

# 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:  
 (IF APPLICABLE) \_\_\_\_\_ M:  F:   
 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 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.

8095.945.V1.E

Kandu, Inc.

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