



- \_\_\_ LEXINGTON
- \_\_\_ LOUISVILLE
- \_\_\_ COVINGTON
- \_\_\_ PRESTONSBURG
- \_\_\_ SOMERSET
- \_\_\_ WHITLEY CITY

# DETAILED WRITTEN ORDER

Order Date: \_\_\_\_\_

Order Type: \_\_\_ Initial \_\_\_ Revised \_\_\_ Recert

LON: \_\_\_\_\_ 1-99 Months (99 = Lifetime)

PATIENT: \_\_\_\_\_ DOB \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ NPI \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Dx / ICD-10: ① \_\_\_\_\_, ② \_\_\_\_\_, ③ \_\_\_\_\_

## EQUIPMENT / ACCESSORIES / PHYSICIAN'S ORDER:

*Equipment & Accessories HCPCS Code / Item Description / Quantity Ordered*

<b>Aerosol Therapy</b>	
___ E0570	Neb Compressor
___ A7003	Neb Kit Set, Disposable (2 per month)
___ A7005	Neb Kit Set, Non-Disposable (1 per 6 months)
___ A7013	Neb Filter, Disposable (2 per month)
___ A7005	Aerosol Mask (1 per month)
___ E0565	Air Compressor
<b>Suction &amp; Trach Supplies</b>	
___ E0600	Respiratory Suction Pump
___ A4624	Tracheal Suction Catheter (90 per month)
___ A4628	Oropharyngeal Suction "Yankauer" (12 per month)
___ A4625	Trach Care Kit for NEW trach (30 per month)
___ A4629	Trach Care Kit for EST. trach (30 per month)
<b>Walkers</b>	
___ E0135	Walker, Standard, Pickup, Folding
___ E0143	Walker, Standard, Wheeled, Folding
___ E0148	Walker, Heavy Duty, Pickup, Rigid or Folding
___ E0149	Walker, Heavy Duty, Wheeled, Rigid or Folding
___ E0156	Seat Attachment for Walker, each
<b>Commodes</b>	
___ E0163	Bedside Commode, Standard, Fixed Arms
___ E0168	Bedside Commode, Extra Wide &/or Heavy Duty
___ E0167	Replacement Pail or Pan for Bedside Commode

<b>Hospital Beds &amp; Accessories</b>	
___ E0260	Hospital Bed, Semi-Electric
___ E0271	Replacement Innerspring Mattress (1 per year)
___ E0910	Trapeze Bar, Standard, Attached to Bed
___ E0940	Trapeze Bar, Standard, Free Standing
<b>Group 1 Support Surfaces</b>	
___ E0181	Alternating Pressure Mattress Pad with Pump
___ E0185	Gel or Gel-like Pressure Pad, "Gel Overlay"
<b>Patient Lifts</b>	
___ E0630	Hydraulic Patient Lift with Seat or Sling
___ E0621	Replacement Seat or Sling for Patient Lift
<b>Wheelchairs</b>	
___ K0001	Standard Wheelchair, ≤ 250 lbs
___ K0003	Lightweight Wheelchair, ≤ 250 lbs
___ K0006	Heavy Duty Wheelchair, 251-300 lbs
___ K0007	X-Heavy Duty Wheelchair, > 300 lbs
___ E0138	Standard Transport Chair, ≤ 300 lbs
___ E0139	Heavy Duty Transport Chair, > 300 lbs
___ K0195	Elevating Legrests, pair
<b>Miscellaneous Items</b>	
___ -	_____
___ -	_____
___ -	_____

## PHYSICIAN'S SIGNATURE / DATE:

**Signature and Date Stamps are NOT accepted**

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_