

## DOCUMENTATION CHECKLIST

## HOSPITAL BEDS &amp; ACCESSORIES

## REQUIRED DOCUMENTATION

## Claims for All Hospital Beds

## Element Order (5EO) obtained prior to Delivery

5 Element order contains:

Beneficiary's name

Prescribing physician/practitioner's NPI

A description of the item of DME ordered - the description can be either a general description (e.g., wheelchair or hospital bed), a HCPCS code, a HCPCS code narrative, or a brand name/model number

Signature of the prescribing physician/practitioner

Order date

The 5EO must be completed within six (6) months after the required face-to-face examination

The date of the written order shall be on or before the date of delivery

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

## Detailed Written Order for any accessories that contain all of the following elements:

Beneficiary's name;

All items, options or additional features that are separately billed or require an upgraded code. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, a HCPCS code narrative, or a brand name/model number.;

Prescribing physician/practitioner's signature (and date if applicable\*)

\* *Someone other than the physician/practitioner may complete the DWO of the item unless statute, manual instructions, the contractor's LCD or policy articles specify otherwise. However, the prescribing physician/practitioner must review the content and sign and date the document.*

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**

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf>

## Delivery Documentation

Beneficiary's name

Delivery address

Delivery date

Quantity delivered

A description of the item(s) being delivered. The description can be either a narrative description (e.g., lightweight wheelchair base), a HCPCS code, the long description of a HCPCS code, or a brand name/model 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.

The practitioner's signature on the medical records meets CMS Signature Requirements <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.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.

## 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 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.

## ONLINE RESOURCES

- **Hospital Beds and Accessories Local Coverage Determination (LCD) and Policy Article**
  - **JB:** <https://www.cgsmedicare.com/jb/coverage/lcdinfo.html>
  - **JC:** <https://www.cgsmedicare.com/jc/coverage/LCDinfo.html>
- **DME MAC Supplier Manual**
  - **JB:** <https://www.cgsmedicare.com/jb/pubs/supman/index.html>
  - **JC:** <https://www.cgsmedicare.com/jc/pubs/supman/index.html>

**NOTE:** It is expected that the beneficiary'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 Supplier Manual* and the Local Coverage Determination/Policy Article for full and accurate details concerning policies and regulations.