

Medicare Local Coverage Determination – Hospital Beds

[Select the appropriate scenario for the patient’s condition. Add in patient’s pertinent symptom and condition. If none of the scenarios apply to your patient’s condition, they do not meet Medicare’s coverage criteria.]

[Phrase]

1. Semi-Electric Hospital Bed – Positioning of Body not feasible in Ordinary Bed / HOB Elevation / Frequent Change in Body Position

Due to *** **Symptom***** as a result of *****Condition*****, patient requires positioning of body in ways not feasible in ordinary bed such as elevation of head more than 30 degrees. Head of bed elevation over 30 degrees will alleviate exacerbated symptoms caused by *****Condition*****. Patient also requires frequent change in body position such as immediate elevation of head of bed from flat position to elevation over 30 degree as a result of *****Symptom*****. Pillows and Wedges have been unsuccessful in accommodating the desired head of bed elevation therefore a hospital bed will be necessary for treating the effects of *****Condition*****.