Shield HealthCare

7 IMPORTANT STEPS for filling out the Home Health Services (Title XIX) DME/Medical Supplies Order Form

Home Health Services (Title XIX) DME/Medical Supplies Physician Order Form

See instructions for completing Title XIX Home Health Durable Medical Equipment (DME)/Medical Supplies Physician Order Form. This order form cannot be accepted beyond 90 days from the date of the physician's signature.

Section A: Requested Durable Medical Equipment and Supplies
This section was completed by (check one): ☐ Requesting Physician ☐ Supplier

Client Information

Client Name:	Medicaid number:	Date of birth: / /

Supplier Information

Name:	Telephone:	Fax number:
Address:		

TPI:	NPI:	Taxonomy:	Benefit Code:
QRP name:		QRP TPI:	QRP NPI:

I certify that the services being supplied under this order are consistent with the physician's determination of medical necessity and prescription. The prescribed items are appropriate and can safely be used in the client's home when used as prescribed.

DME/medical supplies provider representative signature:	Date: / /

DME/medical supplies provider representative name (Typed or Printed):

Prescribing Physician Information

Name:	Telephone:	Fax number:

Item Number	Description of /medical supplies	Quantity	Price	Prior authorization required?	Beyond quantity limit?[1]	Custom item?[1]
1				☐ Y ☐ N		☐ Y ☐ N
2						☐ N
3						N
4						

1. If "Ye… …ded to s… …ecessity.

Section B. …formation
This is a prescri… …must be filled out b… …n.

Item Number[2] (From Section A)	Diagnosis	Brief Diagnosis Descriptor	Complete justification for deter…nation of medical necessity for reques…d item(s)[2] (Refer to Section A, fo…te 1)

2. Each item requested in Section A must have a … …l medical necessity justification.
Enter all *Item numbers* from the table in Secti… …gnosis. A range of item numbers may…

If applicable, include height/weight, wound … …al/mobility status:

N… …'Duration of need" items …	Date last seen by physician: / /
Du… _____ month (s)	Duration of need for supplies: _____ month (s)

By sig… …by attest that the information in Section "A", with the exception of the DME provider's signature, was complete at the tim… …ture and is consistent with the determination of the client's current medical necessity and prescription. By prescribing th… identified DME and/or medical supplies, I certify the prescribed items are appropriate and can safely be used in the client's home when u…d as prescribed.

Signature and attestation of prescribing physician:	Date: / /

Signature stamps and date sta…

Prescribing physician's license number:	
Prescribing physician's TPI:	Prescribing …

1 Please enter the appropriate diagnosis code (DX) for the supplies needed. *Note: Incontinence Supplies Require: 1. Incontinence DX, and 2. DX that resulted in chronic incontinence

2 Please give a brief description of the DX for the supplies requested

3 Please give a justification for the medical necessity of the supplies requested

4 Date last seen by physician *Note: Must be within the past 12 months

5 Please specify the duration of need for supplies

6 Physician Signature Required

7 Date Required

Effective Date_03172014 /Revised Date_06032014