

# Hill-Rom.

## Medicare Criteria

### Group 1 Support Surface Criteria for Medicare Part B Placement\*

#### GROUP 1

##### PATIENT MUST BE

- Completely immobile (Patient cannot make changes in position without assistance.)

##### OR HAVE EITHER

- a) Any stage pressure ulcer on trunk or pelvis

##### OR

- b) Limited mobility (Patient cannot complete activities of daily living without assistance)

##### AND

##### c) At least ONE of the following risk factors:

1. Impaired nutrition
2. Incontinence
3. Altered sensory perception
4. Compromised circulation



**NP50 Prevention Surface (E0184)\***  
Weight Limit: 350 lbs

### Group 2 Support Surface Criteria for Medicare Part B Placement\*

#### GROUP 2

- Multiple Stage II pressure ulcers on the trunk or pelvis
- A comprehensive ulcer treatment program for 30 days
  - Use of a Group 1 support surface
  - Ulcers have not improved

##### OR

- Large or multiple Stage III or IV pressure ulcer(s) on the trunk/pelvis

##### OR

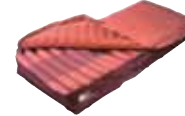
- Flap/graft surgery within the past 60 days
- On a Group 2 or Group 3 support surface prior to hospital/facility discharge



**Silkair® Low Air Loss Therapy Mattress Replacement (E0277)\***  
Weight Limit: 300 lbs



**Silkair® Low Air Loss Therapy Overlay (E0372)\***  
Weight Limit: 250 lbs



**Sentry® 1200LA Alternating Pressure & Low Air Loss Mattress<sup>1</sup> (E0277)\***  
Weight Limit: 350 lbs



**Hill-Rom® P400 Therapy Surface (E0277)\***  
Weight Limit: 350 lbs



**Synergy® Air Elite Mattress Replacement (E0277)\***  
Weight Limit: 600 lbs

### Group 3 Support Surface Criteria for Medicare Part B Placement\*

#### GROUP 3

- Stage III or IV pressure ulcer(s)
  - 8 sq cm (silver dollar) on posterior trunk/pelvis
- Conservative treatment for 30 days without progress towards healing which includes:
  - A Group 2 support surface
  - Treatment to resolve wound infection
  - Debridement of devitalized tissue
  - Nutritional support to promote wound healing
  - Management of moisture/incontinence
  - Dressing selection for moist wound healing
- Bedridden or chairbound
- Trained adult caregiver to assist with ADL's and AFT bed
- In the absence of an air fluidized bed, the patient would require institutionalization.
- A physician directs the home treatment regimen, and reevaluates and recertifies the need for the air-fluidized bed on a monthly basis
- All other alternative equipment has been considered and ruled out

##### Other Considerations:

- Does the patient have a pulmonary condition that requires the capacity to produce an effective cough to mobilize secretions?
- If yes, please contact your Hill-Rom sales representative to discuss your patient's individual needs.



**Clinitron At-Home® Air Fluidized Therapy (E0194)\***  
Weight Limit: 350 lbs

For assistance with product selection, call 800-638-2546.

\* The information provided in this document is for educational purposes only and is not intended to serve as reimbursement advice. It is the responsibility of the provider to consult with the Medicare Program or other applicable health plan for appropriate coding and reporting of all items and services. In all cases, items and services billed must be medically necessary, actually furnished as reported and appropriately documented in conformance with applicable standards. Billing codes (e.g. E0290) and coverage criteria are subject to change. For questions concerning correct Medicare coding, please contact the Statistical Analysis Durable Medical Equipment Regional Carrier (SADMERC). For other questions on Medicare coding or coverage criteria, contact the respective DMEPOS. Actual product selection depends on multiple factors, including patient choice, payor source and clinical review.

<sup>1</sup> Sentry is a registered trademark of SenTech™ Medical Systems, Inc.



Enhancing Outcomes for Patients and Their Caregivers.™

# Hill-Rom. Medicare Criteria

## Medicare Part B Eligibility Criteria for the Hill-Rom® 70 Semi-Electric Bed

For the Hill-Rom 70 Semi-Electric Bed, the patient must:

### A. Have ONE of the following:

1. The patient has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed.

### OR

2. The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.

### OR

3. The patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges must have been considered and ruled out.

### OR

4. The patient requires traction equipment, which can only be attached to a hospital bed.

### AND

### B. Either:

1. Require frequent changes in body position.

### OR

2. Have an immediate need for a change in body position.



Hill-Rom® 70 Semi-Electric Bed  
(E0260/E0261)\*

## Medicare Part B Eligibility Criteria for the Hill-Rom® 1048 Bariatric Bed

For the Hill-Rom 1048 Bariatric Bed, the patient must:

### A. Have ONE of the following:

1. The patient has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed.

### OR

2. The patient requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.

### OR

3. The patient requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration. Pillows or wedges must have been considered and ruled out.

### AND

### B. Either:

1. The patient's weight is greater than 350 pounds and less than or equal to 600 pounds (E0301).\*

### OR

2. The patient's weight exceeds 600 pounds (E0302).\*



Hill-Rom® 1048 Bariatric Bed  
(E0301/E0302/E0303/E0304)\*

## Trapeze Accessories

- Trapeze equipment (E0910, E0940)\* is covered if the patient needs this device to sit up because of a respiratory condition, to change body position for other medical reasons, or to get in or out of bed.
- Heavy duty trapeze equipment (E0911, E0912)\* is covered if the patient meets the criteria for regular trapeze equipment and the patient's weight is more than 250 pounds.



Trapeze Bar, Free Standing,  
Complete With Grab Bar  
(E0940)\*



Trapeze Bar, Heavy Duty, for  
Patient Weight Capacity Greater  
Than 250 Pounds, Free Standing,  
Complete With Grab Bar  
(E0912)\*

Hill-Rom reserves the right to make changes without notice in design, specifications and models. The only warranty Hill-Rom makes is the express written warranty extended on the sale or rental of its products.

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163023 rev 1 4/6/10



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USA 800-638-2546

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