

Required Medicare Documentation

Hospital Beds & Support Surfaces

The following documentation must be provided for beds and support surfaces. This document will provide an outline and is to be used as a guide in preparing the initial order documentation.

Medicare can change the required documentation at any time, please contact BLACKBURN'S for additional assistance.

- Face Sheet
- Diagnosis Sheet
- Written Order Prior to Delivery (WOPD) contains: beneficiary name, date of order, detailed description of item(s), length of need, physician name & signature and physician's NPI.
- H&P
- PT/OT Notes
- Face-to-Face Examination (F2F) (F2F is an in-person examination done by treating physician showing that beneficiary was evaluated/treated for a condition supporting the need for the equipment. Must be dated no more than six months before date of order)

Standard Hospital Bed

Required Documentation:

Either the H&P, PT/OT notes, or F2F must document that the beneficiary requires elevation, positioning, or traction that is not feasible on an ordinary bed.

Example: Mr. Campbell suffers from severe COPD with orthopnea. He needs the head of the bed to be elevated more than 30 degrees for treatment. Wedge pillows have been tried only to yield a poor result. He is a high-risk patient for pressure ulcers and needs to have frequent changes in body positioning. A semi-electric bed is being ordered".

*Bariatric must be over 350lbs to qualify

*Fully-electric/Hi-Low beds are non-covered through Medicare



Group 1 Support Surface

Required Documentation:

Either the H&P, PT/OT notes, or F2F must document that the beneficiary has impaired mobility or one or more pressure ulcers on the trunk or pelvis and one of the following: incontinence, impaired nutrition, altered perception, or compromised circulation.



Group 2 Support Surface

Required Documentation:

The beneficiary must have multiple stage II ulcers on trunk or pelvis, or large or multiple stage III or IV ulcers on trunk or pelvis. Myocutaneous flaps or skin grafts may also qualify, but beneficiary must also have been on a group 2 or 3 support surface within 30 days prior to discharge.

* Wounds must be re-calculated every 30-days and documented.

*If notes are in a nursing note or PT/OT notes, a treating physician MUST sign off on all appropriate documentation.



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