

**360 DEGREE
Patient Care**

provided by:

**jayhawk pharmacy
& patient supply**



Jayhawk Patient Supply
2620 SW 6th Ave
Suite E
Topeka, KS 66606
785-235-9700
785-235-9703 Fax

Physicians Order for Semi-Electric Hospital Bed

Length of Need: _____ (99=Lifetime)

Date Order		Date of Discharge	AM / PM
Patient Name		Height	
Patient DOB		Weight	
Ordering Physician		Therapist/ Case Mgr	
Primary Physician		Face to Face Date	
Diagnosis			

- 1) Does the patient require positioning of the body in ways not feasible with an ordinary bed due to a medical condition? _____ Yes _____ No
- 2) Does the patient require, for the alleviation of pain, positioning of the body in ways not feasible with an ordinary bed? _____ Yes _____ No
- 3) Does the patient require 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 aspiration? _____ Yes _____ No
- 4) Has Pillows or Wedges been considered, tried and ruled out? _____ Yes _____ No-must be documented in notes.
- 5) Does the patient require a bed height different than a fixed height bed to permit transfer to chair, wheelchair, or standing position? _____ Yes _____ No
- 6) Does the patient require frequent changes in body position and/or have an immediate need for a change in body position? _____ Yes _____ No

Answers to all these questions must be documented in your office visit within the last 6 months. If the documentation is not in the office notes we will be unable to bill insurance for the bed.

Physician Signature:

NPI:

Date

***** PLEASE INCLUDE THE FACE SHEET WITH INSURANCE INFO*****

***** HISTORY & PHYSICAL, CHART NOTES, & FACE TO FACE.*****



Jayhawk Pharmacy Service

Patient Supply
2620 SW 6th Ave.
Suite "E"
Topeka, KS 66606
785-235-9700
785-235-9703 Fax
NPI: 1033397716

Pharmacy & Patient Supply
2860 SW Mission Woods Drive
Topeka, KS 66614
785-228-9700
785-228-1375 Fax
NPI: 1104852672

Custom Prescription Center
6730 SW 29th
Topeka, KS 66614
785-228-9740
800-338-9700

Medicare Requirement for Adjustable Height Hospital Bed

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. **Pillows or wedges must have been considered and ruled out, or**

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

A variable height hospital bed (E0255, E0256, E0292 and E0293) is covered if the patient meets one of the criteria for a fixed height hospital bed **and requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.**

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.**

This must all be documented in your dictation note.

Medicare is auditing every hospital chart for the above information, if not dictated they will deny not medically necessary and the patient will be responsible for the cost monthly.

Thank you Jayhawk Patient Supply. Please call if you have any questions. 785-235-9700 Fax is 785-235-9703