BECN 15279009073

BINSON'S Medical Equipment & Supplies Since 1953

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reset form

Bed & Support Surfaces – Written Order

Patient Name _____ DOB _____ Account Number _____

Order Date _____ Length of Need, 99 (lifetime) or _____ months Height _____ Weight _____

Diagnosis _____

Hospital Beds: ☐ Semi Electric Hospital Bed ☐ Half Rails ☐ Full Rails ☐ Heavy Duty Hospital Bed (351 lbs. +)	**Accessories:** ☐ Bedside Commode ☐ Drop Arm Commode (for transferring) ☐ Heavy Duty Bedside Commode (301 lbs. +) ☐ Trapeze ☐ Bariatric Trapeze (251-650 lbs.) ☐ Patient Lift (250lbs)
Support Surfaces: ☐ Group 1 Dry Pressure Mattress ☐ Group 1 Gel Overlay ☐ Group 1 Alternating Pressure Pad & Pump ☐ Group 2 Low Air Loss	** **Required For *MICHIGAN* Medicaid Patients Only **** **Reason for Medical Necessity (other than diagnosis):** _____ _____

Prescribers Printed Name & Credentials _____ NPI _____

Phone _____ Fax _____

Signature _____ Date _____

Medical records must state the medical necessity for each item ordered

Hospital Beds

- The patient has a medical condition that requires frequent change in body position and/or an immediate need for change in body position not feasible with an ordinary bed, ***OR***
- The patient requires positioning of the body in ways not feasible with an ordinary bed to alleviate pain, ***OR***
- 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.

Commodes

- A commode is covered when the patient is physically incapable of utilizing regular toilet facilities. This would occur in the following situations:
  - The patient is confined to a single room **OR** the patient is confined to one level of the home environment and there is no toilet on that level.

Support Surfaces

Group 1

- Patient is completely immobile ***OR*** Ulcer(s) on the trunk or pelvis ***AND/OR***
- Patient is Partially immobile **and at least one of the following:**

Incontinence	**Altered sensory perception**
Compromised circulatory status	**Impaired nutritional status**

Group 2

- Multiple stage 2 pressure ulcers located on the trunk or pelvis and has been on a comprehensive ulcer treatment program for at least the past month with group 1 support surface and the ulcers have worsened or remained the same over the past month ***OR***
- Large or multiple stage 3 or 4 pressure ulcer(s) on the trunk or pelvis.

2/29/2024