



# DASCO HOME MEDICAL EQUIPMENT QUICK SCRIPT



*Our family serving yours since 1987*

**Patient Name:** \_\_\_\_\_ **Phone/Cell #** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **ICD-9:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **ICD-9:** \_\_\_\_\_

**Date prescribed:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Length of need:** \_\_\_\_\_ (1-99, 99= lifetime)

Copy of demographic information?  Yes  No

Copy of insurance information?  Yes  No

**Oxygen** (& related supplies)

\_\_\_\_ lpm continuous (or) \_\_\_\_ hpd via nasal cannula  
 O2 Sat: \_\_\_\_\_ %  rest  w/ exertion  sleeping  
 Date of test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ By: \_\_\_\_\_  
 Portable  Conserving device

**Ambulation Devices**

Crutches  Cane  Quad cane  
 Walker w/  Wheels  Seat  
 Wheelchair  Lightweight  Heavy duty  
 Elevating leg rest  Seat & back cushion

**Beds & Accessories**

Semi-electric hospital bed  
 Trapeze  Eggcrate  Gel overlay  APP&P

**Aids to Daily Living**

Bedside Commode; patient is room or floor confined or unable to access facilities  
 Shower chair  Raised Toilet Seat  
 Other \_\_\_\_\_

**CPAP/BIPAP** (including tubing, filters & all related supplies)

Settings: \_\_\_\_\_ cm H2O  
 Humidification:  Heated  Cool  
 Mask: Type: \_\_\_\_\_ size: \_\_\_\_\_  
 Fit for mask / headgear  Chin strap  
 Copy of sleep studies attached

**Neb & Meds** (including tubing, filters & all related supplies)

**\*\*\*Order good for 90 day supply\*\*\***

Meds \_\_\_\_\_ Strength \_\_\_\_\_ Refills \_\_\_\_\_  
 Directions:  BID  TID  QID  Q4H  PRN  Other \_\_\_\_\_  
 Quantity:  180  270  360  540  Other \_\_\_\_\_

Meds \_\_\_\_\_ Strength \_\_\_\_\_ Refills \_\_\_\_\_  
 Directions:  BID  TID  QID  Q4H  PRN  Other \_\_\_\_\_  
 Quantity:  180  270  360  540  Other \_\_\_\_\_

*Albuterol 0.083% Ipratropium 0.02% Xopenex 1.25 mg  
 Budesonide 0.25 mg DuoNeb \*Perforomist 20mcg/2ml \*Brovana 15 mcg/2ml*

\*Patient has a history of using at least 4 doses/day of albuterol or metaproterenol inhalation solution or at least 3 doses/day of a levalbuterol inhalation solution for 2 months or more as documented in the patient's medical record.

**Diabetic Supplies**

Test Strips  Lancets  Monitor  
 Non-ins dependent  Insulin dependent  
 QTY \_\_\_\_\_ Patient tests \_\_\_\_\_ times a day

**Enteral** (including feeding kits & all related supplies)

Food: \_\_\_\_\_ Calories/day: \_\_\_\_\_  
 Pump  Syringe  Gravity  IV pole

**Pulse Oximetry Services**

Overnight oximetry  Spot Check

X \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Physician's Handwritten Signature and Date

\_\_\_\_\_  
 Physician's Printed Name Address Phone

**Phone: 419-289-6489 Toll Free: 1-800-892-4044 Fax: 419-289-6506**

**Store Hours: Monday - Friday 8 am - 5 pm**

## MEDICARE'S PULMONARY REQUIREMENTS

### NEBULIZERS:

ICD-9 CODES 491.0 THRU 508.9

\*ASTHMA DXS MUST HAVE 5 DIGIT ICD-9 CODES\*

### OXYGEN:

O2 SAT AT 88% OR BELOW AND/OR PO2 AT 55 OR BELOW

\*IF PT QUALIFIES AT NIGHT, THEY MUST DROP TO 88% FOR AT LEAST 5 MINUTES

\*IF PT QUALIFIES WITH EXERTION, THEY MUST ALSO BE TESTED ON ROOM AIR AT REST AND WITH EXERTION ON O2

\*TEST DATE MUST BE WITH IN 30 DAYS OF OUTPATIENT OR WITH IN 48 HOURS OF DISCHARGE FROM AN INPATIENT STAY

### COVERED DXS: Any respiratory related diagnosis, such as:

496	COPD
492	EMPHYSEMA
515	POST INFLAMMATORY PULMONARY FIBROSIS
486	PNEUMONIA
162.9	MALIGNANT NEOPLASM OF LUNG
511.9	PLEURAL EFFUSION
491.9	CHRONIC BRONCHITIS
493.2	CHRONIC OBSTRUCTIVE ASTHMA
799.02	HYPOXIA
428.0	CHF

### CPAP:

AHI  $\geq$  15 OR

AHI 5 TO 14 **WITH** EXCESSIVE DAYTIME SLEEPINESS,  
IMPAIRED COGNITION, MOOD DISORDER,  
INSOMNIA, HYPERTENSION, ISCHEMIC HEART  
DISEASE OR HISTORY OF STROKE.

## MEDICAID'S PULMONARY REQUIREMENTS

### OXYGEN:

SAME AS MEDICARE

### NEBULIZERS:

Icd-9 codes: 464, 466, or 480-519

\*ALL OTHER DXS REQUIRE PRIOR AUTHS FOR 1 - 3 MONTH RENTAL \*

### CPAP:

SAME AS MCR EXCEPT THE TITRATION STUDY MUST BE AT LEAST 3 HOURS AND SHOWS A DECREASE IN AHI PLUS SHOW AN INCREASE IN O2 SAT OF AT LEAST 15%  
**OR** AN INCREASE IN O2 SAT TO 89% OR **>** **OR** SHOWS OTHER CLINICAL IMPROVEMENT