

# Certificate of Medical Necessity

Form for hospital bed



## Section 1A – Patient Information

First Name	MI	Address
Last Name	Suffix	City
Phone Number	ID Number	State ZIP Code +4 County
Date of Birth	Height	Weight

## Section 1B – Supplier Information

Supplier Name	Address	
Phone Number	NPI Number	City
	State	ZIP Code +4 County

## Section 1C – Physician Information

First Name	MI	Address
Last Name	Suffix	City
Phone Number	ID Number	State ZIP Code +4 County

## Section 2 – Medical Necessity Information

Note: Physician, if this section is blank, please complete. Diagnosis codes (ICD-10) – separate with a comma:

Initial Certification Date	Revised Certification Date	
Estimated length of need (number of months)		
1 – 99 (99 = Lifetime)		

- Yes No
- Does the patient require positioning of the body in ways not feasible with an ordinary bed due to a medical condition, which is expected to last at least one month?
  - Does the patient require, for the alleviation of debilitating pain, positioning of the body in ways not feasible with an ordinary bed?
  - Does the patient require 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 aspiration?
  - Have pillows or wedges been considered and ruled out?
  - Does the patient require traction, which can only be attached to a hospital bed?
  - Does the patient require a bed height different than a fixed height hospital bed to permit transfers to chair, wheelchair or standing position?
  - Does the patient require frequent changes in body position and/or have an immediate need for a change in body position?

**Section 3 – Comments or Other Information**

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**Section 4 – Physician Attestation and Signature**

I certify that I am the physician identified in section 1C of this form. I certify that the medical necessity information is true, accurate and complete, to the best of my knowledge.

**Your signature required**

\_\_\_\_\_  
Physician's Signature (Signature and date stamps are not acceptable)

\_\_\_\_\_  
Date Signed