

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 | |
|---|--|--------------------|--|-----------------------------|--|------------------|--|
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| Group II – Support Surface | Group II Packet | X | X Plus a Care Plan | | 707.02 707.05 Plus need wound care info monthly | EO277 | |
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| 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 | |

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