



STANDARD WRITTEN ORDER

PATIENT INFORMATION		Date: _____		
NAME	PHONE	DOB	SEX	HT/WT
STREET	CITY	STATE	ZIP	
PRIMARY INS	POLICY #		DX CODE(S)	
SECONDARY INS	POLICY #		Email	

Note: Specific criteria must be met to determine insurance coverage for prescribed items

Wheelchairs

- Standard (K0001)
- Lightweight (K0003)
- Heavy Duty - Pt Wt ≥ 250 lbs. (K0006)
- Extra Heavy Duty - Pt Wt ≥ 300 lbs. (K0007)

- Reclining Back (K0001 & E1226)*
- Hemi (K0002)
- Nonstandard seat frame: seat with ≥ 20", < 24" (E2201)
- Other _____

Wheelchair Accessories

- Elevated Leg Rests (K0195)
- Anti Tippers (E0971) LT / RT

- Sliding Board (E0705)
- Hemi (K0002)

Wheelchair Cushions

- General Seat Cushion <22" (E2601)
- General Seat Cushion >22" (E2602)
- Gel Seat Cushion <22" (E2603)*

- Gel Seat Cushion >22" (E2604)
- Back Cushion <22" (E2611)
- Back Cushion >22" (E2612)

Ambulatory Aids

- Cane, Single Point (E0100)
- Cane, Quad (E0105)
- Walker, Hemi (E0135)
- Walker, Standard (E0135)
- Walker, 2 – Wheeled (E0143)
- Walker, Rollator w/Seat Attach (E0143 & E0156)

- Walker, Wheeled Heavy Duty Pt Wt ≥ 300 lbs (E0149)
- Walker, Bariatric Rollator w/Seat Attach Pt Wt ≥ 300 (E0149 & E0156)
- Platform Attachment _____RT _____ LT (E0154)
- Commode, Three in One (E0163)
- Commode, Three in One Bariatric (E0168)
- Commode, Drop Arm (E0165)

Hospital Beds & Accessories

- Semi Electric Hospital Bed (E0260)
- Gel Overlay (E0185)

- Heavy Duty Hospital Bed (E0303) weight > 350 pounds < 600 pounds
- Other _____

Include with Referral Form:

- Recent progress notes
- Documentation of medical necessity form

Length of Need for Prescribed _____

 Physician's Name (Print)

 NPI

 Physician's Signature

 Date

Thank you for your business!

Medical Necessity Documentation

Name _____ DOB _____ Medicare/ Insured # _____

Ambulatory Aids

- Cane (E0100, E0105) Patient has a mobility limitation that significantly impairs their ability to participate in one or more MRADL in the home.
- Walker (E0135, E0143) Patient has a mobility limitation that significantly impairs their ability to participate in one or more MRADL in the home; AND prevents the patient from accomplishing MRADL entirely; OR patient is at heightened risk of morbidity or mortality secondary to the attempts to perform MRADL; OR prevents the patient from completing MRADL w/in a reasonable time frame.
- Walker, Heavy Duty (E0149) Meets E0143 criteria AND weighs more than 300 pounds.

Standard Wheelchair (K0001)

- 1. Patient has mobility limitation; AND will use to complete toileting, feeding, dressing, grooming, and bathing; AND
- 2. Patient willing to use wheelchair in the home; AND mobility cannot be sufficiently resolved using an appropriately fitted cane or walker; AND
- 3. Patient has a caregiver who is available, willing, and able to assist with the wheelchair; AND
- 4. Patient fatigues easily; AND has low endurance; AND is non weight bearing, partial weight bearing or weight bearing as tolerated; AND
- 5. Patient has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the manual wheelchair in the home; OR has a caregiver who is available, willing, and able to assist with the wheelchair.

Standard Hemi-Wheelchair (K0002)

- Patient meets criteria 1-5 for K0001; AND
- Patient is of short stature; OR
- Enables patient to place feet on ground to propel

Lightweight Wheelchair (K0003)

- Patient meets criteria 1-5 for K0001; AND
- Patient cannot self-propel in a standard wheelchair in the home; AND
- Can and does self-propel in a lightweight wheelchair.

Heavy-Duty Wheelchair (K0006)

- Patient meets criteria 1-5 for K0001; AND
- Weighs more than 250 pounds OR
- Has severe spasticity.

Extra Heavy-Duty Wheelchair (K0007)

- Patient meets criteria 1-5 for K0001; AND
- Patient weighs more than 300 pounds

Extra Heavy-Duty Wheelchair (K0007)

- Patient meets criteria 1-9 for K0001; AND
- Patient weighs more than 300 pounds

W/C Seat & Back Cushions (E2601, E2602, E2611, E2612)

- Patient will have prolonged sitting in wheelchair
- Patient is at risk for skin breakdown

WC Accessories

- Reclining Back (E1226) High risk for pressure ulcers
- Elevated Leg Rests (K0195) LE cast, edema, or has reclining back

Commode (E0163)

- The patient is confined to a single room; OR
- The patient is confined to one level where is no toilet available

Heavy Duty Commode (E0168)

- Patient meets criteria for E0163; AND
- Weighs 300 pounds or more

Drop Arm (E0165)

- Patient meets criteria for E0163; AND
- Detachable arms are necessary to facilitate transferring or requires extra width

Hospital Bed (E0260, E0303)

- The patient has a medical condition which requires positioning of the body in ways 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 CHF, COPD, or problems with aspiration, OR
- The beneficiary requires frequent changes in body position and/or has an immediate need for a change in body position.
- The patient's weight is more than 350 pounds but does not exceed 600 pounds.

Gel Overlay (E1085) for Hospital Bed

- The patient is immobile
- The patient has limited mobility
- The patient has any stage pressure ulcer

Ordering Physician

Signature

NPI

Date

10/2020
JMS