:

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.
- [ ] The beneficiary requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.
- [ ] 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,
- [ ] 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),
- [ ] 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)
- [ ] 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)
- [ ] The beneficiary's weight is more then 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);
- [ ] 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)
- [ ] Heavy Duty Trapeze Equipment (E0911 and E0912)
- [ ] Bed Cradle (E0280)
- [ ] Side Rails (E0305 or E0310) or Safety Enclosures (E0316)
- [ ] Replacement Innerspring Mattress (E0271) or Foam Rubber Mattress (E0272)

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

Billing Reminders

- [ ] 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 all of the coverage criteria have not been met, the GA or GZ modifier must be added to the code.
- [ ] 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 that the upgrade

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