Primary Care Physician Manual

Home Health | Pharmacy DME

2015

For more information, please visit:
http://onehomecaresolutions.net/physicianresources

Phone: 1-855-441-6900 | Fax: 1-855-441-6941

Table of Contents

Dear Provider,

We would like to take this opportunity to introduce you to One Homecare Solutions, your Home Healthcare Provider for Nursing, Infusion Pharmacy Services and Durable Medical Equipment.

We are presenting this package to provide you with information regarding our referral process, scope of services provided, ordering requirements and guides, and our commitment to you and our healthcare partners.

We look forward to working with you and your staff in the provision of excellent patient and customer care!

Sincerely,

One Homecare Solutions

Hours of Operation

MONDAY THRU FRIDAY: 9:00 AM – 5:00 PM

SATURDAY: 9:00 AM – 5:00 PM

AFTER HOURS AND WEEKENDS – ON CALL (24/7)

Contact Numbers

Phone: 1-855-441-6900 | Fax: 1-855-441-6941

One's Single Point Solution Offers:

- A full range of skilled and non-skilled home care, durable medical equipment and home infusion services through our wholly owned DME and Infusion Pharmacy and our extensive Network
- Single point of contact and accountability for all homecare referrals and coordination of services
- Our process surrounds itself around the patient to ensure high quality outcomes from initial order entry through fulfillment to reporting
- Our One Care POD handles all DME, HH and IV orders – there is no separation of these orders into separate Departments
- Improving Service and eliminating Duplicity through a streamlined process
- Work flows that allows the fulfillment center or network provider to focus on the delivery of service or care
- Closely connecting the functional areas prior to the physician's order being received at one of our fulfillment centers or network providers
- Care management, pro-active utilization management and guideline driven principles enhances quality and care continuity
- Closing the loop real-time to ensure physician's order and service standard is met
- Real time order processing and tracking software.
- Wrapping ourselves around the health plan and their members creating a sense of ownership and accountability

Scope of Services: Adults and Pediatric

Home Infusion/Specialty Pharmacy	Durable Medical Equipment	Skilled Nursing and Therapy Services
✓ Antibiotic, Antiviral, Antifungal Therapy ✓ Anti-hemophilia Factor ✓ Anti-tumor Necrosis Factor ✓ Catheter Care ✓ Chemotherapy ✓ Enteral Nutrition ✓ Enzyme Replacement Therapy ✓ Growth Hormone Therapy ✓ Hematopoietic Hormone Therapy ✓ Hormonal Therapy ✓ Hydration ✓ Immunoglobin Therapy ✓ Infusion and Injectable Therapy ✓ Inotropic/Cardiac Therapy ✓ Interferon ✓ Pain Management ✓ Pumps ✓ Total Parenteral Nutrition	✓ Bariatric Equipment ✓ Consumable Medical Supplies ✓ Decubitis Care Equipment ✓ Diabetic Supplies ✓ Customized Rehabilitation Equipment ✓ Pediatric Equipment ✓ Rehabilitation Equipment ✓ Respiratory Equipment and Services ✓ Soft Good Supplies (Ostomy, Colostomy, Urological) ✓ Sleep Therapy Equipment	✓ Bariatric Equipment ✓ Complex Care Nursing ✓ High Tech Nursing ✓ Home Health Aides ✓ Medical Social Work ✓ Occupational Therapy ✓ Physical Therapy ✓ Skilled Nursing ✓ Speech Therapy ✓ Wound Care Supplies while skilled care is being provided

Intake/Admission Process

One Homecare Solutions staff will accept all patient referrals/orders in our One Homecare "POD" via fax server.

As soon as a case is assessed by our clinical team and insurance is verified, case will be staffed, processed, fulfilled and Infusion services rendered and/or equipment delivered; according to patient need, ordered time frame and service standards set forth within our contract.

- One Homecare Solutions representatives will contact your office and your patients to obtain all personal, demographic, and medical history information.

- One's team will notify you of any missing information or that which needs clarification.

- Our team will contact you when services requested are not covered according to our contract, Medicare, Medicare, or Health Plan Guidelines, or for those services that need Second Level Review/information.

- One's team is available 24/7 for questions, concerns, needs and support of your homecare patients.

Patient Referrals/Elements Needed on "Referrals"

Fax Referral/Orders to:

1-855-441-6941

All Requests Must Have Mandatory Elements as indicated on the Universal Order Form**: This is to be used as a reference guide when ordering specific items as indicated within.**

Patient's First Name:	Patient's Last Name:
Member#:	DOB:
Health Plan:	Insurance Type:
Patient Phone Number:	Secondary Phone Number:
Home Address:	City, State & Zip Code:
Service Address:	City, State & Zip Code:
Alternate Contact Name:	Primary Phone Number:
Relationship to Patient:	Secondary Phone Number:
Primary Diagnosis & Code:	Secondary Diagnosis & Code:
Date of Discharge:	Facility Name:
Diabetic? □ No □ Yes Type: □ IDDM □ PO □ Diet: Ht.____ Wt._____	Allergies:
PCP -Name of MD:	Phone Number: Fax
Following MD/Specialist (if other than PCP):	Phone Number: Fax
Referral Source/Person Filling out form:	Referrals' contact number: Referral Fax

HOME HEALTH ORDERS

☐ RN Evaluation _____
☐ PT Evaluation & Treatment _____
☐ HT Home Infusion (Has patient received a first dose?) Y_____ N_____
☐ Administration -Medication, dosage, route & frequency/ duration:
☐ Wound care treatment plan & wound Location _____
☐ Ostomy _____, _____, _____
☐ Diabetic _____, _____, _____
☐ Wound Care _____, _____, _____

DME ORDERS		
HCPC Code	Description	Length of Need

OXYGEN ORDERS	CPAP/Bi-PAP	CPM	Lymphedema
Liter Flow per Minute	**Please list all items and Settings:**		
Route: Nasal cannula, simple mask or other			
Patient visit date:			
Hours of use: continuous, with exertion, hours of sleep, bleed into CPAP/Bi-PAP or other			
Delivery Device: concentrator, portable cylinders, conserving device, liquid, portable, or other			
Date of saturation test: (MM/ DD/ YYYY)			
Oxygen Saturation or PO2 results: ____ %			

PHARMACY ORDERS

Medications

1. Name: _____ Dose:_____ Frequency:_____ Route:_____
2. Name: _____ Dose:_____ Frequency:_____ Route:_____
3. Name: _____ Dose:_____ Frequency:_____ Route:_____

Lab Orders (as appropriate):

IV Access: __ Peripheral __PICC __IM __Sub-Q __Port __Central Line (# of Lumens)____

**Please provide H&P, orders, medication profiles.*

Physician Signature/Date

I certify that I am the treating physician identified in this form. I have received the Certificate of Medical Necessity (including charges for items ordered). Any statement on my letterhead attached hereto, has been reviewed and signed by me. I certify that the medical necessity information is true, accurate and complete, to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability.

PHYSICIAN'S SIGNATURE_____DATE_____/____/____

PHYSICIAN'S NAME (Please print):_____

If **Ostomy or Urological**, please list item, #'s, brand, sizes and item quantity.

(i.e. 2 Piece Drainage Pouch #1234, Hollister, 30 per month / Straight Cath 14 Fr. Item#, Bard)

Please reference needed information for Oxygen, CPAPs, IV Medications, CPM's, Lymphedema Pumps/Ostomy and Uro Supplies.

Home Health Services Provided

- RN Evaluation
- Skilled Nursing Visit
- High Tech IV Evaluation
- High Tech Visit
- PT Evaluation
- PT Visit
- OT Evaluation
- OT Visit
- ST Evaluation
- ST Visit
- MSW
- HHA

Note:

- RN Eval "opens a patient case".
- HHA Services cannot stand alone. Need to have a "Skill in the home" to qualify for a HHA.
- OT cannot stand alone, PT needs to accompany OT, or have been provided prior to OT starting.
- MSW cannot stand alone, need an RN Eval to be performed.

Infusion and Specialty Pharmacy Services

Scope of Service:

- Anti-Infectives (Antibiotics, Antifungals, and Antivirals).
- Total Parenteral Nutrition (TPN)
- Inotropics
- Pain Management
- Pharmacokinetics
- Lab monitoring and dose regimen modification based on lab results
- Chemotherapy
- Hydration
- Injectables
- Enteral Nutrition
- Anticoagulation
- IVIG/SCIG Therapies
- Hematopoietic Therapies
- Anti-Emetics
- Tocolytics
- Hormone Therapies
- Cath Care
- Enzyme Replacement Therapies
- Anti-Tumor Necrosis Factor
- Growth Hormones
- Specialty Infusion and Injectable Medications Used to Treat Disease Management Therapies Such As:
  - ✓ Rheumatoid Arthritis
  - ✓ Hepatitis C
  - ✓ Multiple Sclerosis
  - ✓ Hemophilia
  - ✓ Crohn's Disease
  - ✓ Sickle Cell Anemia
- Infusion Pumps

Note: Therapies provided are dependent upon contractual terms. Please ask your provider services representative for Health Plan Specifics.

Necessary Information Needed for a Clinical Pharmacist to Process a New Medication Order

- **A CLEAN order is necessary regardless of place of service:**

  A clean order should contain:
  - Patient's Name
  - Ordering MD
  - Date of the order.
  - Medication Name, Dose, Frequency, Route of Administration, and if stated by MD, length of therapy.
    - Ex: Vancomycin 1 gm IV every 12 hours for 6 weeks.
    - Open ended orders accepted.
  - Order must be signed by the ordering MD. If order was taken verbally, it should state the name of the person that took the order.
  - If patient is discharged from a facility the order or referral should state "Home Health Care".

- **Ordering Physician (s):**
  - If the patient is being discharged from hospital, we need to get the name of the ordering MD if is other than the hospitalist. If patient is on LMWH (Low Molecular Weight Heparin), Cardiologist or the Hospitalist order is acceptable. If multiple physicians are ordering, please list all.
  - For a SNF patient, it should either be the facility MD and/or ordering MD (if is a specialist).
  - If patient is at home PCP info is required.

- **Access line:**
  - Order/Referral to indicate: PICC, Port-A-Cath, Midline, Peripheral, IM Sub-Q, Peg-Tube.
  - Because there are certain drugs that can only be given via central line and not peripherally a Pharmacist may confer with the physician as needed.
  - If patient has a central line, CVP is not an option, we will need the correct one number of lumens. Very important for multiple medication orders.
  - Please notate IM or Sub-Q, and feeding tube for enterals.

- **Diabetic Status:**
  - Very important to determine the type of diluent to be used to dispense medication.

- **Height and Weight:**
  - Used to dose or verify ordered medication dose. Note that many of the medication doses are based on Weight. Most Chemotherapies are based on BSA (Body Surface Area), so Height is needed.
  - Also Ht. and Wt. is used to calculate CrCl (Creatinine Clearance), which is a way to evaluate renal function.

- **Allergies and First dose:**
  - Before an order is processed, a pharmacist should know what the patient's allergies are to be sure, ordered medication will not result in any harm to patient. If patient has no drug allergies, NKDA (No Known Drug Allergies) it does not mean that a patient will not react to medication.
  - If patient is allergic to a drug class i.e. Penicillin, and a drug belonging to the Penicillin class is prescribed, a proper documentation needs to be conducted to indicate that either patient has been on the medication before, started therapy already, or that MD is aware of allergy and approved the use of ordered medication.
  - If patient has received the ordered medication, we need to know when and where therapy started (i.e. First dose at hospital on 08/01).

- **Diagnosis:**
  - We need to obtain the right diagnosis for what is being ordered. This is extremely important for the clinical pharmacist to evaluate the appropriateness of the therapy and to make necessary adjustments based on labs if applicable.
    - Example. A patient is on Vancomycin to treat Osteomyelitis; however, diagnosis documented is Cellulitis. Pharmacist get a Trough result of 10, thinks it is therapeutic for Cellulitis and does not make a dose adjustment. However, for Osteomyelitis 10 is sub therapeutic (15-20 is the range), so by getting the wrong diagnosis, we are misleading the pharmacist not to adjust the dose and risking patient to an amputation, extended therapy, readmission, etc.

- **Ancillary Providers:**
  - Nursing Agency taking care of patient
  - SNF (if patient is a resident of one). Please provide Room #

- **Shipping Address:**
  - We need to know where the medication is going to be delivered.
  - If medication is to be deliver to a Dr's. Office or a clinic, accurate address, hours of operation and contact person receiving the medication is required.

- **Insurance (Payor Information):**
  - Pharmacy cannot process an order without an insurance company or payor.

- **DOB:**
  - To properly evaluate the appropriateness of therapy and its clinical monitoring.

- **Contact Information / Emergency Contact**

Please note below, very important:

- **Last dose Given:**
  - For patients discharged from a hospital, we need to know when the last dose was given to ensure timely delivery for next dose.

- **Medication Profile:**
  - This include all active meds, vitamins, over the counter and supplements patient is taking.

We encourage patient and family teaching and training and patient independence.

When in receipt of an **incomplete referral/patient order**, you might receive the below Contact Physician Form from us via fax. This is our way of expeditiously contacting you to request information that might prevent services from being rendered to your patient. Please feel free to provide us with your feedback, it is always welcomed and appreciated.

Urgent Information Request

Pending Order Notification

Please note, we are in receipt of your request for home care services. We are unfortunately **UNABLE** to process this request due to **MISSING INFORMTION**. Please send us the information "checked" below so we can fulfill the patient order timely.

Thank you.

Patient Information	Physician Information
☐ Full Name	☐ Ordering Physician Name/Address/Phone
☐ Insurance Name and or ID#	☐ Following Physician
☐ Height and Weight/Allergies	☐ PCP Information
☐ Address/Phone	☐ Other
☐ Clear/Complete/Legible Order	

DME Order Information	**IV Pharmacy Information**
☐ Oxygen LPM/Rate/Route/Saturation Level	☐ Drug Name/Dosage/Frequency
☐ CPAP/Bi-PAP Settings/O2 Bleed In	☐ Route of Administration (Line, Sub-Q, etc.).
☐ CPM Settings	☐ Substitution due to shortage or Name Brand
☐ Ostomy/Foley Items and Quantities	☐ Has a first dose been given?
☐ Wound Care Supplies	☐ Diabetic Status

Additional Comments:

Please feel free to contact us at: 855-441-6900 / Fax-855-441-6941

Name _____

Extension _____

Email _____

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

Non-Routine Items:
Need Medical Necessity Documentation

- POC's (Portable Oxygen Concentrators)/ or Extra Battery
- Custom Power Wheelchairs
- Manual Custom Wheelchairs
- Air Fluidized Beds
- Bone Growth Stimulators
- Specific Brand Names that may be outside of our formulary / normally stocked items.
- Shower Chairs
- Over Bed Table
- Bath Bench
- Transfer Bench
- Bath Mats
- Elevated Toilets
- Covered items exceeding Medicare Allowable.
- Non DME/HCPC Items (case by case)

Covered and Frequently Utilized Equipment

Quad Cane
E0105

Standard Cane
E0100

Walker
E0135

Walker with Wheels
E0143

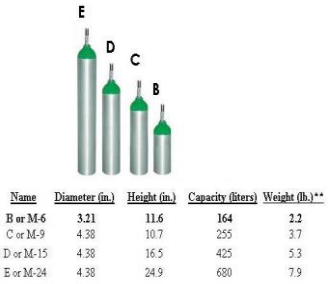
Walker with Seat
E0143/E0156

3 Wheel Rollater
E0147

4 Wheel Rollator
E0143/E0156

3 in 1 Commode
E0165

Oxygen Concentrator
E1390



Name	Diameter (in.)	Height (in.)	Capacity (liters)	Weight (lb.)**
B or M-6	3.21	11.6	164	2.2
C or M-9	4.38	10.7	255	3.7
D or M-15	4.38	16.5	425	5.3
E or M-24	4.38	24.9	680	7.9

Portable Tanks (B and E's)
E0431

Liquid Oxygen with Portable
E0434/E0439

Portable Concentrator

E1392

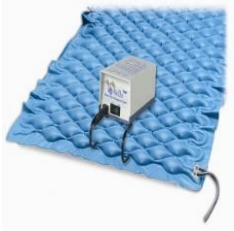
Standard Wheelchair
K0001

Electric Wheelchair

K0823

Scooter

K0800



Air Pressure Pad

Alternating Pressure Pad

Egg Crate Mattress

Schedule of Covered and Non-Covered Services

Durable Medical Equipment and Supplies Quick Reference Guide

Some items do not fall strictly under the definition of DME, and are considered to be "supplies". This list contains both DME items and supplies.

Covered items may be subject to medical necessity review and contract limitations. In addition, some items may require SLR (Second Level Review). Please refer to the NCD and LCD for all covered and non-covered items. Please click on www.cms.gov for NCD or LCD

Description	Code	Policy
Ambulation Aids		
Canes	E0100,	Covered, if condition impairs
Crutches	E0110, E0111, E0112, E0113, E0114, E0116, E0117, E0118	Covered
Quad Cane	E0105	Covered
Walkers	E0130, E0135, E0140, E0141, E0143, E0144, E0147, E0148, E0149	Covered, if condition impairs ambulation
Bathtub, Bathroom Equipment, Etc.		
Bath Chair	E0240, E0245	Not covered
Bathroom Grab Bars	E0241, E0243, E0242, E0246	Not covered
Bathtub Lifts	E0625	Not covered
Bathtub Rails	E0241, E0242	Not covered
Bathtub Seats	E0240, E0245	Not covered
Toilet Seat	E1399	Not covered
Century Bed Bath	E0235, E1399	Not covered
Cheney Safety Bath Lift	E0625, E1399	Not covered
Eaton E-Z Bath	E0245	Not covered
Electric Portable Commode Erector	E0244	Not covered
Bathtub, Bathroom Equipment, Etc.		
Tub	E1399	Not covered
Mecalift (patient lift, bathroom or toilet)	E0625	Not covered
Mobile Monomatic Sanitation System	E1399	Not covered
Bath Chair	E1399	Not covered

Raised Toilet Seats	E0244	Not covered
Sauna Bath	E1310	Not covered
Bed Bath	E1399, A9270	Not covered
Sitz Bath	E0160, E0161, E0162	Not covered
Toilet Safety Rails	E0243	Not covered
Toilet Seat Erector	E0244	Not covered
Toilet Seats	E0244	Not covered
Transfer tub rail attachment	E0246	Not covered
Tub chair, stool or bench	E0245	Not covered
Beds, Bed Equipment, Mattresses		
Air Pressure Mattress	E0197	Covered
Alternating Pressure Pads and	E0181, E0182	Covered
Bed Cradles	E0280	Covered
Bed Elevator	E0315	
Bed Lifter	E0315	Not covered
Bed Pads	A4554	Not covered
Bed Pans	E0275, E0276	Covered if patient is bed confined
Bed Side rails	E0310	Covered, as part of an approved hospital bed
Bed boards	E0273	Not covered
Beds-Lounge (power or manual)	E1399	Not covered
Beds-Oscillating	E0270	Not covered
Clinitron Beds and Similar Air Fluidized Beds	E0194	Not Covered
Disposable sheets and bags	A9270	Not covered
Beds, Bed Equipment, Mattresses continue....		
Footboard	E1399	Covered as part of an approved
Hospital bed, institutional type	E0270	Not covered
Bed board	E0273	Not covered
Alternating Pressure Pad	E0185	Covered
Hospital Beds, electric	E0265, E0266	Covered
Hospital Beds, general	E0250, E0251, E0255, E0256, E0260	Covered
Powered air flotation bed	E0193	Covered
Synthetic sheepskin pad	E0188, E0189	Covered
Lattoflex Spring-base bed	E1399	Not covered
Mattress, inner spring or foam	E0271	Covered as part of an approved hospital bed
Gel pressure pad for mattress	E0185	Covered
Ortho-Prone Bed	E1399	Not covered
Oscillating Bed	E0270	Not covered

Over bed Tables	E0274	Not covered
Powered Air-flotation Bed	E0193	Covered
Powered Pressure-reducing mattress (alternating pressure or low air loss	E0277	Covered
Select-A-Rest	E1399	Not covered
Powered pressure reducing mattress, with pump	E0181, E0182	Covered
Surgi-Bed	E1399, A9270	Not covered
Trapeze Bar	E0910	Covered
Vasculating Bed	E1399	Not covered
Water and Pressure Pads and Mattresses	E0185	Covered
Breast Related Supplies		
Breast Pump	E0602, E0603, E0604	Not covered

Environmental Control Items		
Air Cleaners	A9270, E1399	Not covered
Air Conditioner	A9270, E1399	Not covered
Air Purifier	A9270, E1399	Not covered
Dehumidifiers (room or central system)	E1399	Not covered
Electric Air Cleaner	E1399	Not covered
Electric Air Filter	E1399	Covered, if part of covered equipment (i.e. O2 concentrator)
Electrostatic Machine	E1399	Not covered
Environmental Control Items	A9270, E1399	Not covered
Fomentation Device	E0238	Not covered
Heating and Cooling Plants	A9270, E1399	Not covered
Heating Pads	E0210, E0215	Not covered
Humidifier (central or room)	A9270, E1399	Not covered
Micronaire Environmental	A9270, E1399	Not covered
Pollen Extractor	A9270, E1399	Not covered
Portable Room Heaters	A9270, E1399	Not covered
Vaporizers	E0605	Not covered
Exercise Equipment and Supplies		
Bicycle Ergometer	E1399, A9270	Not covered
Continuous Passive Motion (CPM) Device, Knee	E0935 E0935RR	Not covered (purchase) Covered following total knee arthroplasty (rental)
Continuous Passive Motion (CPM) Device, Other than Knee	E0936	Not covered
Posture Pump Spinal Trainer	E1399	Not covered, convenience item
Pronex (Pneumatic device for clavicle pain	E1399	Not covered,

Pulse Tachometer	99070, E1399	Not Covered
Shoulder Pulley	E1399	Not covered
Theraband	99070, A9270, A9300	Not covered, over the counter item
Tilt Table	E1399	Not Covered
Traction Equipment, standard	E0830, E0840, E0849, E0850, E0855, E0856, E0860, E0870, E0880, E0890, E0900	Covered
Training Balls	99070, E1399, A9300	Not Covered
Weighted Quad Bood	99070, E1399, A9300	Not Covered
Lifts		
Bathtub Lifts	E0625	Not covered
Bed Lifts	E0315	Not covered
Bed Elevator	E0315	Not covered
Safety Bath Lift	E0625	Not covered
Cushion Lift Power Seat	E1399, E0627, E0628, E0629, E2300, E2301	Covered (the mechanism only is covered)
Electric Powered Recliner and Elevating Seat	E1399	Not covered
Elevator	E1399	Not covered
Elevator Chair (not a Stairway Chair)	E1399	Not covered
Hoyer Lift	E0630	Covered
Hydraulic Patient Lift	E0630	Covered
Patient Lifts (i.e. Hoyer)	E0630, E0635	Covered
Recliner with Elevation Seat	E0244	Not covered
Seat Lift	E1399	Not covered
Seat Lift Chair Mechanism	E0627, E0628, E0629	Covered (the mechanism only is
Stair glide	E1399	Not covered, see Elevator
Stairway Elevator	E1399	Not covered, see Elevator
Transfer Board or Device	E0705	Covered
Trans lift Chair	E1399	Not covered
Van Lift	E1399	Not covered
Wheel-O-Vator	E1399	Not covered
Respiratory Aids and Supplies		
Air Compressor without Nebulizer	E0565	Not covered, except for patients with a tracheostomy who are
Bi-PAP	E0470, E0471, E0472	Covered
Concentrator, Oxygen	E1390, E1391, E1392	Covered
C-PAP	E0601	Covered
Nebulizer, w/compressor	E0570	Covered

Face Mask (oxygen)	A4620	Covered
Face Mask (surgical)	A4928	Not covered
Flowmeter	E0440	Covered
LC-3 Oxygen System	E0425, E1399	Not covered, institutional oxygen system, not a rental-type item
Masks (oxygen)	A4620	Covered
Nebulizer	E0570, E0575	Covered
Nebulizer (Mistogen)	E0585	Covered
Nebulizer w/compressor (i.e. Devilbiss Pulmo-Aide)	E0570	Covered
Nebulizer, Portable	E1399	Covered
Nebulizer, Ultrasonic only	E0575	Covered
Oximeter	E0445	Covered
Oxygen Humidifier	E0550, E0555, E0560, E0561, E0562	Covered
Oxygen Portable Systems	E0430, E0431, E0434, E0435	Covered
Oxygen Regulator	E1353	Covered
Oxygen System	E0424, E0425, E0439, E0440	Covered
Air Filter (for CPAP/BIPAP)	E1399, A7038, A7039	Covered
Postural Drainage Board	E0606	Covered
Suction Pump	E0600	Covered
Ventilators	E0450, E0460, E0461, E0463, E0464	Covered
Toilet Equipment		
Bed Pan	E0275, E0276	Covered, if bed confined
Toilet Seat	E1399, E0244	Not covered
Commodes	E0163, E0165, E0168, E0170, E0171	Covered, if the patient does not have access to regular toilet facilities because he/she is confined to: a single room, or a single level without a toilet, or a home where there is no toilet.
Raised Toilet Seat	E0244	Not covered
Toilet Trainer	E1399, 99070	Not covered
Wheelchairs/Chairs		
3 to 4-wheel scooter and other similar scooters	E1230	Covered
Feeder Seat	E1399	Not covered, convenience item
Rollabout Chairs and Mobile Geriatric Chair	E1031	Covered, if to be used in lieu of a wheelchair
Wheelchairs, Power Operated	Multiple	*Covered*

Wheelchairs, Standard	Multiple	Covered
Miscellaneous		
Blankets	A9270	Not covered
Catheters and Supplies	A4344, A4346, A4349, A4351, A4352, A4353, A4354, A4355	Covered
Colostomy Bags and Supplies	A4361, A4362, A4363, A4364, A4367, A4405, A4406	Covered
Pessary	A4561, A4562	Covered
Pleurx Pleural Catheter and Home Drainage Kit	A7042, A7043	Covered
Polarcare	E0218	Not covered, convenience item
Portable Infusion Pumps/Devices	E0781, E0782, A4305, A4306	Covered
Mobile Infusion Pump Ambulatory/Stationary	E0781	Covered
Warm-up Therapy system for wound care	E0217	Not covered
Wigs	A9282	Not covered
Wound Vac	E2402	Covered (Varies per health plan)

Dear Physician,

Below you will find a listing of the HCPCS codes and items that are routinely utilized by CPAP patients. Please ensure that you include all necessary item codes when sending your orders to One Homecare Solutions. It is imperative that you submit the authorization/request appropriately so therapy and equipment orders may be fulfilled in their entirety.

CPAP

Item	Description	Qty
E0601	Cpap, Device	1
A7034	Cpap Nasal Mask	1
A7035	Cpap, Headgear/Each	1
A7037	Cpap Tubing, Long, each	1
A7038	Cpap Filter disposable/each	2
E1499	Cpap carrying case	1

BiPap

Item	Description	Qty
E0470	Bipap S system	1
A7034	Bipap Nasal Mask	1
A7035	Bipap, Headgear/Each	1
A7037	Bipap Tubing, Long, each	1
A7038	Bipap Filter disposable/each	2
E1499	Bipap carrying case	1

C-PAP/Bi-PAP Order Requirements

1) Settings (cm H2O) – Remember that the CPAP System requires only one pressure level for therapy but the Bi-PAP System requires two different pressure levels for therapy.

2) Sleep Study

3) Prescription/Physician orders

4) If a Humidifier is needed the script must identify if **heated or non-heated**
   - HCPC code for Non-heated is E0561
   - HCPC code for Heated humidifier E0562

6) Chin Strap (Optional) HCPC code A7036

7) If a full face mask is needed HCPC code is A7030

8) The HCPCS for **a Bi-PAP ST with Back up Rate** is E0471

9) When ordering supplies must include the code for replacement of water chamber. A7046 Replacement water chamber for positive airway device.

10) Rx should suggest if nasal mask or nasal pillows.

11) Rx should state "bleed in to oxygen" when necessary.

Physician Office and Patient Acknowledgement Form

Patient Name: _____ Parent's Name:_____

(If Applicable)

Patient Date of Birth:_____ Insurance ID#:_____

Group#_____

Attestation:

I _____, _____

(Office Personnel) (Position)

Certify that our above listed patient has been trained on the below referenced equipment.

X_____ X_____

Office Staff Date

X_____ X_____

Patient Signature/Guardian/Caregiver Date

Items Delivered	Qty
Compressor Nebulizer Serial #	
Disposable Nebulizer Kits & Disposable Pediatric Mask	

PRESCRIPTION

For the use of the prescribing physician only.

Physician deems dispensing of nebulizer medically necessary to expedite care.

PRESCRIBING PHYSICIAN SIGNATURE:
(Stamped Signature Not Accepted)

X_____

Name:_____ Telephone:_____

Address:_____ NPI:_____

City:_____ State: ____ Zip:_____ UPIN:_____

one Infusion Pharmacy, LLC

Joint Commission on Accreditation of Healthcare Organizations

3341 Executive Way Miramar, Florida 33025
Phone: 1-855-441-6900
Fax: 1-855-441-6941

NECESSARY INFORMATION NEEDED TO PROCESS ANY NEW ORDER FOR SNF PATIENTS.
(Please complete form as accurate as possible to expedite medication delivery to your facility)

SNF INFORMATION:

Nursing Home Facility: _____ Contact Nurse: _____

Phone # _____ Ext. _____ Floor Fax: _____

PATIENT INFORMATION:

Patient Name: _____ DOB: _____ Room #: _____

ID #: _____ Insurance: _____

Relative Name: _____ Phone#: _____Relation: _____

MEDICAL INFORMATION:

Height: _____Weight: _____ Diabetic Status (Type): _____

Allergies: _____ Is Ordering Physician Aware of Allergy: _____
(If patient is allergic to ordered medication or its drug class)

First Dose Given (Y/N): _____ When: _____

Activity: _____ Relevant Medical History: _____

IV Access Type: _____ Diagnosis: _____

ORDERED MEDICATION (s):

Drug: _____ Dose: _____ Route: _____

Frequency: _____ Next Dose Due: _____

Drug: _____ Dose: _____ Route: _____

Frequency: _____ Next Dose Due: _____

VERBAL ORDER TAKEN BY: _____ RN / LPN (READ BACK)

Must be signed

Name of Ordering MD: _____Phone #_____

****Attached to this page, PLEASE FAX COPIES OF THE MDs ORDERS, LABS, MAR and FACE SHEET to ensure a more timely delivery of the medication. Thank you for your cooperation. ****

FAX MEDICATION ORDERS TO: 1-855-441-6941

OXYGEN (Gas) **Need script or orders to state:** • Concentrator • LPM (liters per minute) • Nasal Cannula (N/C) • Mask • Humidifier • Frequency(PRN/Continuous/At night)	All patients get a **Concentrator** which plugs into an outlet in the home. These patients also get tanks to take with them and move about in the home. Some patents require a **Portable Oxygen Concentrator** for travel and they are small and need Medical Director Approval/Second Level Review, Clinical Documentation and authorization. • Saturation needs to be below 88% • (Second Level Review if saturation not below 88%).
Liquid Oxygen • Different than gas (concentrator and tanks) and needs a prescription specifying **LIQUID OXYGEN.**	• They are stationary units called **RESERVIORS** and get filled weekly or depending on patients use. With the stationary Reservoir comes a portable, usually an H300/Helios or Marathon. Needs Medical Necessity Documentation and Review.
Foley Supplies • Catheters (14 FR-22FR) • Bags / Leg Bags • Lubricant • Gloves, etc.	• Used for patients who are unable to pass urine on their own. Need to be catheterized, either continuously (foley) or sporadically/intermittent (Self cath/Straight cath).
CPAP and BiPAP Continuous Positive Airway Pressure/Bi-level positive airway pressure) • CPAP Mask: Small, Medium, Large (Masks are used for months at a time). Medicare limitations, 1 every 3 months. Need type. • Headgear, need size (Nasal Pillows/Full Mask) Visit to be performed by a Respiratory Therapist. RT sets up and instructs on the machine and "FITS" the patient properly for the mask and necessary supplies.	CPAP's and BiPAP's used for those with Sleep Apnea. This is when patients stop breathing in their sleep. It causes unhealthy, disruptive sleep patterns and can even cause death. The machine forces air through the patients airway at all times to ensure proper breathing, and better sleep. • Doctor's orders must include settings, pressure, Script with Diagnosis, and Sleep Study. IF OXYGEN BLEED IN: LPM a must or O2%. Patients are usually sent for a sleep study to assess their specific needs. We do need a copy of the sleep study. We also monitor their usage of the machine via "SD Card" in the machine which is downloadable and sent to MD upon request/order.

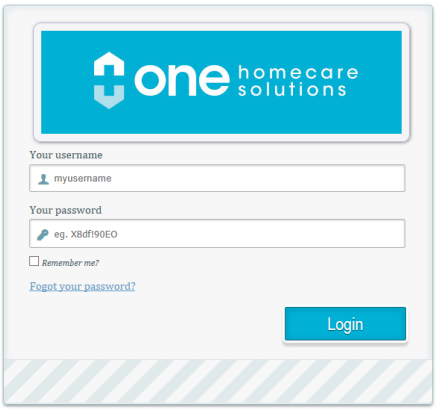
Tracheostomy Care Adult/Pediatric/Neonatal ▫ Suction Catheters (6FR – 16FR) ▫ Trach Care Kits ▫ Trach Tube Holders ▫ Trach Mask ▫ Yankauers ▫ 50 psi Compressor/Humidity ▫ Large Nebulizer Bottles ▫ Spare Trach Tube/ Inner Cannulas ▫ O2 Adapter/O2 Connection Tubing	▫ Used for patients who have had a tracheostomy/TRACH. ▫ A tracheostomy is the surgical construction of an opening in the trachea, usually by making an incision in the front of the neck, for the insertion of a catheter or tube to facilitate breathing.
Suction Pump: Adult/Pediatric ▫ Suction Tubing ▫ Suction Catheters ▫ Suction Canisters	Used for those with trachs or vent patients. Used to clear the airway. These are very important and are to be treated with urgency. Breathing can be blocked if patient is not suctioned. There are Portable and Stationary Units.
Apnea Monitor ▫ Need Rx ▫ Need settings ▫ Belt/Electrodes/Gel Electrodes/PT Cable/Charger ▫ **Respiratory Therapist NECESSARY**	Used on newborns: Sometimes babies do not breathe the way they are supposed to an experience periods of "Apnea" where they stop breathing. This machine alarms when the baby experiences the periods of Apnea so the parents can check the baby, perform CPR or call 911 if necessary. ▫ **Delivery to be made to the hospital so RT can train and instruct parents.** ▫ **<u>Need parents to have had a CPR class prior to discharge.</u>**
Nebulizers: Adult/Pediatric ▫ **Neb Kit/Mask**	Used frequently for patients who need breathing treatments either chronic or acute. Bronchitis, Asthma, etc. **Need same day delivery**. Also in our consignment closets for easy patient access. (See consignment process/program info. Pg. 18-19)
Diabetic/Insulin Pumps and Supplies	Need to know items type and quantities needed. (i.e. Quick Set – MMTxxx, Reservoir type and quantities).
Continuous Passive Motion Device (CPM)	▫ Utilized After lower extremity surgeries. ▫ Need script to state settings. (i.e. 90 degrees flexion and 50 degrees knee extension. -60, -20
Power Operated Vehicles (POV) /Custom Equipment	▫ Need prescriptions, physician face to face, CMN, Physical Therapy Assessment, Measurements, and Health Plan Approval. Submission Timeframe Critical

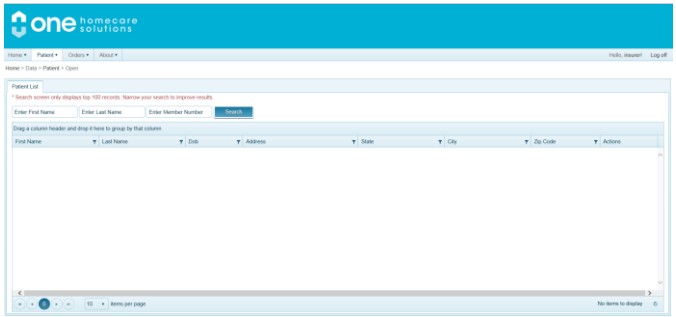
OneCare / Web Portal Access

OneCare is a proprietary web based system that allows approved and designated Health Plan Representatives to track and view all patient order related activity on a "real time" basis. Users are able to track referral activity from inception of an order to the end of service provision for Home Health, DME and Infusion Pharmacy. This access allows referring entity the ability to see that an order had been received, processed, and that services have been rendered and completed as ordered.

Health Plan Approved Staff can see their respective patients:

- Patient information: Name, DOB, ID#, address, phone, emergency contacts, ht. wt, allergies, diabetic status, diet.
- Fax Communications: All orders and patient related documents. Home Health Visit Summary, Requests for Authorization, Discharges and Delay of Service.
- All authorized services to all home care providers, HH, IV, DME.
- Services and number of visits authorized and performed by our agencies, per discipline.
- Authorized Equipment and Delivery Status
- Authorized Medications and Delivery Status





Ostomy Guide/Standard Ostomy Items with Medicare Allowable

Please note that the Medicare allowable is indicated below. If patient requires additional supplies more than Medicare allowable, clinical documentation is required. Please attach to order.

Supplies	HCPC Codes	ITEM #'S/REF	Allowable for month
Pouches for a 2-Piece system			
Drainable 12 Inch	A5063		20
Drainable 10 Inch	A5063		20
Drainable 6 Inch	A5063		20
Closed with Filter	A5054		60
Closed No Filter	A5054		60
Urostomy with flip flow valve	A5073		20
Other:			
Wafer for 2-Piece System			
Standard wear with flexible tape collar	A4414		20
Standard wear without tape collar	A4414		20
Extended wear with flexible tape collar	A4414		20
Extended wear without flexible tape collar	A4414		20
Extended wear with convexity	A4414		20
Other:			
1 Piece system			
1 Piece drainable pouch 12 inch	A5061		20
1 Piece drainable 6 inch	A5061		20
1 Piece closed pouch with filter	A5051		60
Stoma Cap	A5055		60
Misc Supplies	**HCPC Codes**	**ITEM #'S/REF**	**Allowable for month**
Paste 2 oz tube	A4364		4 oz per month
Conformable Seal	A4385		20 per month
Convex Insert	A5093		10 per month
Deodarant 8oz	A4395		16 oz per month
Belt	A4367		1 per month
Skin barrier wipes	A5120		100 per month
Adhesive remover	A4456		100 per month
Bedside drain bag	A4357		2 per month
Tape, waterproof or non-waterproof	A4450		
Gauze, non-sterile, urostomy only	A6402		
Foley Cathedar	A4338		2 per month
Other:			

Urology Supply Guide

Please note that the Medicare allowable is indicated below. If patient requires additional supplies more than Medicare allowable, clinical documentation is required. Please attach to order.

Urology Supplies Requested		HCPC Codes	Allowable per Month	Quantity Needed
Male External Cath Self Adhesive	28mm 31mm 33mm 35mm 40mm	A4349	35	
Intermittent Uretheral Catheter (Each)	Red Rub Plastic FR. _____	A4351	Up to 200	
Self Cath (Changes per day _____)	FR. _____	A4353	Up to 200	
Coude Tip Cath (Changes per day _____)	FR. _____	A4352	Up to 200	
Foley Catheter Silicone Coated (Each)	5 cc 30 cc FR. _____	A4338	2	
Foley Insertion Tray (Each)	10 cc 30 cc	A4310	2	
Lubricant		A4320	2	
Bedside Drainage Bag 2000cc (Each)		A4357	2	
Leg Bag (each)	Sm Med Lg	A4358	2	
Irrigation Tray Kit		A4320	2	
Adhesive Remover Wipes (Box)		A4456	2	
Skin Prep Wipes (Box)		A5120	2	
Other Supplies Requested				

AGENCY NAME: _____ **DATE OF REQUEST:** _____

IS THIS MEMBER HOMEBOUND? IF YES, PLEASE PROVIDE PHYSICIAN CERTIFICATION; FACE TO FACE DOCUMENTATION AND ORDERS WITH REQUEST.

WOUNDCARE SUPPLY FORM

PATIENT'S NAME:			
HEALTH PLAN:		**MEMBER ID#:**	
NAME OF PCP (PRIMARY CARE PHYSICIAN)			
PATIENT'S ADDRESS:			
CITY:	**STATE:**	**ZIP CODE:**	
COUNTY:			
PATIENT'S TELEPHONE NUMBER:			
WOUND CARE DESCRIPTION(S) **Frequency of care:** (circle one) **QD 2xWeek Every Week**			
	WOUND #1	**WOUND #2**	**WOUND #3**
LOCATION:			
MEASUREMENTS:			
DESCRIPTION:			
STAGE:			
ADDITONAL INFO:			

STAGE 1 WOUND CARE SUPPLIES			**STAGE 2-4 WOUND CARE SUPPLIES**		
✓	**ITEM/HCPC**	**U/M**	✓	**ITEM**	**U/M**
	ABD Pads 5x9 (20/box) 8x10 (18/bx) A6252	Bx /Ea		Vaseline Gauze 3x9 A6223	Each
	Nonstick Pads 3x4 (100/bx) A6402	Each		Calcium Alginate 2X2, 4X4, ROPE , Other___ A6196(97)	Ea/bx
	Paper tape 1", 2", 3" (6/box) A4450	Each		Transparent Film 2x3 100/BX , 4x4 (50/bx) A6257(58)	Ea/bx
	0.9% Normal Saline 100ml A4216	Each		Hydrocolloid 4x4, 6x6 OTHER ____ (5/bx) A6234 (35)	Ea/BX
	Gauze Roll Sterile 4x ½" A6446	Each		0.9% Normal Saline 100ml A4216	Each
	Sofform 2", 3", 4" A6448	Box/Ea		Cotton-tip Applicators 6"-Str 2/Pkg *******for Packing Only******* A4649	Each
	Gauze Non Sterile 4x4 (200) A6416	Loaf		Dressing retention tape 2", 4" A4452	Each
	Gauze St 4x4 (100/bx) ,2x2 (50/box) A6402	BX/EA		Foam 4x4, 6X6 Other ____ (10/BX) A6209 (10)	Ea/BX
	Gloves – Non sterile A4927	BX		Foam Adh (oval) 2X2, 4X4, Other_____ A6212 (13)	Ea/BX
				Foam Adh (square)2X2, 4X4 , Other_____ A6212(13)	Ea/BX
				Hydrogel 25 grams (1oz) A6248	Each
	Nurse/Agency Name:			**Silver dressing (Specify):**	**Each**

Please note: supplies under the Stage 1 category may be ordered if needed for appropriate care of the member

Frequently Asked Questions

What Area Is One Homecare Solutions Contracted For:
Health Plan Specific. For details please call: **1-855-441-6900**

What Lines of Business do we provide services for:
Please refer to Health Plan contract.

Who do I call with patient related questions?
All inquiries should be directed to: **1-855-441-6900**

Where should new patient orders be faxed?
All documents should be faxed to: **1-855-441-6941**

What do we do if we have needs "after hours"?
All inquiries, issues, and orders for needed services need to be directed to our **On-Call** staff.
Calls should be placed to: **1-855-441-6900**