



1312 Redwood Ave
Grants Pass OR 97527

Ph 541-249-9860
Fx 541-249-9859

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Detailed Written Order Prior to Delivery

Patient Name: _____ Patient DOB: _____
Order Date: _____

PLEASE COMPLETE BOTH PAGES OF THE DWO

Chart notes Attached (chart notes must include the need for equipment being ordered)

I, the undersigned, certify that the below prescribed equipment/supplies is medically necessary as part of my treatment plan for this patient. In my opinion, the equipment prescribed is reasonable and necessary for accepted standards of medical practice and treatment of this patient's condition and has not been prescribed as "convenience equipment". I have documented the following information and the need for this equipment in the patient's most recent chart notes.

DIAGNOSIS (Check appropriate diagnosis below) Length of Need: 12 months 99 months

ICD-10 Diagnosis Code(s): _____

Bed Products & accessories are medically necessary (Check equipment/supplies ordered)

QTY	HCPC Code	Description of specific services to be provided
	E0260	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS Foam 80"
	E0272	Mattress, Foam Rubber 80"
	E0315	BED ACCESSORY: BOARD, TABLE, OR SUPPORT DEVICE, ANY TYPE
	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR
	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED, WITH GRAB BAR
	E0912	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB BAR
	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR

Rails: No Rails Half Rails E0305 Full Rails E0310

Additional Information:

A fixed height hospital bed (E0250, E0251, E0290, E0291, and E0328) is covered if one or more of the following criteria (1-4) are met:		
1) The beneficiary has a medical condition which requires positioning of the body in ways not feasible with an ordinary bed. Elevation of the head/upper body less than 30 degrees does not usually require the use of a hospital bed, or	YES	NO
2) The beneficiary requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain, or	YES	NO
3) The beneficiary requires the head of the bed to be elevated more than 30 degrees most of the time due to congestive heart failure, chronic pulmonary disease, or problems with aspiration, or	YES	NO
4) The beneficiary requires traction equipment, which can only be attached to a hospital bed.	YES	NO
A semi-electric hospital bed (E0260) is covered if the beneficiary meets one of the criteria for a fixed height bed and requires frequent changes in body position and/or has an immediate need for a change in body position.	YES	NO



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A heavy duty extra wide hospital bed (E0301, E0303) is covered if the beneficiary meets one of the criteria for a fixed height hospital bed and the beneficiary's weight is more than 350 pounds, but does not exceed 600 pounds.	YES	NO
An extra heavy-duty hospital bed (E0302, E0304) is covered if the beneficiary meets one of the criteria for a hospital bed and the beneficiary's weight exceeds 600 pounds.	YES	NO
Trapeze equipment (E0910, E0940) is covered if the beneficiary needs this device to sit up because of a respiratory condition, to change body position for other medical reasons, or to get in or out of bed.	YES	NO
Heavy duty trapeze equipment (E0911, E0912) is covered if the beneficiary meets the criteria for regular trapeze equipment and the beneficiary's weight is more than 250 pounds.	YES	NO
A bed cradle (E0280) is covered when it is necessary to prevent contact with the bed coverings.	YES	NO
Side rails (E0305, E0310) or safety enclosures (E0316) are covered when they are required by the beneficiary's condition and they are an integral part of, or an accessory to, a covered hospital bed.	YES	NO
What does the patient weight _____ lbs		

Prescribing Physician's Information

Name & Credentials _____ NPI# _____

Telephone _____ Fax _____

Address _____

Signature _____ Signature Date _____