



Patient Name: _____

ABC Patient ID #: _____

Patient Instructions for Home Medical Equipment

In order for ABC Health Care to complete the request for your prescribed home medical equipment, we will need the following documentation requirements completed in full and provided to our office in their entirety.

1. Receive copy of ABC Health Care “Home Medical Equipment – Instructions & Documentation Requirements” packet
 Completed
2. Fill out the “ABC Health Care Patient Information Record” document
 Completed
3. Using the “Written Order Requirements” document, confirm your prescription / “written order” written by your physician meets the insurance-driven requirements. If not, contact your prescribing physician for a new prescription / "written order" or to make the appropriate changes to your existing prescription ***Important, please note - All edits to an existing prescription must be initialed and dated by the signing physician.***
 Completed
4. Using the “Equipment Documentation Requirements” document, confirm all Insurance-required documentation is included. If not, contact your physician to request the Insurance-required medical documentation.
IMPORTANT - Medical documentation written on a prescription / "written order" is not accepted by Insurance companies. It must be written separately in your medical records and be part of your medical history from your prescribing physician.
 Completed
5. Once complete, submit all of the following to ABC’s DME department. It will be scanned and returned to you.
 - "Patient Instruction for Home Medical Equipment" form
 - "ABC Health Care Patient Information Record" form
 - Valid Prescription / Written Order
 - Equipment Documentation form with the accompanying Medical Records / Medical Documentation
6. An ABC Health Care Medicare Quality Assurance associate will review the order and documentation within 48 hours of submission.
 - If order and documentation are not complete, the Medicare Quality Assurance associate will deny the request for equipment and inform you of reasons.
 - If order and documentation are complete, the Medicare Quality Assurance associate will approve the request for equipment and inform you of approval and process for receiving your equipment.
Important, please note - ABC will only provide equipment after patient co-payment, deductible, and/or prior balance is collected.
7. ABC Health Care will file your medical equipment claim with Medicare for you and an Explanation of Benefits from CMS will follow to confirm billing is complete.



Patient Information Record

Date: _____

Patient Information:

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ SS#: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell phone: _____ Work phone: _____

Home phone: _____ Email: _____

Caregiver / Responsible Party Information:

Last Name: _____ First Name: _____ MI: _____

Cell phone: _____ Work phone: _____

Home phone: _____ Email: _____

Clinical Information:

Gender: Male Female Height: _____ Weight: _____

Health / Infection Risk: Yes No If Yes, provide detail: _____

Primary Care Physician: _____

PCP Address: _____

City: _____ State: _____ Zip: _____

Health Insurance Information:

Primary Insurance Company: _____

Policy Number: _____ Group Number: _____

Subscriber Name: _____

Relationship to Subscriber: Self Spouse Child Other: _____

Secondary Insurance Company: _____

Policy Number: _____ Group Number: _____

Subscriber Name: _____

Relationship to Subscriber: Self Spouse Child Other: _____

Tertiary Insurance Company: _____

Policy Number: _____ Group Number: _____

Subscriber Name: _____

Relationship to Subscriber: Self Spouse Child Other: _____




Written Order Requirements

Example - Hospital Bed

Per Medicare and the Affordable Care Act, a detailed written order for DME items must be (A) received before the delivery of an item can take place and (B) must include the following information (as shown in the example below):

1. Beneficiary's name
2. Physician's name
3. Physician's NPI
4. Date of the order
5. Detailed description of the item(s) with additional details, as applicable:
 - a. Detailed description of item(s) to be dispensed (with HCPC codes, if possible)
 - b. Quantity to be dispensed
 - c. Frequency of use
 - d. Duration / Length of need
 - e. Number of refills
 - f. Route of administration (primarily only for respiratory items)
 - g. Dosage & concentration (primarily only for respiratory items)
6. Physician signature
7. Physician signature date

	James S. Doe, M.D. ② 123 Market Street, Hampton, VA 23666 Phone: (757) 555-1212	③ NPI# 1234567890
Name: <u>Robert Jones</u> ①	Date: <u>07/01/2016</u> ④	
Address: <u>1411 Green Place, Chesapeake, VA 23324</u>	DOB: <u>05/19/1945</u>	
⑤		
⑥ <i>E0260 Semi-electric hospital bed with E0910 Trapeze Bar and E0274 over-bed table.</i>		
Refills: <u>0</u> ⑥	Quantity: <u>1</u> ⑥	Length of Need: <u>99 months</u> ⑥
Signature of Prescriber: <u>James S Doe</u> ⑥	Signature Date: <u>07/01/2016</u> ⑦	

*****IMPORTANT** - Any / each change made to prescription that is already signed, must be initialed and dated by the physician to be accepted by Medicare***



Equipment Requirements & Check-Off List

• Hospital Beds •

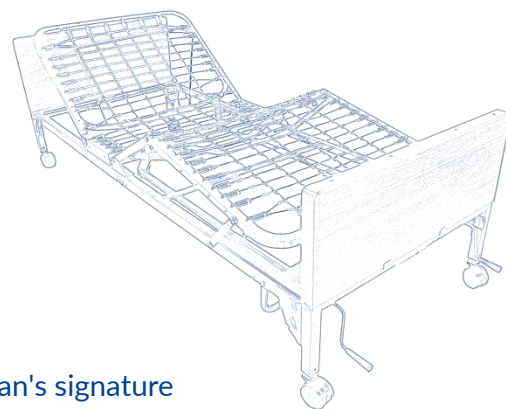
In order for ABC Health Care to complete the request for your prescribed home medical equipment, we will need the following documentation requirements completed in full and provided to our office in their entirety.

Fixed Height Hospital Bed

*Head and foot of bed are adjustable with manual hand-crank
Bed frame, legs, & mattress height are fixed; height is not adjustable
Includes Bed Rails and standard Dry Mattress*

o **Detailed Written Order Requirements:**

- Patient name
- Date of order
- Detailed description = "E0250 Fixed height bed"
- Quantity = 1
- Frequency = Daily
- Duration / length of need = 99 months
- Physician name
- Physician signature
- Physician signature date
- NPI on prescription that matches ordering physician's signature



o **Documentation within the medical chart from physician detailing:**

- In order to qualify for any hospital bed, the following statement and at least ONE of the conditions (listed below) must be included to validate Medicare's requirements:***
_____ (specify diagnosis and associated symptoms) makes patient physically incapable of utilizing an ordinary bed because:
 - The patient requires positioning of the body in ways not feasible with an ordinary bed including head/upper body positioning greater than 30 degrees.
 - The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.
 - 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.
 - The patient requires traction equipment, which can only be attached to a hospital bed.
- Without the use of the hospital bed, patient will not be able to manage disease and symptoms sufficiently and it will impair one or more mobility-related activities of daily living in the home.
- Patient's mobility & daily living deficit can be sufficiently improved by use of hospital bed.
- Patient is willing and able to safely use the hospital bed in the home.

Important: Any supplied documentation stating the patient's head/upper body does not need elevation greater than 30 degrees will disqualify patient for a hospital bed.

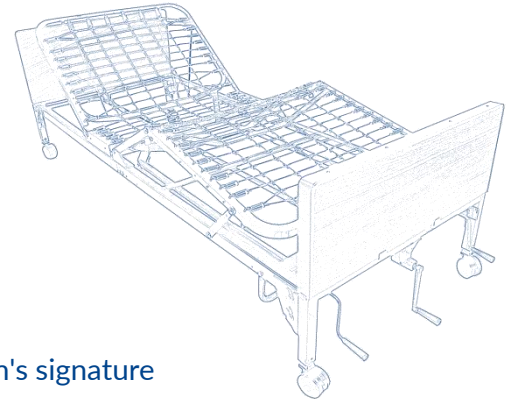


Variable Height Hospital Bed

*Head and foot of bed are adjustable with manual hand-crank
Bed frame, legs, & mattress height are adjustable with manual hand-crank
Includes Bed Rails and standard Dry Mattress*

o Detailed Written Order Requirements:

- Patient name
- Date of order
- Detailed description = "E0255 Variable height bed"
- Quantity = 1
- Frequency = Daily
- Duration / length of need = 99 months
- Physician name
- Physician signature
- Physician signature date
- NPI on prescription that matches ordering physician's signature



o Documentation within the medical chart from physician detailing:

- In order to qualify for any hospital bed, the following statement and at least ONE of the conditions (listed below) must be included to validate Medicare's requirements:***
_____ (specify diagnosis and associated symptoms) makes patient physically incapable of utilizing an ordinary bed because:
 - The patient requires positioning of the body in ways not feasible with an ordinary bed including head/upper body positioning greater than 30 degrees.
 - The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.
 - 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.
 - The patient requires traction equipment, which can only be attached to a hospital bed.
- Patient requires a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position.
- Without the use of the hospital bed, patient will not be able to manage disease and symptoms sufficiently and it will impair one or more mobility-related activities of daily living in the home.
- Patient's mobility & daily living deficit can be sufficiently improved by use of hospital bed.
- Patient is willing and able to safely use the hospital bed in the home.

Important: Any supplied documentation stating the patient's head/upper body does not need elevation greater than 30 degrees will disqualify patient for a hospital bed.



Semi-Electric Hospital Bed

*Head and foot of bed are adjustable with electric motor & hand remote
Bed frame, legs, & mattress height are adjustable with manual hand-crank
Includes Bed Rails and standard Dry Mattress*

o **Detailed Written Order Requirements:**

- Patient name
- Date of order
- Detailed description = "E0260 Semi-electric bed"
- Quantity = 1
- Frequency = Daily
- Duration / length of need = 99 months
- Physician name
- Physician signature
- Physician signature date
- NPI on prescription that matches ordering physician's signature



o **Documentation within the medical chart from physician detailing:**

- In order to qualify for any hospital bed, the following statement and at least ONE of the conditions (listed below) must be included to validate Medicare's requirements:***
_____ (specify diagnosis and associated symptoms) makes patient physically incapable of utilizing an ordinary bed because:
 - The patient requires positioning of the body in ways not feasible with an ordinary bed including head/upper body positioning greater than 30 degrees.
 - The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.
 - 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.
 - The patient requires traction equipment, which can only be attached to a hospital bed.
- To qualify for semi-electric bed, at least ONE of the following conditions must be included:***
 - Patient requires frequent changes in body position.
 - Patient has an immediate need for a change in body position.
- Without the use of the hospital bed, patient will not be able to manage disease and symptoms sufficiently and it will impair one or more mobility-related activities of daily living in the home.
- Patient's mobility & daily living deficit can be sufficiently improved by use of hospital bed.
- Patient is willing and able to safely use the hospital bed in the home.

Important: Any supplied documentation stating the patient's head/upper body does not need elevation greater than 30 degrees will disqualify patient for a hospital bed.

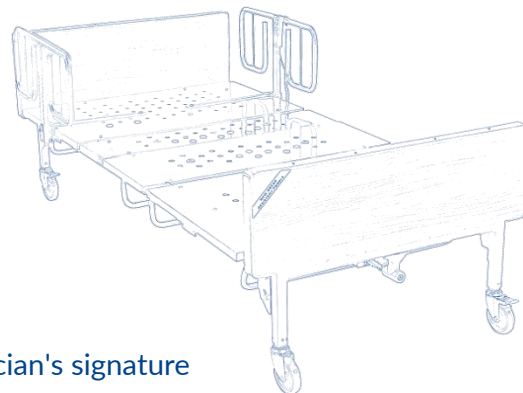


Heavy Duty Hospital Bed

Head and foot of bed are adjustable with electric motor & hand remote
Bed frame, legs, & mattress height are adjustable with electric motor & hand remote
Includes Bed Rails and standard Dry Mattress

o Detailed Written Order Requirements:

- Patient name
- Date of order
- Detailed description = "E0301 Heavy Duty bed"
- Quantity = 1
- Frequency = Daily
- Duration / length of need = 99 months
- Physician name
- Physician signature
- Physician signature date
- NPI on prescription that matches ordering physician's signature



o Documentation within the medical chart from physician detailing:

- In order to qualify for any hospital bed, the following statement and at least ONE of the conditions (listed below) must be included to validate Medicare's requirements:***
_____ (specify diagnosis and associated symptoms) makes patient physically incapable of utilizing an ordinary bed because:
 - The patient requires positioning of the body in ways not feasible with an ordinary bed including head/upper body positioning greater than 30 degrees.
 - The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.
 - 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.
 - The patient requires traction equipment, which can only be attached to a hospital bed.
- Patient weight was ____ (enter weight; must be over 350 lbs) pounds on ____ (specify date; must be within one month of receipt of bed).
- Without the use of the hospital bed, patient will not be able to manage disease and symptoms sufficiently and it will impair one or more mobility-related activities of daily living in the home.
- Patient's mobility & daily living deficit can be sufficiently improved by use of hospital bed.
- Patient is willing and able to safely use the hospital bed in the home.

Important: Any supplied documentation stating the patient's head/upper body does not need elevation greater than 30 degrees will disqualify patient for a hospital bed.

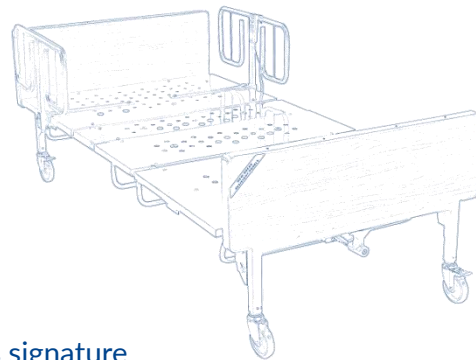


Extra Heavy Duty Hospital Bed

*Head and foot of bed are adjustable with electric motor & hand remote
Bed frame, legs, & mattress height are adjustable with electric motor & hand remote
Includes Bed Rails and standard Dry Mattress*

o **Detailed Written Order Requirements:**

- Patient name
- Date of order
- Detailed description = "E0302 Extra heavy duty bed"
- Quantity = 1
- Frequency = Daily
- Duration / length of need = 99 months
- Physician name
- Physician signature
- Physician signature date
- NPI on prescription that matches ordering physician's signature



o **Documentation within the medical chart from physician detailing:**

- In order to qualify for any hospital bed, the following statement and at least ONE of the conditions (listed below) must be included to validate Medicare's requirements:***
_____ (specify diagnosis and associated symptoms) makes patient physically incapable of utilizing an ordinary bed because:
 - The patient requires positioning of the body in ways not feasible with an ordinary bed including head/upper body positioning greater than 30 degrees.
 - The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.
 - 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.
 - The patient requires traction equipment, which can only be attached to a hospital bed.
- Patient weight was ____ (enter weight; must be over 600 lbs) pounds on ____ (specify date; must be within one month of receipt of bed).
- Without the use of the hospital bed, patient will not be able to manage disease and symptoms sufficiently and it will impair one or more mobility-related activities of daily living in the home.
- Patient's mobility & daily living deficit can be sufficiently improved by use of hospital bed.
- Patient is willing and able to safely use the hospital bed in the home.

Important: Any supplied documentation stating the patient's head/upper body does not need elevation greater than 30 degrees will disqualify patient for a hospital bed.



Total Electric Hospital Bed

*Head and foot of bed are adjustable with electric motor & hand remote
Bed frame, legs, & mattress height are adjustable with electric motor & hand remote
Includes Bed Rails and standard Dry Mattress*

*****IMPORTANT*****

Medicare will not pay for a Total Electric bed. Total Electric is deemed a convenience feature that is “not reasonable and necessary”. In order to receive a Total Electric bed, the patient will need to meet the qualifications for a Semi-Electric bed and privately pay the difference in reimbursement between Semi-Electric and Total Electric beds. ABC will then bill the Medicare for the Semi-Electric model and collect the balance from the patient.

o **Detailed Written Order Requirements:**

- Patient name
- Date of order
- Detailed description = “E0265 Total electric bed”
- Quantity = 1
- Frequency = Daily
- Duration / length of need = 99 months
- Physician name
- Physician signature
- Physician signature date
- NPI on prescription that matches ordering physician's signature



o **Documentation within the medical chart from physician detailing:**

- In order to qualify for any hospital bed, the following statement and at least ONE of the conditions (listed below) must be included to validate Medicare's requirements:***

_____ (specify diagnosis and associated symptoms) makes patient physically incapable of utilizing an ordinary bed because:

- The patient requires positioning of the body in ways not feasible with an ordinary bed including head/upper body positioning greater than 30 degrees.
 - The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.
 - 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.
 - The patient requires traction equipment, which can only be attached to a hospital bed.
- To qualify for total electric bed, at least ONE of the following conditions must be included:***
- Patient requires frequent changes in body position.
 - Patient has an immediate need for a change in body position.
- Without the use of the hospital bed, patient will not be able to manage disease and symptoms sufficiently and it will impair one or more mobility-related activities of daily living in the home.
- Patient's mobility & daily living deficit can be sufficiently improved by use of hospital bed.
- Patient is willing and able to safely use the hospital bed in the home.

Important: Any supplied documentation stating the patient's head/upper body does not need elevation greater than 30 degrees will disqualify patient for a hospital bed.



Hospital Bed – Accessories for Frame

There are a wide variety of accessories available to improve a patient's experience and safety while in their hospital bed. Below are some of the options not shown in the earlier sections. To order, replace or include the code and item name in the "Detailed Description" section of the Detailed Written Order and provide the information in the documentation requirements (these are needed in conjunction with the documentation requirements shown with any hospital bed).

- "E0910 Trapeze Bar – Attached to Bed"
 - Patient must have at least one of the following:
 - The patient needs this device to sit up because of a respiratory condition.
 - The patient needs this device to sit up to change body position for other medical reasons.
 - The patient needs this device to sit up to get in or out of bed.

- "E0911 Trapeze Bar Heavy Duty – Attached to Bed"
 - Patient must have at least one of the following:
 - The patient needs this device to sit up because of a respiratory condition.
 - The patient needs this device to sit up to change body position for other medical reasons.
 - The patient needs this device to sit up to get in or out of bed.
 - Patient weight was ____ (enter weight; must be over 250 lbs) pounds on ____ (specify date; must be within one month of receipt of bed).

- "E0280 Bed Cradle"
 - The patient's condition makes it necessary to prevent contact with the bed coverings.

- "E0274 Over-Bed Table" ①
 - The patient's condition requires the use of the over-bed table to complete their daily living needs while in the bed.

- "E0273 Bed Board" ①
 - The patient's condition requires the use of the bed board to complete their daily living needs while in the bed.

① *Most insurance companies will not pay for this item. It must be paid for privately by the patient or caregiver.*



Detailed Description Information

Includes HCPC codes, product descriptions for all bases, attachments, and miscellaneous parts – all as defined by Medicare regulations:

Code	Description, as defined by Medicare	Additional criteria
E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Must meet 1 of the 4 required conditions
E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Must meet 1 of the 4 required conditions
E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	Must meet 1 of the 4 required conditions
E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Must meet 1 of the 4 required conditions
E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	Must meet 1 of the 4 required conditions
E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Must meet minimum conditions of Fixed Height Bed and different bed height for transfers
E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Must meet minimum conditions of Fixed Height Bed and different bed height for transfers
E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	Must meet minimum conditions of Fixed Height Bed and different bed height for transfers
E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	Must meet minimum conditions of Fixed Height Bed and different bed height for transfers
E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Must meet minimum conditions of Fixed Height Bed and immediate/frequent body position change
E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Must meet minimum conditions of Fixed Height Bed and immediate/frequent body position change
E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	Must meet minimum conditions of Fixed Height Bed and immediate/frequent body position change
E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Must meet minimum conditions of Fixed Height Bed and immediate/frequent body position change
E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS UP TO 24 INCHES ABOVE THE SPRING, INCLUDES MATTRESS	Must meet minimum conditions of Fixed Height Bed and immediate/frequent body position change
E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Not covered by Medicare; must meet conditions for Semi-Electric and pay difference
E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Not covered by Medicare; must meet conditions for Semi-Electric and pay difference
E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS). WITHOUT SIDE RAILS, WITH MATTRESS	Not covered by Medicare; must meet conditions for Semi-Electric and pay difference



E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	Not covered by Medicare; must meet conditions for Semi-Electric and pay difference
E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Must meet minimum conditions of Fixed Height Bed and weigh between 351 - 600 lbs
E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	Must meet minimum conditions of Fixed Height Bed and weigh more than 600 lbs
E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Must meet minimum conditions of Fixed Height Bed and weigh between 351 - 600 lbs
E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	Must meet minimum conditions of Fixed Height Bed and weigh more than 600 lbs
E0271	MATTRESS, INNERSPRING	Replacement item only
E0272	MATTRESS, FOAM RUBBER	Replacement item only
E0274	OVER-BED TABLE	Non-covered item by Medicare; cash purchase or rental only
E0280	BED CRADLE, ANY TYPE	Covered only if bed is owned and item is not currently used with it OR as a replacement part.
E0305	BED SIDE RAILS, HALF LENGTH	Covered only if bed is owned and item is not currently used with it OR as a replacement part.
E0310	BED SIDE RAILS, FULL LENGTH	Covered only if bed is owned and item is not currently used with it OR as a replacement part.
E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	Covered only if bed is owned and item is not currently used with it OR as a replacement part.