

CONFIRMATION OF ORDER – Alternating Pressure Pad

PROVIDER: Home Health Solutions
501 East Sloan Street
Harrisburg, IL 62946

phone: 618-252-5349
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NPI: 1215337266
Tax ID #: 371124259

Patient:

Date of Birth:

Order Date:

Insurance:

Length of Need: 99 (*in months*)

Patient Height:

Patient Weight:

Physician:

NPI:

DIAGNOSIS

ICD 10 Code	Description
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EQUIPMENT/SERVICES

Quantity	Proc. Code	Item Name/Narrative
1	E0181	Alternating Pressure Pad and Pump

ADDITIONAL MEDICAL INFORMATION

Alternating Pressure Pad and Pump are covered if one of the following three criteria are met and documented in the face to face exam.

1. The beneficiary is completely immobile; i.e., beneficiary cannot make changes in body position with assistance, or
2. The beneficiary has limited mobility; i.e., beneficiary cannot independently make changes in body position significant enough to relieve pressure and at least one of the following conditions A-D below or
3. The beneficiary has any stage pressure ulcer on the trunk or pelvis and at least one of the conditions A-D below.

Conditions for criteria 2 and 3 (in each case the medical record must document the severity of the condition sufficiently to demonstrate that medical necessity for a pressure reducing support surface)

- A. Impaired nutritional status
 - B. Fecal or urinary incontinence
 - C. Altered sensory perception
 - D. Compromised circulatory status
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All qualifying information MUST be addressed in the medical record.

Physician Signature: _____

Date: _____