

IpsiHand® Prescription & Assessment Form

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



PATIENT INFORMATION

FIRST NAME: _____ LAST NAME: _____ DATE OF BIRTH: _____
 OTHER NAMES USED: _____ M: ☐ F: ☐
 (IF APPLICABLE) _____
 PHONE: _____ EMAIL: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BELOW THIS LINE TO BE COMPLETED BY HEALTHCARE PROVIDER ONLY

ORDER INFORMATION

PROVIDER INSTRUCTIONS

Complete required information below sign and date.

1. Check Left or Right upper extremity.
2. Select Length of Need
3. Write the full ICD-10 code (include all letters and numbers).

1. CHECK AFFECTED UPPER EXTREMITY: Left _____ Right _____

2. LENGTH OF NEED

13 Months

Lifetime

Other: _____

3. Enter the full diagnostic code below. Add the highest specificity with all numbers in the code.

ICD-10 DIAGNOSIS: _____ QUANTITY TO DISPENSE: 1

For additional ICD-10 code options, visit: <https://kandu.com/codes>

Rx: EEG Assessment to Determine Qualification for IpsiHand Device (CPT: 95816)

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)

Example ICD-10 codes. Write the full code in section 3 on the left side of the form. Please do not circle a code.

Code	Hemiplegia and hemiparesis following...
I69.051	nontraumatic subarachnoid hemorrhage, affecting right dominant side
I69.052	nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.053	nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.054	nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.151	nontraumatic intracerebral hemorrhage affecting right dominant side
I69.152	nontraumatic intracerebral hemorrhage affecting left dominant side
I69.153	nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.154	nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.251	other nontraumatic intracranial hemorrhage affecting right dominant side
I69.252	other nontraumatic intracranial hemorrhage affecting left dominant side
I69.253	other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.254	other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.351	cerebral infarction affecting right dominant side
I69.352	cerebral infarction affecting left dominant side
I69.353	cerebral infarction affecting right non-dominant side
I69.354	cerebral infarction affecting left non-dominant side
I69.851	other cerebrovascular disease affecting right dominant side
I69.852	other cerebrovascular disease affecting left dominant side
I69.853	other cerebrovascular disease affecting right non-dominant side
I69.854	other cerebrovascular disease affecting left non-dominant side

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

Physician HIPAA Authorization (For Neuroolutions Patient Insurance Support Program)

By signing this prescription, I attest and certify that:

- The patient indicated herein has requested that Neuroolutions 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
- Neuroolutions 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 Neuroolutions, Inc., a Kandu, Inc. company.

8095.945.V1.E

Kandu, Inc.

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