



Felix™ NeuroAI™ Wristband

# ORDER CHECKLIST

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Medicare

To order your prescriptions, simply follow these steps:

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1. Review your patient's BF-ADL form (Page 3).
2. Check the Medicare coverage criteria (Page 2):  
see the "Initial Coverage" section of LCD checklist.
3. Complete the Standard Written Order (Page 1).
4. Attach your patient's Medical Record (Chart Notes).
5. FAX THE ORDER (ALL 3 PAGES & MEDICAL RECORD) TO



800-673-3999

8500 Normandale Lake Blvd., Suite 400B, Bloomington, MN 55437-5543  
Phone: 800-798-6777      Fax: 800-673-3999      Email: [support@fasiklmed.com](mailto:support@fasiklmed.com)

## MEDICARE STANDARD WRITTEN ORDER FORM

### Felix™ NeuroAI™ Wristband for Tremor Relief – Prescription Form

**Patient Information**

<b>First Name:</b>		<b>Last Name:</b>	
<b>Medicare Number:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
<b>Email:</b>	<b>Mobile Phone:</b>	<b>Home Phone:</b>	

**Diagnosis ICD-10 Code**

<input type="checkbox"/> <b>G25.0:</b> Essential tremor
<input type="checkbox"/> <b>Other:</b>

**External Upper Limb Tremor Stimulator Description**

<b>Felix™ NeuroAI™ Wristband for Essential Tremor</b> <b>HCPCS Code:</b> E0734 <b>Description:</b> External upper limb tremor stimulator of the peripheral nerves of the wrist
<b>Felix™ NeuroAI™ Electrode Bands</b> <b>HCPCS Code:</b> A4542 <b>Description:</b> Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist <b>Quantity:</b> 1 (90-day supply) <b>Refill frequency:</b> every 90 days

*Local Coverage Determination (LCD) requirements must be met and documented in the patient's medical record for INITIAL COVERAGE and CONTINUED COVERAGE (Please see attached LCD checklist)*

**Prescriber Authorization**

<b>Treating Practitioner Signature:</b>		<b>Order Date:</b>
<b>Treating Practitioner Name:</b>		<b>NPI #</b>
<b>Clinic Name:</b>	<b>Email Address:</b>	
<b>Phone Number:</b>	<b>Fax Number:</b>	

**Please fax the completed form to 800-673-3999.**

## Local Coverage Determination (LCD) Checklist for External Upper Limb Tremor Stimulator

### INITIAL COVERAGE

An external upper limb tremor stimulator of the peripheral nerves of the wrist (E0734) is covered when the beneficiary has had a clinical evaluation (in-person or via Medicare-approved telehealth) by the treating practitioner, and ALL of the following criteria are met AND documented in the medical record. **Please fax the medical record to 800-673-3999.**

Meets Criteria	Description
<input type="checkbox"/> Y <input type="checkbox"/> N	The beneficiary has a diagnosis of essential tremor (ET), ICD-10 code G25.000; and
<input type="checkbox"/> Y <input type="checkbox"/> N	The beneficiary is 18 years or older; and
<input type="checkbox"/> Y <input type="checkbox"/> N	The beneficiary has no contraindications to external upper limb tremor stimulator therapy ( <b><i>Suspected or confirmed epilepsy; pregnancy; implanted electrical device such as a pacemaker, defibrillator or deep brain stimulator; wrist skin that is swollen, infected, inflamed or presents with eruptions, open wounds or cancerous lesions</i></b> ); and
<input type="checkbox"/> Y <input type="checkbox"/> N	The external upper limb tremor stimulator is being prescribed to treat the beneficiary's dominant upper limb; and
<input type="checkbox"/> Y <input type="checkbox"/> N	The severity of ET symptoms significantly impairs the beneficiary's ability to perform dominant hand, upper limb-related activities of daily living (ADLs) as indicated by a score of greater than or equal to 3 on the Bain & Findley Tremor ADL Scale (BF-ADL) for at least one (1) assessment item for eating, drinking, self-care, or writing); and
<input type="checkbox"/> Y <input type="checkbox"/> N	If medically appropriate, tremor exacerbating medications (e.g., stimulants, beta agonists) have been reduced or eliminated; and
<input type="checkbox"/> Y <input type="checkbox"/> N	At least two (2) pharmacological treatment options for the management of ET symptoms have been either tried and failed at maximal tolerable treatment dosages (i.e., no or limited effect, intolerable side effects) or considered and ruled out (e.g., not appropriate in the context of the beneficiary's medical history); and
<input type="checkbox"/> Y <input type="checkbox"/> N	External upper limb tremor stimulator therapy is being prescribed as an alternative to invasive and/or permanent surgical treatment options (e.g., deep brain stimulation, magnetic resonance guided focused ultrasound, radiosurgery).

### CONTINUED COVERAGE BEYOND THE FIRST THREE MONTHS OF THERAPY

Continued coverage of external upper limb tremor stimulator therapy, and related supplies and accessories (E0734 and A4542) beyond the first three (3) months of therapy requires that no sooner than the 60th day but no later than the 91st day after initiating therapy, the treating practitioner must conduct a clinical re-evaluation (in-person or via Medicare-approved telehealth) **and document** that the following criteria are met. **Please fax the medical record to 800-673-3999.**

Meets Criteria	Description
<input type="checkbox"/> Y <input type="checkbox"/> N	Deriving benefit from external upper limb tremor stimulator therapy as indicated by a 1-point improvement in BF-ADL score in any eating, drinking, self-care, or writing task scored as greater than or equal to 3 prior to the initiation of therapy; and
<input type="checkbox"/> Y <input type="checkbox"/> N	Adhering to external upper limb tremor stimulator therapy (adherence is defined as use of external upper limb tremor stimulator therapy on 70% of the days during a consecutive thirty (30) day period anytime during the first three (3) months of initial use).

## Bain & Findley Activities of Daily Living (BF-ADL)

**Instructions:** For each item indicate the number which describes how easy or difficult it is for you to perform the activity.

**Note: For initial Medicare coverage,** a score of greater than or equal to 3 on the eating, drinking, self-care, or writing tasks (shaded), which indicates a significant impairment in the beneficiary's ability to perform dominant hand, upper-limb-related activities of daily living. **For continued coverage,** a 1-point improvement in any eating, drinking, self-care, or writing tasks scored as greater than or equal to 3 will be considered as deriving benefit from the therapy. Medicare Local Coverage Determination (L39591) <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=39591>

Score	Description
1	Able to do the activity without difficulty
2	Able to do the activity with a little effort
3	Able to do the activity with a lot of effort
4	Cannot do the activity by yourself

Task	Task Description	Initial Score				Continuing Coverage Score			
		1	2	3	4	1	2	3	4
1	Cut food with a knife and fork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Use a spoon to drink soup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Hold a cup of tea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Pour milk from a bottle or carton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Wash and dry dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Brush your teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Use a handkerchief to blow your nose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Use a bath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Use the lavatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Wash your face and hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Tie up your shoelaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Do up buttons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Do up a zip	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Write a letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Put a letter in an envelope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Hold and read a newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Dial a telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Make yourself understood on the Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Watch television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Pick up your change in a shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Insert an electric plug into a socket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Unlock your front door with the key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Walk up and down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Get up out of an armchair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Carry a full shopping bag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bain PG, Findley LJ, Atchison P, et al. Assessing tremor severity. *Journal of Neurology, Neurosurgery & Psychiatry*. 1993;56(8):868-73.