

DME ATTESTATION SMARTPHRASE TEMPLATES

Instructions: Go to My SmartPhrase on Care Connect. On top of screen, enter User: Garcia, Maristela. Click on Name to alphabetize the SmartPhrases, then scroll down to SmartPhrases that start with DME and create a copy for yourself. Remember to click **Refresh** so your copy of the new Smartphrase will appear on the dropdown list. Please note that DMEs generally require qualifying conditions/documentation of medical necessity. The templates are a guide; please modify as appropriate for your patient. Your clinical case manager are a helpful resource if you need assistance.

QUICK REFERENCE

1. Home O2 (see below for qualifying conditions)
2. Nebulizer
3. Walker
4. Wheelchair
5. Hospital Bed
6. Pressure-Reducing Support (e.g. low air loss mattress)
7. Hoyer Lift
7. Suction Machine
8. Lumbar Support (back brace)

SmartPhrase

.DMEOXYGEN
.DMENEBULIZER
.DMEWALKER
.DMEWHEELCHAIR
.DMEHOSPITALBED
.DMEPRESSUREREDUCINGSUPPORT
.DMEHOYERLIFT
.DMESUCTIONMACHINE
.DMELUMBARSUPPORT

NOTES

1. Home O2 (see below for qualifying conditions)

.DMEOXYGEN

Examples of Qualifying Diagnoses:

J44.9	COPD
J43.9	Emphysema
J41.0	Chronic Bronchitis
J84.10	Pulmonary Fibrosis
C34.90	Lung Cancer
J45.998	Asthma
I50.98	CHF
I27.2	Pulmonary Hypertension
J47.9	Bronchiectasis
J84.89	Interstitial Pulmonary Disease
J96.10	Chronic Respiratory Failure

Smartphrase Content:

DME ORDER: SUPPLEMENTAL HOME O2

I have seen @NAME@ @DOB@ face to face on @TD@. The patient is short of breath due to *** (chronic diagnosis). Patient currently has a desaturation of *** recorded on room air, at rest, on the following date *** (within 48 hours of discharge). The patient has been tried on albuterol and/or atrovent breathing treatments without normalization of oxygen saturations. The patient has also been tried on diuretics without normalization of oxygen saturations. Patient will benefit from and require home oxygen for continuous use via nasal cannula at ***LPM, which will decrease the chances of the patient being readmitted to the hospital. The patient and/or family/surrogate are aware of the order. The length of use is for 99 months or lifetime.

Signed: @MECRED@ @TD@

2. Nebulizer

.DMENEBULIZER

Smartphrase Content:

DME ORDER: NEBULIZER

I saw @NAME@ @DOB@ face to face on @TD@. Patient is diagnosed with ***. Patient requires nebulizer treatments for the above diagnosis/diagnoses. Albuterol (2.5mg/ 0.5ml) 0.5% nebulizer solution +/- atrovent 500mcg nebulizer solution BID***TID*** QID*** Q4H*** has been prescribed to help with this condition. Nebulizer treatments will minimize the chances of being admitted to the hospital. The patient and/or family/surrogate are aware of the order. The length of use is for 99 months (indefinite) or lifetime.

Signed: @MECRED@ @TD@

3. Walker

.DMEWALKER

SmartPhrase Content:

DME ORDER: FRONT WHEELED WALKER*ROLLATOR WALKER (WALKER WITH SEAT)*****

I have seen @NAME@ @DOB@ face to face on @TD@. The patient is diagnosed with *** (chronic condition resulting in impaired mobility and/or balance). This patient has unstable gait. I recommend a walker with seat because patient's mobility limits and impairs the Mobility Related Activities of Daily Living (MRADLs) in the home. The walker with seat will improve the patient's overall activities of daily living. Patient can safely use the walker with seat. The functional limitation will be resolved with a walker with seat. The mobility limitation can't be resolved with the use of a cane or crutches. The patient and/or family/surrogate are aware of this order and agreeable to all DME needs. The length of use is for 99 months (indefinite) or lifetime.

Signed: @MECRED@ @TD@

4. Wheelchair

.DMEWHEELCHAIR

SmartPhrase Content:

DME ORDER: WHEELCHAIR

I have seen @NAME@ @DOB@ face to face on @TD@. The patient is diagnosed with *** (chronic condition resulting in impaired mobility and/or balance). This patient has unstable gait. I recommend a wheelchair because patient's mobility limits and impairs the mobility related activities of daily living (MRADLs) in the home. The wheelchair will improve the patient's overall activities of daily living. Patient can safely use the wheelchair. The mobility limitation will be resolved with the wheelchair. The mobility limitation can't be resolved with the use of a cane or walker. The patient is willing to use the wheelchair. The patient's home provides adequate access between rooms, maneuvering space, and surfaces. The patient's weight is @WEIGHT@. The beneficiary has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel a manual wheelchair in the home during the day. The beneficiary has caregiver available, willing, and able to provide assistance with the wheelchair. The patient and/or family/surrogate are aware of this order and agreeable to all DME needs. The length of use is for 99 months (indefinite) or lifetime.

Signed: @MECRED@ @TD@

5. Hospital Bed

.DMEHOSPITALBED

SmartPhrase Content:

DME ORDER: HOSPITAL BED, SEMI-ELICTRIC WITH HALF-SIDE RAILS

I have seen @NAME@ @DOB@ face to face on @TD@. I recommend a hospital bed because the patient requires frequent repositioning of the body, in ways not feasible in an ordinary bed with pillows and wedges, in order to alleviate shortness of breath due to *** (chronic condition/s) or to alleviate pain due to *** and degenerative joint disease of the spine. The patient is also at risk of skin breakdown and needs frequent repositioning and body changes due to the patient's decreased mobility. The hospital bed would facilitate easier and safer transfers. The patient and/or family/surrogate are aware of this order and agreeable to all DME needs. The length of use is for 99 months (indefinite) or lifetime.

Signed: @MECRED@ @TD@

6. Pressure-Reducing Support (e.g. low air loss mattress)

.DMEPRESSUREREDUCINGSUPPORT

SmartPhrase Content:

7. Hoyer Lift

.DMEHOYERLIFT

SmartPhrase Content:

DME ORDER: HOYER LIFT

I have seen @NAME@ @DOB@ face to face on @TD@. The patient is bed bound. I'm recommending a hoyer lift to be able to transfer patient from bed to wheelchair and to the commode. The patient and/or family/surrogate are aware of this order and agreeable to all DME needs. The length of use is for 99 months (indefinite) or lifetime.

Signed: @MECRED@ @TD@

8. Suction Machine

.DMESUCTIONMACHINE

SmartPhrase Content:

DME ORDER: SUCTION MACHINE

I have seen @NAME@ @DOB@ face to face on @TD@. I recommend a suction machine. Due to the patient's condition, the patient has difficulty clearing oral secretions. The patient and/or family/surrogate are aware of this order and agreeable to all DME needs. The length of use is for 99 months (indefinite) or lifetime.

Signed: @MECRED@ @TD@

9. Lumbar Support (back brace)

.DMELUMBARSUPPORT

SmartPhrase Content:

DME ORDER: LUMBAR SUPPORT

I have seen @NAME@ @DOB@ face to face on @TD@. I recommend lumbar support to reduce pain by restriction mobility of the trunk OR to facilitate healing due to an injury to the spine or related soft tissues OR to facilitate healing following a surgical procedure on the spine or related soft tissue OR to support weak spinal muscles and/or deformed spine. The patient and/or family/surrogate are aware of this order and agreeable to all DME needs. The length of use is for 99 months (indefinite) or lifetime.

Signed: @MECRED@ @TD@