

Ref:

DOCTOR ORDER

PLEASE FAX TO 901-365-2255

Faxed by _____

Date _____

Patient Name	<input checked="" type="checkbox"/> Male	Phone	DOB
Address		City	State Zip



Male vacuum erection system, manual pump (L7900)

The patient indicated has been diagnosed with the following **Primary and Secondary ICD-9 Codes:**

Primary Diagnosis Code	Description
<input checked="" type="checkbox"/> 607.84	Other specified disorders of penis: Impotence of organic origin
Secondary Diagnosis Code/s	Description
<input type="checkbox"/> 250.00	Non-Insulin Dependent Diabetes Mellitus not stated as uncontrolled
<input type="checkbox"/> 250.01	Insulin dependent diabetes mellitus not stated as uncontrolled
<input type="checkbox"/> 443.90	Peripheral Vascular Disease
<input type="checkbox"/> _____ Other	

The patient's medical record must contain sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement (if applicable). The information should include the patient's diagnosis and other pertinent information including, but not limited to, duration of the patient's condition, clinical course (worsening or improving), prognosis, nature and extent of functional limitations, other therapeutic interventions and results, past experience with related items, etc. Neither a physician's order, nor a supplier-prepared statement, nor a physician attestation by itself provides sufficient documentation of medical necessity, even though it is signed by the treating physician or supplier. There must be information in the patient's medical record that supports the medical necessity for the item or information on a supplier-prepared statement or physician attestation (if applicable).

Often claims for these devices do not have diagnostic information that relates to organic impotence. For patients receiving a vacuum erection device, the physician evaluation would generally include a history and physical examination focused on defining the cause of the erectile dysfunction/ impotence and treatment of any co-morbid conditions that may impact sexual function. This is important to assure that specifically treatable conditions are identified before ordering a vacuum erection device. Documentation of this evaluation, conducted prior to the date of service on the claim, must be available to the DME MAC upon request. For claims that meet these documentation requirements, in addition to the ICD-9 diagnosis code for organic impotence (607.84), CGS recommends that providers also include a secondary diagnosis to identify the cause of the impotence.

Physician Name and Address	NPI	UPIN
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Phone

Fax

Physician Signature

IMPORTANT

Date

IMPORTANT

By signing this Doctor order, I confirm that the patient is being treated by me. All the information contained on this Doctor Order Form accurately reflects the patient's condition and the treatment regimen that I have prescribed. The medical records for this patient substantiate the prescribed items. The patient is able to follow instructions for use the ordered items. For Medicare/Insurance requirements, I will maintain this original document in the patient's medical record.

SD **Southern Diabetic**
SUPPLY COMPANY

3835 Viscount Ave. Suite 1 Memphis, TN. 38118

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Out of area (888) 365-1101
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