

## DETAILED WRITTEN ORDER

DW Medical Supply  
1524 CENTINELA AVE  
INGLEWOOD CA 90302  
(310) 330-0162 (310) 330-0199

Initial Date of Medical Necessity: \_\_\_\_\_  
 Patient Name: \_\_\_\_\_ Medicare#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_

Length of Need: \_\_\_\_\_ (99 = Lifetime)  
 Diagnosis Code(s): \_\_\_\_\_

**Medical records:** The patient's medical records, to be supplied with this order, must contain sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement (if applicable).

Medical Records will need to document that ALL of the following coverage criteria are met: A commode is covered when the beneficiary is physically incapable of utilizing regular toilet facilities. This would occur in the following situations:

1. The beneficiary is confined to a single room, or
2. The beneficiary is confined to one level of the home environment and there is no toilet on that level, or
3. The beneficiary is confined to the home and there are no toilet facilities in the home

**Equipment Ordered: A Commode and accessories are billed using the specific codes listed in the Local Coverage Determination**

ORDERED	HCPCS CODE	DETAILED DESCRIPTION OF ORDERED ITEMS
	<b>E0163</b>	3 IN 1 COMMODE
	<b>E0167</b>	COMMODOE PAIL (REPALCEMENT ONLY)
	<b>E1068</b>	COMMODOE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY,

Treating Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Treating Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_