



Patient Name: \_\_\_\_\_

ABC Patient ID #: \_\_\_\_\_

## **Patient Instructions for Home Medical Equipment**

In order for ABC Health Care to complete the request for your prescribed home medical equipment, we will need the following documentation requirements completed in full and provided to our office in their entirety.

1. Receive copy of ABC Health Care “Home Medical Equipment – Instructions & Documentation Requirements” packet  
 Completed
2. Fill out the “ABC Health Care Patient Information Record” document  
 Completed
3. Using the “Written Order Requirements” document, confirm your prescription / “written order” written by your physician meets the insurance-driven requirements. If not, contact your prescribing physician for a new prescription / "written order" or to make the appropriate changes to your existing prescription ***Important, please note - All edits to an existing prescription must be initialed and dated by the signing physician.***  
 Completed
4. Using the “Equipment Documentation Requirements” document, confirm all Insurance-required documentation is included. If not, contact your physician to request the Insurance-required medical documentation.  
***IMPORTANT - Medical documentation written on a prescription / "written order" is not accepted by Insurance companies. It must be written separately in your medical records and be part of your medical history from your prescribing physician.***  
 Completed
5. Once complete, submit all of the following to ABC’s DME department. It will be scanned and returned to you.
  - "Patient Instruction for Home Medical Equipment" form
  - "ABC Health Care Patient Information Record" form
  - Valid Prescription / Written Order
  - Equipment Documentation form with the accompanying Medical Records / Medical Documentation
6. An ABC Health Care Medicare Quality Assurance associate will review the order and documentation within 48 hours of submission.
  - If order and documentation are not complete, the Medicare Quality Assurance associate will deny the request for equipment and inform you of reasons.
  - If order and documentation are complete, the Medicare Quality Assurance associate will approve the request for equipment and inform you of approval and process for receiving your equipment.  
***Important, please note - ABC will only provide equipment after patient co-payment, deductible, and/or prior balance is collected.***
7. ABC Health Care will file your medical equipment claim with Medicare for you and an Explanation of Benefits from CMS will follow to confirm billing is complete.



**Patient Information Record**

Date: \_\_\_\_\_

**Patient Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Caregiver / Responsible Party Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Clinical Information:**

Gender:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Health / Infection Risk:  Yes  No If Yes, provide detail: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

PCP Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Health Insurance Information:**

**Primary Insurance Company:** \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Relationship to Subscriber:  Self  Spouse  Child  Other: \_\_\_\_\_

**Secondary Insurance Company:** \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Relationship to Subscriber:  Self  Spouse  Child  Other: \_\_\_\_\_

**Tertiary Insurance Company:** \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Relationship to Subscriber:  Self  Spouse  Child  Other: \_\_\_\_\_



## Written Order Requirements - Medicare

### Example #2 - Respiratory Item

Per Medicare and the Affordable Care Act, a detailed written order for DME items must be (A) received before the delivery of an item can take place and (B) must include the following information (as shown in the example below):

1. Beneficiary's name
2. Physician's name
3. Physician's NPI
4. Date of the order
5. Detailed description of the item(s) with additional details, as applicable:
  - a. Detailed description of item(s) to be dispensed (with HCPC codes, if possible)
  - b. Quantity to be dispensed
  - c. Frequency of use
  - d. Duration / Length of need
  - e. Number of refills
  - f. Route of administration (primarily only for respiratory items)
  - g. Dosage & concentration (primarily only for respiratory items)
6. Physician signature
7. Physician signature date

	<b>James S. Doe, M.D.</b> ② 123 Market Street, Hampton, VA 23666 Phone: (757) 555-1212	③ NPI# 1234567890
<hr/>		
Name: <u>Robert Jones</u> ①		Date: <u>07/01/2016</u> ④
Address: <u>1411 Green Place, Chesapeake, VA 23324</u>		DOB: <u>05/19/1945</u>
⑤ a. Home Oxygen therapy (E1390) via concentrator delivered by nasal cannula ① @ 2 LPM pulse (oxygen conserving device) continuous ② 24/7. Include portable oxygen (E0431) as well.		
Refills: <u>0</u> ⑤	Quantity: <u>1</u> ⑥	Length of Need: <u>99 months</u> ⑦
Signature of Prescriber: <u>James S Doe</u> ⑥		Signature Date: <u>07/01/2016</u> ⑦

**\*\*\*IMPORTANT - Any / each change made to prescription that is already signed, must be initialed and dated by the physician to be accepted by Medicare\*\*\***



## Equipment Requirements & Check-Off List

### • Nebulizers •

In order for ABC Health Care to complete the request for your prescribed home medical equipment, we will need the following documentation requirements completed in full and provided to our office in their entirety.

#### Small Volume Nebulizer

o Detailed Written Order Requirements:

- Patient name
- Date of order
- Detailed description of items and related accessories:
  - “E0570 Nebulizer with compressor”:
    - o Quantity = 1
  - “A7005 Non-disposable administration set for use with small volume nebulizer”:
    - o Quantity = 1 per 6 months
  - “A7013 Filter disposable used with nebulizer”:
    - o Quantity = 1 per 2 months
  - Medication to be administered via nebulizer including:
    - o Name of drug and concentration = (example: Cromolyn 20mg/2ml)
    - o Administration instructions = (example: 3 ml QID – max 6 doses/24 hours)
    - o Route = Via nebulizer
    - o Quantity = (example: 90 doses)
    - o Number of refills = (example: 3 refills)
- Frequency = Daily
- Duration / length of need = 99 months
- Physician name
- Physician signature
- Physician signature date
- NPI on prescription that matches ordering physician's signature



o Documentation within the medical chart from physician within six months of the Written Order detailing ALL of the following:

- Patient examination notes from physician must address the condition for which the nebulizer is being prescribed.
- Patient's diagnosis of “\_\_\_\_\_” (specify the condition) significantly impairs the ability to participate in one or more Activities of Daily Living in the home.
- Patient requires nebulizer with compressor and related supplies for the administration of “\_\_\_\_\_” (specify the medication) for the treatment of “\_\_\_\_\_” (specify the condition).
- The nebulizer and medications will help patient complete ADLs.
- No other treatment options are available for this patient.
- Patient is willing and able to safely use the nebulizer and medications within the home.

(continued on next page)



### Medication Requirements for Small Volume Nebulizers

Small volume nebulizers, related compressors and FDA-approved inhalation solutions of the drugs **are only covered when ordered with** the following **medications** AND the related **medical conditions**:

Medication	Medical Conditions
Albuterol (J7611, J7613)	Obstructive Pulmonary Diseases <i>(see Group 8 codes in LCD for full list)</i>
Arformoterol (J7605)	Obstructive Pulmonary Diseases <i>(see Group 8 codes in LCD for full list)</i>
Audesonide (J7626)	Obstructive Pulmonary Diseases <i>(see Group 8 codes in LCD for full list)</i>
Cromolyn (J7631)	Obstructive Pulmonary Diseases <i>(see Group 8 codes in LCD for full list)</i>
Formoterol (J7606)	Obstructive Pulmonary Diseases <i>(see Group 8 codes in LCD for full list)</i>
Ipratropium (J7644)	Obstructive Pulmonary Diseases <i>(see Group 8 codes in LCD for full list)</i>
Levalbuterol (J7612, J7614)	Obstructive Pulmonary Diseases <i>(see Group 8 codes in LCD for full list)</i>
Metaproterenol (J7669)	Obstructive Pulmonary Diseases <i>(see Group 8 codes in LCD for full list)</i>
Dornase alpha (J7639)	Cystic Fibrosis, Cystic Fibrosis with pulmonary manifestations
Tobramycin (J7682)	Cystic Fibrosis or Bronchiectasis <i>(see Group 10 codes in LCD for full list)</i>
Pentamidine (J2545)	HIV, Pneumocystosis, or Complications of organ transplants <i>(see Group 4 codes in LCD for full list)</i>
Acetylcysteine (J7608)	Persistent thick or tenacious pulmonary secretions <i>(see Group 7 codes in LCD for full list)</i>

The full list of medical conditions can be found in the Local Coverage Determination (LCD) document located at <https://www.cms.gov/medicare-coverage-database/> or [click here](#).

Our team of Customer Service Representatives is standing by to assist you and your patients

