

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

Provider Information		Member Information
Ordering Physician Name:	NPI #:	Member Name:
Office Phone#: Office Fax#:	Contact Name:	Member ID #:
Vendor Name:	NPI #:	Member's Date of Birth:
Vendor Phone #: Vendor Fax #:	Contact Name:	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? .....  Yes  No
- b. Does the patient require body positioning for relief of pain not possible in an ordinary bed?..  Yes  No
- c. Does the patient require head of bed to be elevated? .....  Yes  No
- d. Does the patient require traction that can only be attached to a hospital bed? .....  Yes  No

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? .....  Yes  No
- 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? .....  Yes  No



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

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 Blue Cross NC may request medical records for this patient at any time in order to verify this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return Completed Form to:**

Fax: 1-336-794-1556

For questions please call Care Management at 1-888-296-9790.

Blue Cross and Blue Shield of North Carolina is an HMO/PPO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.