

WHEEL CHAIR

Hemi Height (<=5'6" or feet propels)

I evaluated (patient name) face to face for durable medical equipment. He/She needs a hemi height wheelchair because of mobility limitations impairing their ability to participate in toileting, feeding, dressing, grooming, bathing (MRADL's) as noted in PT notes on Date and I concur with those PT notes.

Ex: unsteady gait due to weakness or neuropathy

Ex: Likely to fall because of distance to restroom, kitchen, etc

These ADL issues cannot be resolved by a cane or a walker and patient is willing and able to use a wheelchair or has a caregiver to assist. The home is wheelchair accessible and the wheelchair will improve their ability to perform toileting, feeding, dressing, grooming, bathing (MRADL's). Ex: Will be able to ambulate from bedroom to restroom and kitchen. Add other improvements in MRADLs because of the wheelchair specific to this patient.

The seat height needs to be 17" – 18" because of short stature or will propel with their feet.

Light Weight

I evaluated (patient name) face to face for durable medical equipment. He/She needs a light weight wheelchair with back and seat cushions because of upper body extremity muscle weakness and cannot propel a standard wheel chair, but can propel a light weight wheelchair. Patient name has mobility limitations impairing their ability to participate in toileting, feeding, dressing, grooming, bathing (MRADL's) as noted in PT notes on Date and I concur with those PT notes.

Ex: unsteady gait due to weakness or neuropathy

Ex: Likely to fall because of distance to restroom, kitchen, etc

These ADL issues cannot be resolved by a cane or a walker and patient is willing and able to use a wheelchair or has a caregiver to assist. The home is wheelchair accessible and the wheelchair will improve their ability to perform toileting, feeding, dressing, grooming, bathing (MRADL's). Name of patient Ex: will be able to ambulate from bedroom to restroom and kitchen. Add other improvements in MRADLs because of the wheelchair specific to this patient.

Standard

I evaluated (patient name) face to face for durable medical equipment. He/She needs a standard wheelchair with back and seat cushions because of mobility limitations impairing their ability to participate in toileting, feeding, dressing, grooming, bathing (MRADL's) as noted in PT notes on Date and I concur with those PT notes.

Ex: unsteady gait due to weakness or neuropathy

Ex: Likely to fall because of distance to restroom, kitchen,

These ADL issues cannot be resolved by a cane or a walker and patient is willing and able to use a wheelchair or has a caregiver to assist. The home is wheelchair accessible and the wheelchair will improve their ability to perform toileting, feeding, dressing, grooming, bathing (MRADL's). patient name Ex: will be able to ambulate from bedroom to restroom and kitchen. Add other improvements in MRADLs because of the wheelchair specific to this patient.

Heavy Duty (>=250lbs)

I evaluated (patient name) face to face for durable medical equipment. He/She needs a heavy duty wheelchair because of mobility limitations impairing their ability to participate in toileting, feeding, dressing, grooming, bathing (MRADL's) as noted in PT notes on Date and I concur with those PT notes.

Ex: unsteady gait due to weakness or neuropathy

Ex: Likely to fall because of distance to restroom, kitchen, etc

These ADL issues cannot be resolved by a cane or a walker. The home is wheelchair accessible and the wheelchair will improve their ability to perform toileting, feeding, dressing, grooming, bathing (MRADL's). Patient name is willing and able to use a wheelchair and weighs more than 250 lbs.

Extra Heavy Duty (>=300lbs)

I evaluated (patient name) face to face for durable medical equipment. He/She needs an extra heavy duty wheelchair because of mobility limitations impairing their ability to participate in toileting, feeding, dressing, grooming, bathing (MRADL's) as noted in PT notes on Date and I concur with those PT notes.

Ex: unsteady gate due to weakness or neuropathy

Ex: Likely to fall because of distance to restroom, kitchen, etc

These ADL issues cannot be resolved by a cane or a walker. The home is wheelchair accessible and the wheelchair will improve their ability to perform toileting, feeding, dressing, grooming, bathing (MRADL's). Patient name is willing and able to use a wheelchair and weighs more than 300 lbs.

High Strength Light Weight Wheelchair

I evaluated (patient name) face to face for durable medical equipment. He/She needs a high strength light weight wheelchair because of mobility limitations impairing their ability to participate in toileting, feeding, dressing, grooming, bathing (MRADL's) as noted in PT notes on Date and I concur with those PT notes.

Ex: unsteady gate due to weakness or neuropathy

Ex: Likely to fall because of distance to restroom, kitchen, etc

These ADL issues cannot be resolved by a cane or a walker. The home is wheelchair accessible and the wheelchair will improve their ability to perform toileting, feeding, dressing, grooming, bathing (MRADL's). Patient name is willing and able to use a wheelchair. Patient self-propels in the wheelchair while engaging in frequent activities that cannot be performed in a standard or lightweight wheelchair. The patient spends extended time in the wheelchair **OR** there is concern about the durability of the other wheelchair models.

Home Oxygen Equipment

I evaluated my patient face to face for durable medical equipment. The patient needs home oxygen concentrator with portable oxygen with contents. Room air saturation level is % at rest, under exertion % , with O2 at LPM at exertion % . Note: If patient at rest O2 levels are <=87%, no exertion test is required.

For nocturnal oxygen: while awake RA says >89% and falls to <88% for more than 5 minutes while sleeping.

Enteral Feedings

I evaluated my patient face to face for durable medical equipment. The patient needs equipment for enteral feedings because of dysphasia. Patient will have an impairment for a minimum of 3 months. Patient will need equipment and formula for (LON at least 3 months up to 99 mos). Patients nutrition will be provided via a tube into their stomach to maintain their weight and strength. A pump is required due to _____ (severe diarrhea, or dumping syndrome, or admission rate is <100ml/hr, or blood glucose changes, or circulatory overload)

CPAP (f2f date must be before sleep test date to assess patients OSA)

I evaluated my patient face to face for durable medical equipment. The patient needs equipment for sleep deprivation due to HTN, CVA, sleepiness, impaired cognition, or insomnia. Patients sleep test meets AHI or RDI > 15 events per hour with a minimum of 30 events **OR**

Patients sleep test meets AHI or RDI > 5 and < to 14 events per hour with a minimum of 10 events **And** with HTN, CVA sleepiness, imparted cognition, or insomnia.

Low air loss mattress

I evaluated my patient face to face for durable medical equipment. The patient needs a low air loss mattress due to 2 or more stage II pressure ulcers or 1 or more stage III or stage IV pressure ulcer(s) located on the trunk or

pelvis. also include a skin assessment as well as a statement of location and size of pressure ulcer(s). Group 1I Support Surfaces form completed with physician signature, NPI #, and date is required.

Alternating Pressure Pad and Pump (APPNP)

I evaluated my patient face to face for durable medical equipment. Patient needs an alternating pressure pad and pump due to stage I or II pressure ulser(s) located on the trunk or pelvis.

Group 1 Support Surfaces form completed with physician signature, NPI #, and date is required.

Hoyer Lift

Without the use of the lift the patient would be confined to a bed.

PLEASE NOTE:

We recommend the above verbiage be part of a standard progress note in the format commonly used by the physician or facility. Use some of your own words to make each order specific to each patients need for the equipment. Each sentence has the verbiage required by Medicare. Use the patients name instead of "patient". If this is a separate request, to ensure the equipment is approved add additional medical reasons the patient needs the equipment specific to this patient. The following are required by Medicare as well:

Date:

MRN: (medical record number)

Patient:

Physician:

Signed by:

Physician _____ Date _____

Printed physicians name

NPI # _____

Written by _____ acting as scribe for _____ .

If progress notes is written by an employee of Dr or facility.

Diamond Medical Equipment
1324 N. Farrell Court 102, Gilbert AZ 85233
480.926.4363 FAX 480.926.4364

Items Needed for Durable Medical Equipment to be dispensed

1. ORDER

Date of Order

Dr. Name

Dr. NPI #

Pt. Name

Detailed Description of Equipment

Length of Need

Dx

Start Date

Dr. Signature w/ Signature Date

2. Face Sheet

3. H & P

4. Progress Notes

5. Face to Face visit from Physician

If done by a N.P. or P.A. needs to be countersigned by a M.D. or D.O.

See attached for LCD language for F2F progress note.

Can NOT be written on a Dr. order.

Must be dated/written prior or same day to the order written.

6. CMN for Oxygen. Sent to Dr to fill in LON, Dianosis codes, section b, sign and Date, then fax back to Diamond Medical

Please note for Oxygen, sats need to be done 48 hrs to discharge from a facility, or 30 days prior to order if taken in outpatient setting.