

STANDARD WRITTEN ORDER (SWO)

★ Patient Name:		Discharge Date:	
Date of Birth:		HT:	WT:
★ Diagnoses:	★ Order Date:		
DME – Manual Wheelchairs		DME – Walkers/Commodes/Bath	
<p>Wheelchairs</p> <input type="checkbox"/> 1 Lightweight Wheelchair (K0003) (<=250 lbs) (<input type="checkbox"/> 16" <input type="checkbox"/> 18" <input type="checkbox"/> 20") <input type="checkbox"/> 2 Anti-tippers (E0971) <input type="checkbox"/> 2 Adj Height/Det Armrests (E0973) <input type="checkbox"/> 1 Gen Seat Cushion (E2601) <input type="checkbox"/> 1 Gen Back Cushion (E2611) <p>Non-Standard Seat Frame Width <input type="checkbox"/> >= 20" & <24" (1 E2201 – Must Qualify)</p> <p>Non-Standard (<19") Seat to Floor Height <input type="checkbox"/> >= 17.5" & <19" (1 UMS01 Hemi Must Qualify) <input type="checkbox"/> >=15.5" & <17.5" (1 UMS01 Hemi+ Must Qualify)</p> <p>Heavy Duty Wheelchair</p> <input type="checkbox"/> 1 Heavy Duty Wheelchair (K0006) (>250 lbs & <=300 lbs) (<input type="checkbox"/> 20" <input type="checkbox"/> 22") <input type="checkbox"/> <24" (1 E2201 – Must Qualify) <input type="checkbox"/> 1 Heavy Duty Wheelchair (K0007) (>300 lbs) (<input type="checkbox"/> 22" <input type="checkbox"/> 24" <input type="checkbox"/> 26" <input type="checkbox"/> 28") <input type="checkbox"/> 2 Anti-tippers (E0971) <input type="checkbox"/> 2 Adj Height/Det Armrests (E0973) <input type="checkbox"/> 1 General Seat cushion (E2602) <input type="checkbox"/> 1 General Back Cushion (E2612) <p>Non-Standard Seat Frame Width <input type="checkbox"/> <24" (1 E2201 – Must Qualify) <input type="checkbox"/> >=24"+ (1 E2202 – Must Qualify)</p> <p>Reclining Back Wheelchair</p> <input type="checkbox"/> 1 Standard W/C (K0001) (<=250 lbs) (<input type="checkbox"/> 16" <input type="checkbox"/> 18" <input type="checkbox"/> 20") <input type="checkbox"/> 1 Reclining Back Option (E1226) <input type="checkbox"/> 2 Anti-tippers (E0971) <input type="checkbox"/> 1 Elevating Leg Rest Pair (K0195) <input type="checkbox"/> 1 Gen Seat Cushion (E2601) <input type="checkbox"/> 1 Gen Back Cushion (E2611) <p>Non-Standard Seat Frame Width <input type="checkbox"/> >= 20" & <24" (1 E2201 – Must Qualify)</p>		<input type="checkbox"/> 1 Walker (E0143) (<=300 lbs) <input type="checkbox"/> 1 HD Walker (E0149) (>300 lbs) <input type="checkbox"/> 1 Junior Walker (E0143) (<4'10") <input type="checkbox"/> 1 Hemi Walker (E0135) (<=300 lbs) <input type="checkbox"/> Rollator Walker (Must Check All) <input type="checkbox"/> 1 Walker (E0143) <input type="checkbox"/> 1 Seat Attachment (E0156) <input type="checkbox"/> 1 Rollator Basket (A9270) <input type="checkbox"/> HD Rollator Walker (Must Check All) <input type="checkbox"/> 1 HD Walker (E0149) <input type="checkbox"/> 1 Seat Attachment (E0156) <input type="checkbox"/> 1 Rollator Basket (A9270) <input type="checkbox"/> 1 or <input type="checkbox"/> 2 Walker Platform Att (E0154) <input type="checkbox"/> 1 Bedside Commode (E0163) (<300 lbs) <input type="checkbox"/> 1 Drop Arm Bedside Commode (E0165) (<300 lbs) <input type="checkbox"/> 1 HD Bedside Commode (E0168) (>=300 lbs) <p style="text-align: center;">Medicaid Covered Items</p> <input type="checkbox"/> 1 Tub Transfer Bench (E0247) <input type="checkbox"/> 1 Shower/Bath Chair (E0240) <input type="checkbox"/> 1 Raised Toilet Seat (E0244)	
		DME – Beds/Surfaces/Lift	
		<p>Note: Full electric beds not covered by Medicare, upgrade required, but HD beds are all full electric.</p> <p>Hospital Beds w/ Inner Spring Matt</p> <input type="checkbox"/> 1 Semi-Elec Bed (E0260) (<=350 lbs) <input type="checkbox"/> 1 HD Bed (E0303) (>350 lbs) <input type="checkbox"/> 1 Full-Elec Bed (E0265) (<=350 lbs) <p>Hospital Beds w/ Gel Overlays</p> <input type="checkbox"/> 1 Semi-Elec Bed (E0260) (<=350 lbs) <input type="checkbox"/> 1 Gel Overlay (E0185) <input type="checkbox"/> 1 HD Bed (E0303) (>350 lbs) <input type="checkbox"/> 1 Gel Overlay (E0185) <input type="checkbox"/> 1 Full-Elec Bed (E0265) (<=350 lbs) <input type="checkbox"/> 1 Gel Overlay (E0185) <p>Hospital Beds w/ Low Air Loss Matt</p> <input type="checkbox"/> 1 Semi-Elec Bed for LALM (E0261) <input type="checkbox"/> 1 Low Air Loss Matt (E0277) <input type="checkbox"/> 1 HD Bed w/ LALM (E0301) <input type="checkbox"/> 1 Low Air Loss Matt (E0277) <input type="checkbox"/> 1 Full-Elec Bed w/ LALM (E0266) <input type="checkbox"/> 1 Low Air Loss Matt (E0277) <p>Trapeze Bars</p> <input type="checkbox"/> 1 Att Trapeze Bar (E0910) (<=250 lbs) <input type="checkbox"/> 1 HD Free Trapeze (E0912) (>250 lbs) <p>Patient Lift - Sling Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> 1 Patient Lift (E0630) (<450 lbs) <input type="checkbox"/> 1 Solid Sling (E0621) <input type="checkbox"/> 1 Mesh Sling (E0621) <input type="checkbox"/> 1 Commode Sling (E0621)</p>	
		DME – Manual Wheelchair Accessories	
		<input type="checkbox"/> 1 or <input type="checkbox"/> 2 Arm Troughs (E2209)	<input type="checkbox"/> 1 W/C Transfer Device (E0705)
		<input type="checkbox"/> 1 Wheelchair Seat Belt (E0978)	<input type="checkbox"/> 1 Skin Prot Cush (ROHO or Eq) (E2622)
		<input type="checkbox"/> 1 or <input type="checkbox"/> 2 Articulating Leg Rests (K0053)	<input type="checkbox"/> 1 or <input type="checkbox"/> 2 W/C Brake Ext (E0961)
		<input type="checkbox"/> 1 Cylinder Tank Carrier (E2208)	<input type="checkbox"/> 1 or <input type="checkbox"/> 2 Residual Limb Sup (E1020)
		<input type="checkbox"/> 1 Elevating Leg Rest Pair (K0195)	<input type="checkbox"/> _____
		<input type="checkbox"/> _____	<input type="checkbox"/> _____
★ NPI:		★ Length of Need (99 = Lifetime):	
★ PECOS Certified Physician Name:		Additional Information:	
★ PECOS Certified Physician Signature:			
★ Signature Date:			

Have questions or need assistance? Give us a call!

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