

# M.R.S. HOMECARE, INC.

Written order

M.R.S. of \_\_\_\_\_

Date of Service: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Diagnosis (ICD.9): \_\_\_\_\_

Auth #: \_\_\_\_\_

Ins. Information: Co. Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Company Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date Last Seen: \_\_\_\_\_ Length of Need: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## HOSPITAL BED

- \_\_\_\_\_ Semi Electric (E0260)
- \_\_\_\_\_ Trapeze Bar (E0910/E0940)
- \_\_\_\_\_ Patient Lift (E0630)
- \_\_\_\_\_ Group I Decubitus Prevention (limited mobility)
- \_\_\_\_\_ APP (E0181) documentation required
- \_\_\_\_\_ Gel Overlay (E0185) documentation required
- \_\_\_\_\_ Geo Mattress (E0184) documentation required
- \_\_\_\_\_ Group II Decubitus Prevention (multiple stage 2 or worse)
- \_\_\_\_\_ Low Air Loss (E0277) documentation required

## WALKING AIDS

- \_\_\_\_\_ Cane (E0100)
- \_\_\_\_\_ Quad Cane (E0105)
- \_\_\_\_\_ Crutches: Forearm (E0111)
- \_\_\_\_\_ Underarm (E0114)
- \_\_\_\_\_ Walker: Folding (E0135)
- \_\_\_\_\_ Wheeled (E0143)
- \_\_\_\_\_ Walker Seat (E0156)
- \_\_\_\_\_ Heavy Duty (over 300) (E0148)

## COMMUNE (Must be room confined)

- \_\_\_\_\_ Bedside (E0163)
- \_\_\_\_\_ Drop Arm Bedside (E0165)
- \_\_\_\_\_ Extra Wide (over 300 lbs) (E0168)

## OXYGEN (CMN required)

- \_\_\_\_\_ Concentrator (E1390)
- \_\_\_\_\_ Portable (E0431)
- \_\_\_\_\_ Liquid Stationary (E0439)
- \_\_\_\_\_ Liquid Portable (E0434)
- \_\_\_\_\_ Oxygen Conserver
- \_\_\_\_\_ Lpm nasal cannula

Test Study: Date performed: \_\_\_\_\_

ABG's \_\_\_\_\_

Oxygen saturation \_\_\_\_\_%

Address performed: \_\_\_\_\_

## BLOOD GLUCOSE (Tested \_\_\_\_\_ times per day/7 days a week)

- \_\_\_\_\_ Monitor (E0607)
- \_\_\_\_\_ Strips (A4253)
- \_\_\_\_\_ Lancets (A4259)

## INTERNAL FEEDING

Nutrition \_\_\_\_\_ Pump \_\_\_\_\_ Gravity \_\_\_\_\_ Syringe  
\_\_\_\_\_ cc/hr \_\_\_\_\_ calories/day

## WHEELCHAIR

- \_\_\_\_\_ Power Wheelchair (documentation required)
- \_\_\_\_\_ POV/Scooter (documentation required)
- \_\_\_\_\_ Standard (K0001)
- \_\_\_\_\_ Lightweight (K0003)
- \_\_\_\_\_ High Strength Lightweight (K0004)
- \_\_\_\_\_ Heavy Duty (over 250 lbs) (K0006)
- \_\_\_\_\_ X-Heavy Duty (over 300 lbs)(K0007)
- \_\_\_\_\_ Reclining Back (E1226)
- \_\_\_\_\_ Elevating Leg Rest (K0195)

## WHEELCHAIR CUSHION

- \_\_\_\_\_ Seat: General Use (E2601/E2602)
- \_\_\_\_\_ Skin Protection (E2603/E2604)
- \_\_\_\_\_ Jay J2, Roho, etc (K0734-K0737)
- \_\_\_\_\_ Back: General Use (E2611/E2612)

## NEBULIZER BID\_TID\_OID\_Q4\_PRN\_

- \_\_\_\_\_ (E0570) \_\_\_\_\_ Kits (A7003/A7005)

## SLEEP APNEA DEVICES

- \_\_\_\_\_ CPAP (E0601) \_\_\_\_\_ cmH2O
- \_\_\_\_\_ Bi Pap (E0470) \_\_\_\_\_ IPAP \_\_\_\_\_ EPAP
- \_\_\_\_\_ Humidification: Heated (E0562)
- \_\_\_\_\_ Non-Heated (E0561)
- \_\_\_\_\_ Supplies: mask (A7034/A7030) headgear (A7035)
- \_\_\_\_\_ chinstrap (A7036) tubing (A7037)
- \_\_\_\_\_ filters (A7038/A7039) seals (A7032)

Test Results: AHI: \_\_\_\_\_

Date performed: \_\_\_\_\_

## SUCTION MACHINE

- \_\_\_\_\_ (E0600)
- \_\_\_\_\_ Catheters (A4628/A4624)

## OTHER EQUIPMENT/SUPPLIES NEEDED

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NPI Number: \_\_\_\_\_