BATHROOM SAFETY STANDARD WRITTEN ORDER

PROCARE HOME MEDICAL

Please fax to:
Anchorage (907) 274-0773
Fairbanks (907) 458-8914
Soldotna (907) 260-3757
Wasilla (907) 357-7883
or email to:
dme@procarehm.com

Patient Name, Address, Telephone & Insurance ID#:

Phone: _____ **Ins ID#:** _____

Patient DOB:_____ **Sex:**_____ **(M/F)**

Refer to coverage criteria sheet for all required documentation.

BATHROOM SAFETY ITEM:

Date of Last Visit: _____

Diagnosis and Code: _____ Patient Height: _____ in. Weight: _____ lbs.

Length of Need (# of months)_____1-99 (99=lifetime) Order Date: _____

Standard Equipment

- ☐ Commode, Bedside (3 in 1), 350 lb max (E0163)
- ☐ Commode, Drop Arm, 300 lb max (E0165)

Note: The following items are generally not covered by insurance

- ☐ Raised Toilet Seat (RTS), 300 lb max (E0244)
- ☐ Raised Toilet Seat (RTS) with Arms, 300 lb max (E0244)
- ☐ Shower Chair/Bath Stool, 300 lb max (E0245)
- ☐ Toilet Safety Frame (Versa Frame), 250 lb max (E0243)
- ☐ Grab Bar (E0241)
- ☐ Tub Transfer Bench (TTB) 300 lb max (E0247)

Bariatric Equipment

- ☐ Commode, Bedside, HD, 450 lb max (E0168)
- ☐ Commode, Drop Arm, HD 650 lb max (E0168)

Note: The following items are generally not covered by insurance.

- ☐ Transfer Tub Bench (TTB), 500 lb max (E0248)
- ☐ Shower Chair /Bath Stool, 500 lb max (E0245)

COMMODE MEDICAL NECESSITY INFORMATION: Must also be supported in the medical records, if applicable

1. Is the patient is confined to a single room? ☐ Y ☐ N
2. Is the patient is confined to one level of the home environment and there is no toilet on that level? ☐ Y ☐ N
3. Is the patient is confined to the home and there are no toilet facilities in the home? ☐ Y ☐ N

PROVIDER CERTIFICATION:

I, the patient's treating provider, certify the medical necessity of these items for this patient and maintain medical records reflecting the medical justification and care provided.

Provider's Signature: _____ Date: _____ NPI: _____

Provider's Name: _____ Telephone:_____