

# CONFIRMATION OF ORDER – Commode Chair

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

**phone:** 618-252-5349  
**fax:** 618-252-2445

**NPI:** 1215337266  
**Tax ID #:** 371124259

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**Patient:**

**Date of Birth:**

**Order Date:**

**Insurance:**

**Length of Need:** 99 (*in months*)

**Patient Height:**

**Patient Weight:**

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**Physician:**

**NPI:**

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## DIAGNOSIS

ICD 10 Code	Description
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## EQUIPMENT/SERVICES

Quantity	Proc. Code	Item Name/Narrative
1	E0163	Commode Chair – Standard <300 lbs.
1	E0168	Commode Chair – Bariatric >300 lbs.

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## ADDITIONAL DOCUMENTATION THAT MUST BE ADDRESSED IN THE MEDICAL RECORD

- Is the patient confined to a single room in their home?
  - Is the patient confined to a single level in their home and there is no toilet on that level?
  - Is the patient confined to a home that has no toilet?
  - Does the patient weigh more than 300 pounds?
  - Are detachable arms required to facilitate transferring the patient from the commode?
  - Does the patient have a body configuration that requires extra width?
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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_