



Farmington
 P: 573-747-0008
 F: 573-747-0018

St. Louis
 P: 314-993-8100
 F: 314-993-8101

Washington
 P: 636-390-4040
 F: 636-390-9699

WOPD - Written Order Prior to Delivery | DME

Date: _____
 Patient Name: _____ DOB: _____ HT: _____ WT: _____
 Case Manager/Office Contact: _____ Phone: _____

**** Please remember to send Face to Face (Office Visit) Notes! ****

HOSPITAL BEDS AND ACCESSORIES

- E0255 Hospital Bed w/ Rails E0303 Heavy Duty Bed 350-600lbs E0304 Heavy Duty Bed > 600lbs
- E0181 Alternating Pressure Pad & Pump (overlay) E0185 Gel Preventative Pad for Mattress (overlay)
- E0256 Hospital Bed w/Rails no Mattress E0184 Foam Preventative Mattress (Replaces hospital bed mattress)
- E0277 Low Air Loss Mattress (Replaces hospital bed mattress) (Stage 3 or 4 wound only)

List applicable ICD-10 codes: _____

WHEELCHAIRS

- K0001 W/C K0006 Heavy Duty W/C 250-300 LBS E2601 W/C Cushion < 22 in (Jay Basic)
- K0003 W/C Lightweight K0007 Extra Heavy Duty W/C > 300 LBS E2602 W/C Cushion >=22 in
- E1038 Transport Chair <300 LBS K0195 Elevating Legrests E2622 Adj Skin Pro W/C Cus wd<22in
- E1039 Transport Chair >300 LBS K0053 Articulating Legrest E2623 Adj Skin Pro W/C Cus wd>=22in

List applicable ICD-10 codes: _____

DME-Other

- E0143 Walker w/ Wheels E0149 Heavy Duty Walker w/ Wheels >300 LBS E0163 Bedside Commode E0143/E0156 Rollator w/ Seat Attach
- Other _____

List applicable ICD-10 codes: _____

I certify that the above referenced item(s) is(are) medically necessary for my patient, based upon diagnosis.
 I have documentation to support this in the patient's file.

| | |
|---------------------------------|---|
| - REQUIRED INFORMATION - | |
| Doctor Name <i>Printed</i> : | Length of Need: <input type="checkbox"/> 99 Months <input type="checkbox"/> Other _____ |
| Doctor Signature: | Doctor NPI: |
| | Date: |