Electronic Bowel Irrigation Evacuation Prosthetic Device
Certificate of Medical Necessity
HCPC Codes E 0350 & E 0352

Prosthetic Device: "Replacing the function of a permanently dysfunctional colon."

Referral Date / /

Help: 877-482-6043
Fax Completed CMN to: 404-806-7048

Patient Name: ______________________ Date of Birth ___/___/___

Social Security # [ ][ ][ ][ ][ ][ ][ ][ ][ ] Sex MALE ○ FEMAL E ○

Shipping Address: ______________________

City: ____________ State: ____________ Zip: ____________

Phone (H) (____) ____________ Phone (W) (____) ____________ Emer gency Phone (____) ____________

County: ____________ Contact: ____________ Relationship to Patient: ____________

Method of Payment
Effective Dates:

- ☐ MEDICARE
- ☐ PRIV ATE INSURANCE
- ☐ MEDICARE (PART B) ___/___/___
- ☐ MEDICAID
- ☐ WORKER'S COMPENSA TION
- ☐ MEDICAID NUMBER ___/___/___

MEDICARE NUMBER: ____________ MEDICAID NUMBER: ____________

INSURANCE COMPANY: ____________ PHONE: ____________

(Complete for HMO, Private Insurance and Worker's Compensation)

Policy Holder
TYPE OF POLICY:

- ☐ MAJOR MEDICAL
- ☐ PPO
- ☐ HMO
- ☐ COBRA
- ☐ WORKER'S COMPENSA TION
- ☐ OTHER ____________

Name: ____________ Date of Birth ___/___/___

Social Security # [ ][ ][ ][ ][ ][ ][ ][ ][ ]

Patient's Relationship to Policy Holder: ☐ Self ☐ Spouse ☐ Child ☐ Other: ____________

ID # ____________ GROUP # ____________

Employer: ____________

Special Usage Notes: ____________

Medical Information
I Certify the Medical necessity of the Electronic Bowel Irrigation Evacuation (PIE*BP) E0350 and required (15) monthly disposables kits E0352 as the Required Therapy for this patient. All other traditional means of artificially removing stool from this patient have been tried and are not successful for the patient to maintain health. The PIE*BP has been clinically proven safe and effective. I am ordering this product for this patient as a reason-able and necessary treatment for their diagnosis.

ICD-9 DIAGNOSIS: PRIMAR Y: ____________ SECONDAR Y: ____________

☐ Yes ☐ No Neurogenic Bowel (ICD 9 code 564.81)

The patient has the following bowel dysfunctions requiring change in their treatment:

☐ Failure of Bowel Function ☐ Chronic Fecal Incontinence ☐ Chronic Constipation ☐ Frequent Fecal Impactions
☐ Other ____________

Additional health complication(s) relating to patient's bowel dysfunction (Check all that apply):

☐ Decubitus ulcer(s) ☐ Recurrent UTI ☐ Dehydration ☐ Hemorrhoids
☐ Mega Colon ☐ Autonomic dysreflexia ☐ Frequent ER/office visits ☐ Electrolyte imbalance
☐ Other ____________

The following bowel evacuating methods have failed for this Patient. (Check all that apply):

☐ Bowel training routine/programs ☐ Fluids ☐ Manual disimpaction ☐ Softeners ☐ Oral cathartics
☐ Digital stimulation ☐ Enemas ☐ Suppositories ☐ Fiber
Other ____________

As a result of insufficient bowel elimination, the patient's health is: ____________

Plan of Care Information
HCFA Codes: PIE*BP E0350 and disposable PIE*Paks kits E0352. FDA Certified as a Class II Medical Devices.

Due to the patient's permanent condition and since other methods are no longer providing acceptable results, there is sufficient clinical and case evidence that the PIE*BP Therapy has produced repeated successful results with other patients; I prescribe the PIE* Therapy to be performed as follows:

☐ 1 procedure every ______ days for ______ months.
☐ 1 procedure every ______ days from this day forward for life.
☐ I prescribe the home therapy system (1) PIE* BP (E0350) and (15) monthly PIE*Pak disposable kits (E0352) monthly to perform the necessary function of their permanently dysfunctional bowel.

Physician Treating this Condition: ____________ Office Phone: (____) ____________

Address: ____________ Office Fax: (____) ____________

City: ____________ State: ____________ Zip: ____________ Fed. ID# ____________

PHYSICIAN SIGNATURE: ____________ Date ____________ UPIN# ____________

Fax completed document to: 404-806-7048