



Doctor Order Form

Suction Pumps & Tracheostomy Supplies

Instructions: Please fill in ALL sections and mail or fax along with a copy of the patient's health benefit card to BLN. If you have any changes, please cross out; write in correction, sign, and date.

185 Oser Ave.
Hauppauge, NY 11788
Call: 1.800.854.5729
Fax: 1.877.262.2183

www.BetterLivingNow.com

Referral	Order Date:	Ordered By:	Referral Source		Phone#:	Referral Source #:	Referral Type #:	BLN Processor:		
Patient Info	BLN Account Number:	Patient's Primary Insured ID#:	Patient's Secondary Insured ID#:		Sex:	Date of Birth:				
	Patient's Last Name:	Patient's First Name:	Middle Initial:	Relationship to Member:	Daytime Phone Number:					
	Address 1:	Apt#:	City:	State:	Zip Code:	Nighttime Phone Number:				
Member	Member's Primary Insured ID#:	Member's Last Name:	Member's First Name:	Middle Initial:	Date of Birth:	Sex: (Circle)	Daytime Phone Number:			
	Address 1:	Apt#:	City:	State:	Zip Code:	Night time Phone Number:				
Primary Insurance	Primary Insurance:	Policy / Group #:		Secondary / Supplemental Insurance	Secondary Insurance:	Policy / Group #:				
	Primary Insurance Address:	Insurance Type: <input type="radio"/> Medicare <input type="radio"/> Indemnity <input type="radio"/> HMO <input type="radio"/> PPO			ID Number for Secondary Policy:	Secondary Insurance Type: <input type="radio"/> Medicare <input type="radio"/> Indemnity <input type="radio"/> HMO <input type="radio"/> PPO				
		Primary Insurance Phone #:			Secondary Insurance Address:	Secondary Insurance Phone #:				
	City:	State:	Zip Code:		City:	State:	Zip Code:			
	BLN Payer #:	Authorization#:	Contact:	BLN Payer #:	Authorization#:	Contact:				
Payment Info	Cash		Charge to Credit Card:			Cardholder Signature:				
	<input type="radio"/> COD <input type="radio"/> Check or Money Order payable to Better Living Now, Inc.		<input type="radio"/> MasterCard <input type="radio"/> Visa <input type="radio"/> Discover <input type="radio"/> American Express			Cardholder Signature				
			Card Expiration Date: / /			Cardholder Name as on Card:				
Diagnosis	Check Appropriate Diagnosis: <input type="radio"/> V44.0 – Tracheostomy Status <input type="radio"/> V55.0 Attention to Tracheostomy <input type="radio"/> Other _____ <input type="radio"/> 231.0 – CA In Situ Larynx <input type="radio"/> 231.1 – CA In Situ Trachea <input type="radio"/> Prognosis _____									
Allergies	Do you have any allergies to products applied to the skin? <input type="radio"/> Yes <input type="radio"/> No (If yes, please list) Allergies to Latex? <input type="radio"/> Yes <input type="radio"/> No									
- Tracheostomy Order – (Please circle size & type) * Medicare allows up to a 30-day supply of Tracheostomy Supplies										
Check	Please Indicate Size and Type where necessary					Order Number	Quantity			
<input checked="" type="checkbox"/>	Suction Machine (E0600) Please provide order number									
<input type="checkbox"/>	Suction Tubing (A7002) Please provide order number									
<input type="checkbox"/>	Suction Cannister <input type="radio"/> A7000 Disposable <input type="radio"/> A7001 Non-disposable Please provide order number									
<input type="checkbox"/>	Suction Catheter (A4624) – French: _____ (Trach) Please provide order number									
<input type="checkbox"/>	Suction Catheter Kit (A4628) – French: _____ (Oral Suction) Please provide order number									
<input type="checkbox"/>	Normal Saline <input type="radio"/> A4216 10 ml <input type="radio"/> A4217 500 ml Please provide order number									
<input type="checkbox"/>	Inner Cannula (Shiley) (A4622) <input type="radio"/> Larynectomy <input type="radio"/> Tracheostomy Please provide order number									
<input type="checkbox"/>	Size: <input type="radio"/> Disposable <input type="radio"/> Cuffless <input type="radio"/> Cuffed <input type="radio"/> Fenestrated									
<input type="checkbox"/>	Other: Please provide order number									
<input type="checkbox"/>	Other: Please provide order number									
<input type="checkbox"/>	Other: Please provide order number									
Doctor's Information	Dr.'s Stamp:				THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX BELOW <div style="border: 1px solid black; width: 100px; height: 50px; margin: 10px auto;"></div>					
	Dr.'s Name:									
	Dr.'s Address:				Dispense As Written					
	Dr.'s City:		State:		Zip Code:		Dr.'s Signature:		Date of Visit:	
	Dr.'s Phone#:		Dr.'s UPIN#:		Dr.'s License#:		Dr.'s DEA#:			
TR0303 ***Please see other side for additional instructions***										



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Instructions

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1) Patient

- a) Please complete the Member section of the order form on the reverse side indicating the insurance you have that provides coverage for your Suction Pump Supplies and Tracheostomy Supplies.

2) Doctor

- a) Please complete the patient information and doctor information sections.
b) Please indicate the products you want supplied to the patient, with directions for use and quantity required;
c) Please sign and date on the spaces provided.

3) Some Medicare Coverage Rules that should be noted:

- a) Medicare reimbursement limits Suction Pump Supplies and Tracheostomy Supplies to a one (1) month supply at one time.
b) If treatment regimen exceeds the quantity limitations noted below, then Medicare requires a Letter of Medical Necessity signed by the physician on his or her letterhead.
c) **If you fax this document**, Medicare/insurance requirements are that you maintain the signed original in the patient's medical record for post-payment review audit purposes.

4) Medicare Guidelines for Suction Pump Supplies and Tracheostomy Supplies

a) Tracheostomy Guidelines

- i) A tracheostomy care kit is covered for a patient following an open surgical tracheostomy which has been open or is expected to remain open for at least three months.
ii) A tracheostomy care or cleaning starter kit (A4625) is covered following an open surgical tracheostomy. Beginning two weeks post-operatively, code A4625 is no longer medically necessary and, if that code is billed, payment is based on the least costly alternative, code A4629.
iii) One tracheostomy care kit (A4625, A4629) per day is considered necessary for routine care of a tracheostomy. Claims for additional kits for non-routine tracheostomy care must be accompanied by substantiating documentation.

b) Suction Pump Guidelines

- i) Use of a home model respiratory suction pump (E0600) is covered for patients who have difficulty raising and clearing secretions secondary to:
(1) Cancer or surgery of the throat or mouth
(2) Dysfunction of the swallowing muscles
(3) Unconsciousness or obtunded state
(4) Tracheostomy (ICD-9 V44.0 or V55.0)
ii) When a respiratory suction pump (E0600) is covered, tracheal suction catheters (A4624) are separately payable supplies. In most cases, in the home setting, sterile catheters are medically necessary only for tracheostomy suctioning. Three suction catheters per day are covered for medically necessary tracheostomy suctioning, unless additional documentation is provided. When a tracheal suction catheter is used in the oropharynx, which is not sterile, the catheter can be reused if properly cleansed and/or disinfected. In this situation, the medical necessity for more than three catheters (A4624) per week would require additional documentation.
iii) Sterile saline solution (A4216, A4217) is covered and separately payable when used to clear a suction catheter after tracheostomy suctioning. It is not usually medically necessary for oropharyngeal suctioning. Saline used for tracheal lavage is a non-covered supply.
iv) Tracheal suction catheters (A4624) and sterile saline used for suctioning (A4216, A4217) are considered supplies for durable medical equipment. Therefore, when supplied to beneficiaries in nursing facilities, Place of Service Codes 31 and 32, they will be denied as non-covered.
v) Supplies (A4628) are covered and are separately payable when they are medically necessary and used with a medically necessary (E0600) in a covered setting.
vi) When an E0600 is used for tracheal suctioning, other supplies (e.g., cups, basins, gloves, solutions, etc.) are included in the tracheal care kit code, A4625 (refer to the Tracheostomy Care Supplies policy for details). When an E0600 is used for oropharyngeal suctioning, these other supplies are not medically necessary.