

Durable Medical Equipment Services Prescription

Patient Name: _____ MRN: _____ DOB: _____
 Address: _____ ☐ Male ☐ Female Height: _____ Weight: _____
 City: _____ State: _____ Zip: _____ Order Date: _____

DIAGNOSIS (ICD-10 Code REQUIRED)

ICD-10	Diagnosis	ICD-10	Diagnosis	ICD-10	Diagnosis
_____	Multiple Sclerosis	_____	COPD	_____	Amputation of foot
_____	Cerebral Palsy NEC	_____	Chronic Respiratory Failure	_____	Amputation leg Bilat
_____	Quadriplegia, unspecified	_____	Decubitus Ulcers, _____	_____	Tracheostomy Status
_____	Hypertension	_____	Osteoarthritis NOS Unspc	_____	_____
_____	CHF	_____	Muscle Weakness, Gen	_____	_____
_____	CVA	_____	Osteoporosis NOS	_____	_____
_____	Simple Chr Bronchitis	_____	Abnormality of Gait	_____	_____
_____	Asthma	_____	Dysphagia / Unspecified	_____	_____

DIAGNOSIS

Length of Need: _____

Respiratory

E0570 Nebulizer Administration Set
 A7003 Disposable Neb Circuit, 2/1mo
 A7005 Non-Disposable Neb Set 1/6mo
 A7013 Nebulizer Filter
 A7015 Aerosol Mask Used/w Nebulizer
 1/1mo
 E0600 Suction Machine
 E0565 Air Compressors
 Suction Catheters, 90/1mo
 A4628 Yankauer Catheters, 2/1mo
 A7000/A7002 Suction Cannister Kits

Ambulatory

E0135 Standard Folding Walker
 E0143 Walker w/ Wheels
 E0156 Seat Attachment
 E0163 Bedside Commode

Wheelchairs

K0001 Standard Wheelchair
 K0002 Hemi Wheelchair
 K0003 Light Weight Wheelchair
 K0004 Ultra Light Weight Wheelchair
 K0006 Heavy Duty Wheelchair
 K0007 Extra Heavy Duty Wheelchair
 K0195 Elevating Leg Rest
 E1226 Fully Reclining Back
 E0973 Det Adj HT Armrests
 E0971 Anti Tipping Device
 E0951 Heel Loops
 E0961 Wheel Lock Ext
 E0978 Pelvic Strap (Safety Belt)
 E2601 General Use Seat Cushion
 E2611 General Use Back Cushion
 E1038 Transport Chair (up to 300lbs)

Hospital Bed

E0260 Semi-Electric Hospital Bed w
 Mattress and Rails
 E0271 Hospital Bed innerspring
 Mattress
 E0303 Heavy Duty Beds, 350 -
 600lbs w/ Mattress and Rails
 E0304 Heavy Duty Beds > 600lbs w/
 Mattress and Rails
 E0910 Trapeze Bar
 E0940 Free Standing Trapeze Bar
 E0630 Patient Lift w/ Sling
 E0185 Gel Overlay Group I Support Surface
 E0277 Power Pressure Reducing Air
 Mattress
 E0181 Power Alternating Pressure
 Pads Group I Support Surface
 Repair / Replace:

If ordering a bedside commode must answer:

Yes No

The Patient is confined to one room or one
 level of a multilevel house without a bathroom.

Provide temporary equipment
 if needed. K0462

Prescriber Name: _____ Phone Number: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Prescriber Signature: _____ NPI: _____
 Date: _____ License#: _____