



**MaineCare Services**  
An Office of the  
Department of Health and Human Services

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## Provider Instructions for requesting a Hospital Bed

**Policy: Chapter II, Section 60 (Durable Medical Equipment Supplies/Repair)**

<http://www.maine.gov/sos/cec/rules/10/ch101.htm>

**Fax or mail request, please do not do both.**

To request this item, please fill out the Durable Medical Equipment Prior Authorization form (MA56) which can be downloaded at: [http://www.maine.gov/dhhs/bms/providerfiles/pa\\_inst\\_sheets\\_forms.html](http://www.maine.gov/dhhs/bms/providerfiles/pa_inst_sheets_forms.html) or a Hospital Bed Certificate of Medical Necessity (if available) (<http://www.manordrug.com/Medicareforms/841hospitalbeds.pdf>)

**Please allow up to 30 calendar days from the date the request is received in the Prior Authorization Unit to review and make a decision.**

### Documentation to be submitted from the Durable Medical Equipment provider:

- Completed** MA56 (Prior Authorization form for requesting DME Supplies/Repair) **or** a Hospital Bed Certificate of Medical Necessity.
- Signed, dated doctor's orders, less than one year old.
- Documented clinical criteria from prescribing physician/Primary Care Provider (PCP), see below.
- Manufacturer's invoice is needed for each procedure code listed, showing the dealer's adjusted acquisition cost. Invoice must match the itemized parts list on the Prior Authorization form pricing and description fields.

### PA Criteria to Approve Request (Refer to Appendix in Section 60 for more details)

**Physician or Primary Care Provider (PCP) must document the following clinical criteria:**

#### Must meet one of the following:

- Member's condition necessitates positioning of the body to alleviate pain, promote good body alignment, prevent body contractures, and avoid respiratory infections, in ways not feasible in an ordinary bed. Documentation should explain why pillows and wedges would not provide adequate support.
- Member's condition requires special attachments (to a bed) that cannot be fixed and used on an ordinary bed.
- An electric bed would need documentation that the member needs to be able to change his own position frequently without having to get out of bed. Member should also be able to operate the controls but exceptions can be made if the member has a spinal cord injury or brain damage.

**It is very important to have an estimated length of need in order to decide between a rental and a purchase.**

**Request will be Deferred (need additional information) when:**

- There is insufficient documentation of the clinical criteria listed above and medical necessity cannot be established by the Department.
- Invoice or Prior Authorization form or Certificate of Medical Necessity was not submitted.

**Request will be Denied when:**

- Member does not meet policy criteria.
- Requested/Deferred information was not received within 30 days.
- Device model is a type used only in a clinical setting and is not suitable for use in the home.