

Certificate of Medical Necessity

Dear Physician:

This Certificate of Medical Necessity (prescription) requests information required by your patient's insurance company to process claims for the medical equipment and/or supplies listed below. Please fax or mail the completed Certificate of Medical Necessity to the party requesting this form.

Patients Name: _____ Date of Birth: _____
Phone #: _____ Height: _____
Address: _____ Weight: _____
City, State, Zip: _____ Sex (M or F): _____
SS#/HIC: _____

PLEASE ANSWER ALL QUESTIONS

- 1) The patient requires: (USA Wheeler Jeans/Pressure sore prevention clothing)
HCPCS Codes: (E1399 – Specialty Clothing)
- 2) Primary Diagnosis: _____ ICD-9 Code* _____
- 3) Date of initial need: _____
- 4) I last examined this patient for this condition on: _____
- 5) Total number of hours patient is seated in wheelchair per day: _____
- 6) Does patient experience skin irritation leading to pressure sores when wearing conventionally manufactured apparel? _____
- 7) Has patient experienced chronic or reoccurring symptoms of pressure sores? ____
- 8) Please provide any additional information regarding the patient's need for this article (durable equipment) in the space below:

- 9) Length of need (# of months): _____ 1-99 (99=lifetime)

I certify the medical necessity of the above item(s) for this patient. The foregoing information is true, accurate and complete, and I understand that any falsification, omission or concealment of material fact may subject me to civil or criminal liability.

Physician Signature: _____ Date: _____ UPIN: _____
Physician Name: _____ Phone: _____
Address: _____ Fax: _____
City/State/Zip: _____

* ICD – 9 Codes: 70705: Decubitus Ulcer is a pressure sore on the buttocks
70703: Decubitus Ulcer is a pressure sore on the lower back

HCPS Shipping and Handling code = A9901

(CMN508)