IpsiHand® Prescription & Assessment Form

Fax to 323-300-2410 or email to Rx@neurolutions.com | **REQUIRED ATTACHMENTS: Relevant medical records**

PATIENT INFORMATION

FIRST NAME: _____ LAST NAME: _____ DATE OF BIRTH: _____

OTHER NAMES USED: (IF APPLICABLE) _____ M: ☐ F: ☐

PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BELOW THIS LINE TO BE COMPLETED BY HEALTHCARE PROVIDER ONLY

ORDER INFORMATION

Rx: EEG Assessment to Determine Qualification for IpsiHand Device

The EEG Signal Test evaluates whether a patient's brain signals are suitable for controlling the IpsiHand device.

Rx: IpsiHand Upper Extremity Rehabilitation System (HCPCS: E0738)

NUMBER OF UNITS TO DISPENSE 1 ☐ Other: ☐

CHECK AFFECTED UPPER EXTREMITY: Left ☐ Right ☐

FREQUENCY: 5 SESSIONS PER WEEK AND PRN ☐

_____

ICD-10 DIAGNOSIS

I69. _____ I62. _____

I60. _____ I63. _____

I61. _____ ___. _____

IpsiHand ICD-10-CM[1] Diagnosis Coding Guide

Hemiplegia/Hemiparesis following:

- I69.05X — Nontraumatic subarachnoid hemorrhage
- I69.15X — Nontraumatic intracerebral hemorrhage
- I69.25X — Other nontraumatic intracranial hemorrhage
- I69.35X — Cerebral infarction
- I69.85X — Other cerebrovascular disease
- I69.95X — Unspecified cerebrovascular disease

Additional relevant codes:

- I60.X - Nontraumatic subarachnoid hemorrhage
- I61.X - Nontraumatic intracerebral hemorrhage
- I62.X - Other nontraumatic intracranial hemorrhage
- I63.X - Cerebral infarction
- I69.X - Sequelae of cerebrovascular disease

[1] https://www.cms.gov/medicare/coding-billing/icd-10-codes/2024-icd-10-cm

PRESCRIPTION AUTHORIZATIONS (Please ensure all fields under the Order Information Section are completed before signing.)

Physician HIPAA Authorization (For Neurolutions Patient Insurance Support Program)

By signing this prescription, I attest and certify that:

- The patient indicated herein has requested that Neurolutions and/or the IpsiHand® Patient Access Support Program provide insurance support services
- I authorize the IpsiHand® Patient Access Support Program to use this information for submitting and applying for an authorization.
- The information and documentation provided is accurate and complete to the best of my knowledge
- This information is provided as an information service only
- Neurolutions assumes no responsibility for and does not guarantee the quality, scope or availability of reimbursement support
- These patient support services have no independent value to providers

_____ _____ _____

PHYSICIAN SIGNATURE DATE EMAIL

_____ _____ _____

PHYSICIAN NAME [PRINT] NPI PRACTICE TAX ID

IpsiHand is manufactured by Neurolutions, Inc., a Kandu, Inc. company.

8095.933.V1.E
Kandu, Inc.
7033 Hayvenhurst Ave., Van Nuys, CA 91406 | 1-833-813-4774

www.kandu.com

IpsiHand Patient Selection Guidance

- ☐ Chronic Stoke (≥ 6 months post-stroke)
- ☐ Age 18 or older
- ☐ Undergoing rehabilitation for muscle re-education to maintain or increase range of motion in upper extremity

Optimal Candidate Criteria

- Able to hold head upright for without head support for 60 minutes
- Able to follow one step visual or written commands:
  - Severe cognitive impairment may not be appropriate for the device
- Visual skills to use a tablet
- Has a care partner

Disclaimer: This information is provided by Neurolutions for reimbursement informational purposes only. This is not an affirmative instruction as to which codes and modifiers to use for a particular service or item. Any coding, coverage, and payment information contained herein is gathered from various resources and is subject to change without notice. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered. Neurolutions recommends that you consult with your payers, reimbursement specialists, and/or legal counsel regarding coding, coverage, and reimbursement matters.

INDICATIONS FOR USE
The Neurolutions IpsiHand system is prescribed by a physician and is a brain-computer interface (BCI) system which is indicated for use in chronic stroke patients (≥ 6 months post-stroke) age 18 or older undergoing stroke.

CONTRAINDICATIONS
The Neurolutions System is contraindicated for use in patients having any of the following conditions:
- Severe spasticity or rigid contractures in the wrist and/or digits that would prevent the Neurolutions Handpiece from being properly fit or positioned for use.
- Skull defects due to craniotomy or craniectomy.

IMPORTANT SAFETY INFORMATION
System components contain lithium-ion batteries that MUST NOT be exposed to flame, excessive heat, or incinerated; personal injury may occur.

Only use the Charging Adapters provided with the Neurolutions System to recharge system components and avoid risk of shock. Use of the Neurolutions System adjacent to or stacked with other equipment should be avoided because it could result in improper operation. If such use is necessary, the Neurolutions System and the other equipment should be observed to verify that they are operating normally.

Portable RF communications equipment (including peripherals such as antenna cables and external antennas) should be used no closer than 30 cm (12 inches) to any part of the Neurolutions System. Otherwise, degradation of the performance of the Neurolutions System could result.

The Neurolutions Handpiece enclosure may reach a maximum temperature up to 43°C during use. To reduce the risk of discomfort, you should remove the Handpiece from your hand if the device feels warm on your skin.

Tight straps on the Handpiece may restrict your circulation. Therefore, always check that the straps are not too tight throughout your range of motion to ensure proper circulation during use.

The Neurolutions System should only be used on intact skin, and the System should be cleaned and disinfected regularly to minimize possible contamination and risk of infection.