## **Medical Documentation Requirements for Selected Products**

(This document is to be used as a reference to identify medical documentation required for certain Durable Medical Equipment. It should be considered a reference only, and the actual documentation published by insurers, cities, states, counties, and federal authorities are to be considered the governing document).

	CMN/ Medical Necessity Information Requirements	Chart Notes	Face to Face/ Doctors Written Order	PT/OT Evaluation	ICD 9 Codes	CPT Codes	
Wheelchair		X	X	X			
Power Wheelchair		Х	X	Х			
Scooter		Х	Х	Х			
Walker		Х	Х			EO130 EO131 EO135	
Patient Lift	Patient Lift	Х	Х			EO621 (SLING) EO630	
Hospital Bed	Hospital Bed	X	Х			EO260	
Lift Chair - Lift Mechanism	CMS 849	X				EO627	
Group I – Support Surface	Group I Support	X				EO181 EO185 EO188 EO189 EO197 EO198 EO199	

	CMN/ Medical Necessity Information Requirements	Chart Notes	Face to Face/ Doctors Written Order	PT/OT Evaluation	ICD 9 Codes	CPT Codes	
Group II – Support Surface	Group II Packet	х	X Plus a Care Plan		707.02 707.05 Plus need wound care info monthly	EO277	
Tens Unit	CMS 848		X		353.4 720.2 721.3 721.42 722.1 722.52 722.73 722.83 722.93 724.02 712.3 724.4 738.4 739.3 756.11 765.12 805.4 806.4	EO730	

					846.0 847.2 846.1 953.2		
	CMN/ Medical Necessity Information Requirements	Chart Notes	Face to Face/ Doctors Written Order	PT/OT Evaluation	ICD 9 Codes	CPT Codes	
Nebulizer	Nebulizer		X		011.501156 042 136.3 277.02 480.0 - 508.9 748.61 786.4 996.8 -996.89	EO570	