



Hospital Bed
Prior Authorization (PA) Request Form
(Incomplete Form May Delay Processing)

Table with 2 columns: Provider Information and Member Information. Rows include fields for Ordering Physician Name, Office Phone/Fax, Vendor Name/Phone/Fax, NPI #, Contact Name, Member Name, Member ID #, Member's Date of Birth, and Member's Phone #.

ICD-10 Code(s):

Please answer questions below

HCPCS code(s) (REQUIRED):

*For accessories and add-on features, please list codes and provide supporting documentation

HCPCS code(s) for accessories

Date of initial delivery: _/_/_

Member Resides in Nursing Facility: [] Yes [] No

1. A fixed height hospital bed (E0250, E0251, E0290, E0291, E0328), variable height hospital bed (E0255, E0256, E0292, E0293), semi-electric hospital bed E0260, E0261, E0294, E0295, E0329), heavy duty extra wide hospital bed (E0301, E0303), or extra heavy-duty hospital bed (E0302, E0304) is covered; if one or more of the following criteria (1-4) are met:

- a. Does the patient require positioning that is not possible in an ordinary bed?
b. Does the patient require body positioning for relief of pain not possible in an ordinary bed?..
c. Does the patient require head of bed to be elevated?
d. Does the patient require traction that can only be attached to a hospital bed?

Additional coverage to be met:

- 2. A variable height hospital bed (E0255, E0256, E0292, E0293) is covered if the following is met:
a. Does the member require a bed height different than a fixed height hospital bed to assist with transfers to chair, wheelchair or standing position?
3. A semi-electric hospital bed (E0260, E0261, E0294, E0295, E0329) is covered if the following is met:
a. Does the member require frequent changes in body position?



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4. A **heavy duty extra wide hospital bed (E0301, E0303)** is covered if the following is met:
- a. Is the member's weight is more than 350 pounds, but does not exceed 600 pounds?..... Yes No
5. An **extra heavy-duty hospital bed (E0302, E0304)** is covered if the following is met:
- a. Does the member's weight exceed 600 pounds? Yes No

I certify that I have appropriate authority to request an organization determination for the item(s) indicated on this request. I further certify that the patient's medical records accurately reflect the information provided. I understand that Experience Health Medicare Advantage SM (HMO) may request medical records for this patient at any time in order to verify this information.

Signature: _____ Date: _____

Please Return Completed Form to:

Fax 1-919-765-7805

For questions please call Care Management at 1-833-941-0107.

Experience Health Medicare Advantage SM is a HMO plan. This plan has a Medicare contract. Enrollment in the plan depends on contract renewal.