



CERTIFICATE OF MEDICAL NECESSITY/REIMBURSEMENT REQUEST

DME Provider: Face Down GA, LLC/DBA Face Down Chairs

Address: 1557 Buford Drive, Unit 492883, Lawrenceville, GA 30043

Phone: 470.242.4733 Fax: 866.398.5005 Email: recovery@facedownchairs.com

NPI: 1265807580 TAX ID: 81-0748095 Equipment Code: E1399/Modifier ET

Patient's Name: _____ D.O.B _____

Insurance Provider (s) _____ Surgery Date: _____

Member ID Number (s) _____

Amount Paid Out-of-Pocket _____

Referring Provider _____, M.D. NPI: _____

Address: _____ City _____

State: Georgia South Carolina Zip Code: _____

Diagnosis Codes:			Procedure Code:		
RD w/Single Break	H33.011 OD	H33.012 OS	TRD	H33.41 OD	H33.42 OS
Macular Hole	H35.341 OD	H35.342 OS	OTHER		

Equipment explanation, purpose, and use of items: The Patient has been prescribed vitrectomy equipment to help aid in the recovery after surgery. To repair the macular hole, torn or detached retina, the vitreous is removed and replaced with a gas bubble. The bubble rises and applies pressure to the area in need of healing. Since the macula is at the back of the eye, the gas bubble will only work if the Patient's head is positioned face down. The real challenge for the Patient is dealing with the continuous stress and discomfort of a 23/hour per day positioning, usually for a 1-2-week period.

Duration of need _____ Weeks

I certify that the ordered DME equipment are part of my treatment plan, documented in medical record, and in my opinion, are medically necessary. Prescriber's Name _____ M.D.

Signature _____ Date _____