



7 - Element Written Order

Beneficiary's Name _____

Description of item ordered _____

Date of Face-to-Face Examination _____

(Date the face to face process is complete)

Pertinent diagnosis/conditions that relate to the need for the item ordered _____

Length of Need _____

Physician Signature _____

Physician name (Print Clearly) _____

Physician NPI _____

Date of Physician Signature _____

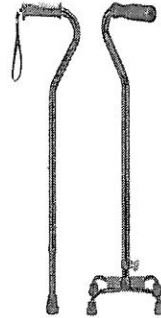
Everything Medical Medicare Reference Guide

Cane

Necessary Documents

Detailed Written Order

Documentation stating a mobility impairment but potential for ambulation



Walker

Necessary Documents

Detailed Written Order

Documentation stating a mobility impairment that cannot be corrected with a cane but potential for ambulation



Commode

Necessary Documents

Detailed Written Order

Documentation must state that patient is room confined or unable to get to toilet

*Commodes are not covered if patient has a cane, walker or wheelchair because this indicates that patient is ambulatory

*Commodes are not covered for placing over the toilet in the bathroom



Patient Lifts

Necessary Documents

Detailed Written Order

Chart notes

*A patient lift is covered if transfer between bed and a chair, wheelchair, or commode is required and without the use of a lift, the beneficiary would be bed confined

