

Medical Equipment Detailed Written Order

Patient _____ DOB _____ Phone # _____
 Address _____ Pt Height _____ Pt Weight _____
 Estimated LON: 99 Months OR _____ Start Date _____ Diagnosis _____

<p>Wheelchairs: Width _____ Depth _____ PT/OT Evaluation for Custom W/C ___K0001 Standard Manual WC <250lbs ___K0004 High Strength Lightweight WC <250lbs ___ Requires seat depth 18" or Greater ___ Requires STF Hemi Height less than 17" ___ Spends at least 2-hours a day in the chair ___K0006 Heavy Duty Manual WC 250-300lbs</p> <p>Wheelchair Accessories: ___K0195 Elevating Leg Rests ___E0971 Anti-tippers _____ LT _____ RT ___E2201 Manual WC Frame Width 20-23" ___E2202 Manual WC Frame Width 24-27"</p> <p>Wheelchair Cushions: ___E2601 General Use Seat Cushion <22" ___E2611 General Use Back Cushion <22" ___E2602 General Use Seat Cushion 21"+ ___E2612 General Use Back Cushion 21"+ ___E2622 ROHO Seat Cushion <22" ___E2623 ROHO Seat Cushion 21"+</p>	<p>Walking Aids: ___E0105 Quad Cane Sm _____ Lg _____ ___E0135 Adult folding walker no wheels ___E0143 Adult folding walker w/ wheels ___E0148 HD folding walker >300lbs ___E0149 HD folder walker w/wheels >300lbs ___E0143&E0156 Rollator Walker w/seat attachment ___E0149&E0156 HD Rollator Walker w/seat attachment >300lb</p> <p>Patient Room: ___E0163 Bedside Commode <300lbs ___E0168 HD Bedside Commode 300lbs+ ___E0630 Hoyer Lift/ Patient Lift ___E0910 Trapeze Bar attached to Bed <250lbs</p>
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<p>Sleep therapy: AHI: _____ Symptoms is AHI 5-15 _____ ___E0601 CPAP _____ cmH₂O Ramp: _____ ___E0601 CPAP Auto Min: _____ cmH₂O Max: _____ cmH₂O ___E0470 BiPAP _____ CPAP tried and ineffective IPAP _____ cmH₂O EPAP: _____ cmH₂O ___E0471 RAD w/backup _____ cmH₂O IPAP _____ cmH₂O EPAP: _____ cmH₂O Rate: _____ RiseTime: _____ sec Max Insp Time: _____ InspTime: _____ % ___E0562 Heated Humidifier ___A7030 Full Face Mask- 1 q 3mths ___A7031 Full Face Cushions- 1 q mth ___A7032 Nasal Cushions- 2 q mth ___A7033 Nasal Pillows- 2 q mth ___A7034 Nasal/Pillow Mask- 1 q 3mths ___A7035 Headgear- 1 q 6mths ___A7036 Chinstrap- 1 q 6mths ___A7037 Tubing- 1 q 3mths ___A7038 Disposable Filters- 2 q mth ___A7039 Non Disposable Filter- 1 q 6mths ___A7046 Humidifier Chamber- 1 q 6mths</p>	<p>Hospital Beds & Mattresses: ___E0261 Semi Electric bed w/o mattress ___E0260 Semi Electric bed w/ mattress ___E0303 HD SemiElectric w/mattress 351-600lb ___E0301 HD SemiElectric w/out mattress 351-600lb ___E0304 Extra HD Bed w/ mattress 600lbs+ ___E0184 Dry Pressure Foam Mattress (Geo) ___E0277 Power Pressure reducing- Low Air Loss Mattress</p> <p>Respiratory: Overnight Pulse Oximetry on Room Air ___E1390 Home O₂ Concentrator @ _____ LPM _____ hrs _____ Nasal Cannula OR _____ PAP Device ___E0431 Portable Gaseous Oxygen System _____ Conserver O₂ SAT: _____ % at rest _____ % HS _____ % During Exercise _____ % on _____ LPM ___E0600 Respiratory Suction Pump ___A4624 Tracheal Suction Catheters (3 q day) ___A4628 Non-tracheal suction catheters (3 q week)</p> <p>Nebulizer: ___E0570 Nebulizer Compressor ___A7003 Disposable Neb Kit 2/mth ___A7005 Reusable Neb Kit 1/6mth ___Medications Via Nebulizer Frequency _____ Refills <u>11</u> ___Albuterol .083% 2.5mg/3.0ml ___Ipratropium Bromide .02% 0.5mg/2.5ml ___Gen DuoNeb Iprat. .02% 0.5mg/Alb .083% 2.5mg/3.0ml</p>
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I have placed an order for & am overseeing the medical appropriateness of these medical equipment items. I do find that all items listed above are medically necessary for grooming, bathing, toileting, and/or eating in the home.

Ordering Physician Print Name _____ NPI _____
 Signature _____ Date _____