



FAX Completed Form To: 586-755-4450
Phone: 1-888-246-7667

DETAILED WRITTEN ORDER FOR TRACHEOSTOMY SUCTION SUPPLIES, AND/OR TRACHEOSTOMY HUMIDITY

Patient Name: _____ Patient ID: _____

DOB: _____ Height: _____ Weight: _____ Length of Need: _____

Diagnosis: _____

ICD 10 Codes: _____

Prescription Date: _____ Discharge Date: _____

MUST BE FILLED OUT FOR MEDICAID PATIENTS ONLY:
*****Reason for Medical Necessity (other than diagnosis):**

	HCPCS CODE	DESCRIPTION	SIZES	QUANTITY PER MONTH
<input type="checkbox"/>	E0600	Suction Machine	N/A	1 Unit
<input type="checkbox"/>	A7000/02	Suction Canister w/ Tubing	N/A	4 Units
<input type="checkbox"/>	E0565	Compressor	N/A	1 Unit
<input type="checkbox"/>	A7010	Tubing	100 Fr	1 Unit
<input type="checkbox"/>	A7525	Trach Masks	<input type="checkbox"/> Ped <input type="checkbox"/> Adult	1 Unit
<input type="checkbox"/>	A7012	Drain Bag	N/A	1 Unit
<input type="checkbox"/>	A7007	Nebulizer Jar	N/A	4 Units
<input type="checkbox"/>	A4624	Suction Catheter Kits	_____ Fr.	90 Units
<input type="checkbox"/>	A4628	Yankauer Catheters	N/A	2 Units
<input type="checkbox"/>	A7520	Tracheostomy Tube <input type="checkbox"/> Cuffed <input type="checkbox"/> Cuffless <input type="checkbox"/> Fenestrated <input type="checkbox"/> non-Fenestrated	Item # _____	1 Unit
<input type="checkbox"/>	A4623	Disposable Inner Cannulas	Item # _____	30 Units
<input type="checkbox"/>	A4629	Trach Care Kits	N/A	30 Units
<input type="checkbox"/>	A7526	Trach Collar/Ties	N/A	30 Units
<input type="checkbox"/>	A4216	Saline 3cc	N/A	100 Units
<input type="checkbox"/>	A6402	Gauze	N/A	100/50 each

Notes	

Ordering Physician	Name: _____ NPI Number: _____
	Signature: _____ Signature Date: _____