

DME ORDERING TEMPLATES

Here are some templates for ordering common durable medical equipment. Bracketed information, as well as patient's height, weight, and demographic information must be filled in each time.

Cane	Rolling walker	Nebulizer	Incontinence items
<p>– Order specifics –</p> <p>EQUIPMENT DESCRIPTION: Cane</p> <p>Dispense: 1 with 0 refills</p> <p>Anticipated length of need: 99 [or fewer months if temporary]</p> <p>DIAGNOSIS (and ICD-10 code): Difficulty walking (R26.2)</p> <p>Height:</p> <p>Weight:</p> <p>– Demographics –</p> <p>Patient name:</p> <p>DOB:</p> <p>Home address:</p> <p>Insurance info:</p> <p>Member ID:</p>	<p>– Order specifics –</p> <p>EQUIPMENT DESCRIPTION: Rolling walker</p> <p>Dispense: 1 with 0 refills</p> <p>Anticipated length of need: 99 [or fewer months if temporary]</p> <p>DIAGNOSIS (and ICD-10 code): Difficulty walking (R26.2)</p> <p>Height:</p> <p>Weight:</p> <p>– Demographics –</p> <p>Patient name:</p> <p>DOB:</p> <p>Home address:</p> <p>Insurance info:</p> <p>Member ID:</p>	<p>– Order specifics –</p> <p>EQUIPMENT DESCRIPTION: Nebulizer machine with neb kits, tubing, and filters</p> <p>Dispense: 1 machine and appropriate supplies</p> <p>Anticipated length of need: 99 [or fewer months if temporary]</p> <p>DIAGNOSIS (and ICD-10 code): [diagnosis]</p> <p>FOR USE WITH: [medication type and dosage]</p> <p>Height:</p> <p>Weight:</p> <p>– Demographics –</p> <p>Patient name:</p> <p>DOB:</p> <p>Home address:</p> <p>Insurance info:</p> <p>Member ID:</p>	<p>– Order specifics –</p> <p>EQUIPMENT DESCRIPTION: Incontinence supplies</p> <p>Dispense: [amount] with [number] refills</p> <p>Anticipated length of need: 99 [or fewer months if temporary]</p> <p>DIAGNOSIS (and ICD-10 code): Mixed incontinence (N39.46)</p> <p>Height:</p> <p>Weight:</p> <p>– Demographics –</p> <p>Patient name:</p> <p>DOB:</p> <p>Home address:</p> <p>Insurance info:</p> <p>Member ID:</p>
Commode	Wheelchair	Hospital bed	Miscellaneous
<p>– Order specifics –</p> <p>EQUIPMENT DESCRIPTION: Commode</p> <p>Dispense: 1 with 0 refills</p> <p>Anticipated length of need: 99 [or fewer months if temporary]</p> <p>DIAGNOSIS (and ICD-10 code): Gait and mobility abnormalities (R26.9)</p> <p>Height:</p> <p>Weight:</p> <p>– Demographics –</p> <p>Patient name:</p> <p>DOB:</p> <p>Home address:</p> <p>Insurance info:</p> <p>Member ID:</p>	<p>– Order specifics –</p> <p>EQUIPMENT DESCRIPTION: 1 wheelchair and supporting equipment (light/standard weight wheelchair with anti-tippers, seatbelt, cushion, and elevating leg rests)</p> <p>Dispense: 1 with 0 refills</p> <p>Anticipated length of need: 99 [or fewer months if temporary]</p> <p>DIAGNOSIS (and ICD-10 code): Difficulty walking (R26.2)</p> <p>Height:</p> <p>Weight:</p> <p>– Demographics –</p> <p>Patient name:</p> <p>DOB:</p> <p>Home address:</p> <p>Insurance info:</p> <p>Member ID:</p>	<p>– Order specifics –</p> <p>EQUIPMENT DESCRIPTION: Hospital bed</p> <p>Dispense: 1 with 0 refills</p> <p>Anticipated length of need: 99 [or fewer months if temporary]</p> <p>DIAGNOSIS (and ICD-10 code): [diagnosis]</p> <p>Height:</p> <p>Weight:</p> <p>– Demographics –</p> <p>Patient name:</p> <p>DOB:</p> <p>Home address:</p> <p>Insurance info:</p> <p>Member ID:</p>	<p>– Order specifics –</p> <p>EQUIPMENT DESCRIPTION: [description]</p> <p>Dispense: [amount] with [number] refills</p> <p>Anticipated length of need: 99 [or fewer months if temporary]</p> <p>DIAGNOSIS (and ICD-10 code): [diagnosis]</p> <p>Height:</p> <p>Weight:</p> <p>– Demographics –</p> <p>Patient name:</p> <p>DOB:</p> <p>Home address:</p> <p>Insurance info:</p> <p>Member ID:</p>