



Standard Written Order

Patient Name: _____ DOB: _____ Order Date: _____

Insurance: _____ INS ID# _____

Diagnosis: _____ Length of Need: _____

Mobility Assistance

- E0100 Straight Cane
□ E0105 Quad Cane
□ E0135 Standard Walker
□ E0143 Walker with Wheels
□ E0143/E0153 Rollator (4 wheel walker w/ seat)
□ E0148 Bariatric Walker (no wheels)
□ E0149 Bariatric walker (with wheels)
□ E0154 Platform attachment, Each
□ K0001 Standard Manual Wheelchair
□ K0003 Lightweight Manual Wheelchair
□ 0006 Heavy Duty Manual Wheelchair (250lbs +)
□ K0007 Extra H.D Wheelchair (300lbs +)
□ E0138 Transport Chair (Patient cannot self-propel)

Power Mobility Devices

- K0800 Electric Scooter (up to 300lbs)
□ K0801 Heavy Duty Scooter (301-450lbs)
□ K0823 Power Wheelchair (up to 300lbs)
□ K0824 HD Power Wheelchair (301-450lbs)

MISC Equipment

- E0163 Bedside Commode (special circumstances)
□ E0168 Heavy Duty Commode
□ E0260 Semi Electric Hospital Bed
□ E0630 Hoyer Lift
□ E0570 Nebulizer (Dx for Medicare must be COPD)
□ A6530 20-30 mm HG Compression Hose (Commercial INS only)
□ A6531 30-40 mm HG Compression Hose*

*Patient must have Venous stasis ulcers to be covered

OTHER (be specific) _____

Physician Name (print): _____ Signature: _____

NPI: _____ Phone #: _____

*** All criteria for prescribed equipment must be documented in the progress note/ face-to-face visit. Criteria will not be accepted on the script or letterhead per Medicare.

For More Info: 770-535-8860
Fax: 470-290-8319