DOCUMENATION GUIDE FOR HOSPITAL BEDS

This form is a guide to make sure that the documentation recorded in the medical record meets the criteria set forth by CMS Medicare and the Affordable Care Act. DO NOT USE THIS FORM AS PART OF THE MEDICAL RECORD!

Documenting Medical Necessity for Semi Electric Hospital Bed:

You must document that the beneficiary requires a hospital bed due to frequent changes in body position and/or has an immediate need for a change in position.

AND…

At least one of following:

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