

DETAILED WRITTEN ORDER

Confidence First Medical Supplies
316 E Manchester Blvd
Inglewood, CA 90301
P: (310) 330-7636 F: (310) 330-7635

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
	E0163	3 IN 1 COMMODE
	E0167	COMMODE PAIL (REPLACEMENT ONLY)
	E1068	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY,

Treating Physician Name: _____ NPI: _____
Treating Physician Signature: _____ Date: _____