

Durable Medical Equipment Detailed Written Order

Patient name: _____ DOB: _____ Order date: _____

Diagnosis: _____ Length of need: _____ months

Mobility Assistance

HCPCs	Product Description	HCPCs	Product Description
<input type="checkbox"/> E0135	Hemi walker (no wheels)	<input type="checkbox"/> E1038	Transport Chair
<input type="checkbox"/> E0148	Bariatric walker (without wheels)	<input type="checkbox"/> K0001	Standard Manual Wheelchair
<input type="checkbox"/> E0143	Rolling walker	<input type="checkbox"/> K0003	Lightweight Manual Wheelchair
<input type="checkbox"/> E0143/E0156	Rollator (4-wheeled walker w/ seat)	<input type="checkbox"/> K0006	Heavy Duty Manual Wheelchair
<input type="checkbox"/> E0149	Bariatric wheeled walker	<input type="checkbox"/> K0007	Extra Heavy Duty Manual Wheelchair
<input type="checkbox"/> E0154	Platform attachment, walker, each	<input type="checkbox"/> K0195	Elevated Leg Rests
<input type="checkbox"/> E0100	Straight cane	<input type="checkbox"/> E2601	Basic Wheelchair Cushion
<input type="checkbox"/> E0105	Quad cane	<input type="checkbox"/> E2611	Basic Wheelchair Back Cushion

Commodes

HCPCs	Product Description
<input type="checkbox"/> E0163	Bedside commode
<input type="checkbox"/> E0165	Droparm commode
<input type="checkbox"/> E0168	Extra wide/heavy duty commode

Hospital Beds

HCPCs	Product Description
<input type="checkbox"/> E0260	Semi-electric hospital bed
<input type="checkbox"/> E0184	Geo Mattress (dry pressure)
<input type="checkbox"/> E0185	Gel Mattress overlay
<input type="checkbox"/> E0181	Alternating Pressure Mattress (APP)
<input type="checkbox"/> E0277	Low Air Loss Mattress

Respiratory

HCPCs	Product Description	HCPCs	Product Description
<input type="checkbox"/> E0570	Nebulizer	<input type="checkbox"/> E0600	Suction Machine
		<input type="checkbox"/> E0565	50 PSI Compressor

<input type="checkbox"/> E1390	Oxygen Concentrator		
<input type="checkbox"/> E1392	Portable Oxygen Concentrator		
<input type="checkbox"/> E0431	Portable gaseous e-tank		
<input type="checkbox"/> K0738	Portable gaseous homefill system		
<input type="checkbox"/> E0439	Stationary liquid oxygen system		
<input type="checkbox"/> E0434	Portable liquid oxygen system		

Prescribed O2 liter flow & duration _____

****Liquid oxygen should only be ordered for 4L or higher**

OTHER (be specific) _____

Physician name (print): _____ Signature: _____

Physician NPI: _____ Physician phone: _____

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For more information: (800) 940-5151
Fax: (800) 676-3127



Answers to Frequently Asked Questions

Medicare Requirements for Durable Medical Equipment

- All criteria for prescribed equipment must be documented in the progress note/ F2F visit. Criteria will not be accepted on the script or letterhead.
- F2F encounter for all DME (except oxygen) must be within 6 months of order. For oxygen orders from physician office, the F2F visit must be within 30 days.
 - The face-to-face requirements can be further reviewed in the MLN Matters article (MM8304) published by CMS. There is also a Dear Physician letter published by CGS that further discusses the 6 month time-frame.
 - <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/DetailedWrittenOrdersandFacetoFaceEncounters.pdf>
 - http://www.cgsmedicare.com/pdf/f2f_wo_requirements_highcostdme.pdf
- Completed criteria (signed by physician) must accompany the written order prior to equipment delivery.
- Script must be signed and dated on or after the F2F encounter. If an addendum is added to the F2F note for additional criteria, a new script must also be written.
 - An addendum should not be dated more than two weeks after a F2F encounter with the patient.
- Orders for oxygen equipment must include the prescribed liter flow and duration.
- Qualifying exertion/ambulation SATS must include all 3 steps:
 - Room Air at Rest
 - Ambulating on room air
 - Ambulating on O2 (document liter flow)
- Medicare beneficiaries are only eligible for new equipment after 5 years.

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