

Hospital, Home Health or Physician Office

Health Care Medical Home Medical Equipment 601.420.0064 office 601.420.0223 fax

**DME ORDER FORM –** PHYSICIAN ORDER / DETAILED WRITTEN ORDER

**Date of Order** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Patient’s Room Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Patient’s Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Patient’s Height** \_\_\_\_\_\_\_\_\_\_\_ **Weight**\_\_\_\_\_\_\_

**Telephone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment Length of Need:** LIFETIME \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ICD-10 DX CODES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD-10 DX CODES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Respiratory:**

**\_\_\_\_\_ E1390 Stationary Oxygen Concentrator\*\*\* \_\_\_\_\_E0443 Portable Oxygen Tank\*\*\***

**\_\_\_\_\_ E0431 Portability (Tubing, Nasal Cannula) \_\_\_\_\_ E0430 Portability (MEDICAID) (Tubing, Nasal Cannula)**

**\_\_\_\_\_ E0570 Nebulizer \_\_\_\_\_ A7005 Reusable Neb Circuits \_\_\_\_\_ A7003 Disposable Neb Circuits \_\_\_\_\_ A7015 Aerosol Mask**

**Bedside Commodes:**

**\_\_\_\_\_ E0163 3 in 1 Bedside Commode Chair \_\_\_\_\_ E0168 Heavy Duty Bedside Commode**

**\_\_\_\_\_ E0165 Drop Arm Commode \_\_\_\_\_ E0168 Heavy Duty Drop Arm Commode \_\_\_\_\_Shower Chair $75**

**\_\_\_\_\_Shower Chair $75** \_\_\_\_\_**Heavy Duty Shower Chair $193.00 \_\_\_\_\_Transfer Bench $180**

**Canes/ Walkers:**

**\_\_\_\_\_ E0100 Single Point Cane \_\_\_\_\_ E0105 Quad Cane \_\_\_\_ Small Base \_\_\_\_\_ Wide Base**

**\_\_\_\_\_ E0135 Walker \_\_\_\_\_ E0135 Hemi Walker**

**\_\_\_\_\_ E0143 Walker w/ Wheels \_\_\_\_\_ E0154 Platform Attachment \_\_\_\_ LT \_\_\_\_ RT**

**\_\_\_\_\_ E0148 Heavy Duty Walker (301lbs &↑) \_\_\_\_\_ E0156 Seat Attachment**

**\_\_\_\_\_ E0149 Heavy Duty Walker w/ Wheels \_\_\_\_\_ E0158 Leg Extensions**

**Wheelchairs & Accessories:**

**\_\_\_\_\_ K0001 Standard Wheelchair (up to 250lbs) \_\_\_\_\_ E0951 Heel Loop**

**\_\_\_\_\_ K0006 Heavy Duty Wheelchair (251-300lbs) \_\_\_\_\_ K0195 Elevating Leg Rests**

**\_\_\_\_\_ K0007 Heavy Duty Wheelchair (301lbs and ↑) \_\_\_\_\_ E0971 Anti-Tippers**

**\_\_\_\_\_ E0973 Adjustable Height Detachable Armrest \_\_\_\_\_ E1226 Fully Reclining Back**

**\_\_\_\_\_ E0966 Headrest \_\_\_\_\_ E0705 Transfer Device**

**\_\_\_\_\_ E0978 Safety Belt \_\_\_\_\_ K0053 Articulating Leg Rest**

**Cushions:**

**\_\_\_\_\_ E2601 Standard Seat Cushion \_\_\_\_\_ E2602 Standard Wide Seat Cushion**

**\_\_\_\_\_ E2603 Gel Cushion \_\_\_\_\_ E2604 Skin Protection Wide Seat Cushion**

**\_\_\_\_\_ E2622 Group II Cushion**

**Hospital Bed, Mattress, Support Surface and Patient Lifts:**

**\_\_\_\_\_E0260 Semi –Electric Hospital Bed Kit \_\_\_\_\_E0305 ½ Rails \_\_\_\_\_E0305 Full Rails \_\_\_\_\_E0910 Trapeze Bar**

**\_\_\_\_\_E0303 Heavy Duty Bed Kit (351lbs – 600lbs) \_\_\_\_\_E0304 Heavy Duty Bed Kit (Exceeds 600lbs)**

**\_\_\_\_\_E0271 Inner Spring Mattress \_\_\_\_\_E0184 Group I Mattress \_\_\_\_\_E0277 Group II Mattress**

**\_\_\_\_\_E0630 Hydraulic Patient Lift(up to 450lbs) \_\_\_\_\_E0635 Electric Patient Lift (call for weight limit) \_\_\_\_\_E0621 Full Body Sling \_\_\_\_\_E0621 Full Body Sling w/Commode Opening**

**Negative Pressure Wound Therapy:**

**\_\_\_\_\_E2402 NPWT (Wound Vac) \_\_\_\_\_A7000 NPWT Canister \_\_\_\_\_XZERO NPWT Double Tubing**

**\_\_\_\_\_A6550 NPWT Bandage \_\_\_\_\_Small \_\_\_\_\_Medium \_\_\_\_\_Large**

\*\*ICD 10 code must be relevant to equipment ordered\*\*

**Physician’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time:\_\_\_\_\_\_\_**

\*\*\*Must be on a progress note in the patient’s medical record & performed all at the same time:

1. Resting room air sat \_\_\_\_\_\_% \*if 89% or higher continue with next 2 steps\*\* 2. Ambulating on Room air sat \_\_\_\_\_%

3. Ambulating on \_\_\_ lpm of oxygen to show improvement sat \_\_\_\_\_%