

Home Medical Equipment Documentation Checklist

Motorized/Manual Wheelchairs/POV (Scooter)

- Signed and completed Prescription for Mobility Assistive Equipment.
 - ✓ Patient's information
 - ✓ Diagnosis & ICD-9 codes.
 - ✓ Doctor's information(address, UPIN#)

- Signed and completed Patient Face to Face Evaluation
- Signed CMN for Motorized/Manual Wheelchair/POV (Scooter)
- Most Recent Progress Notes
- Copy of patient's Medicare and/or Medi-Cal ID card

Enteral Nutrition

- Signed and completed Enteral Nutrition Request Form
 - ✓ Patient's information
 - ✓ Diagnosis
 - ✓ Doctor's information (address, UPIN#)

- Signed CMN for Enteral Nutrition
- Copy of patient's Medicare and/or Medi-Cal ID card
- Note that patient must be on tube feeding

Diabetic Supply

- Signed and completed Diabetic Supply Order Form
 - ✓ Patient's information
 - ✓ Diagnosis (Insulin or Non-Insulin Dependent)
 - ✓ Doctor's information (address, UPIN#)

- Copy of patient's Medicare and/or Medi-Cal ID card

Hospital Bed

- Signed and completed DME Order Form
 - ✓ Patient's information
 - ✓ Diagnosis
 - ✓ Doctor's information(address, UPIN#)

- Signed CMN for Hospital Bed
- Copy of patient's Medicare and/or Medi-Cal ID card

Low Air Loss Mattress

- Signed and completed DME Order Form
 - ✓ Patient's information
 - ✓ Diagnosis
 - ✓ Doctor's information(address, UPIN#)
- Signed Statement of Ordering Physician for Support Surface
- Copy of patient's Medicare and/or Medi-cal ID card

All Other Durable Medical Equipment

- Prescription or signed and completed DME Order Form.
 - ✓ Patient's information
 - ✓ Diagnosis
 - ✓ Doctor's information(address, UPIN#)
- Copy of Medicare and/or Medi-cal ID card.

Equipment not covered by Medicare

- Bathroom Safety Supplies (excludes Bedside Commode)
- Portable Ramps for Mobility Assistive Equipment
- Incontinence Supplies
 - ✓ Above mentioned equipment covered by Medi-cal