

DME, supplies, and Home Health Ordering Tips and Tricks

Please note that the following tips will not guarantee insurance coverage. All DME is subject to denial and out of pocket costs based on diagnosis and supportive documentation.

1. After order is placed send message to Vernique Brooks, RN or Darra Moore, RN to assist with processing order.
2. Helpful: Note current DME company if patient is receiving current supplies

Formula

Good coverage with Medicaid and only few private insurance carriers.

- Children < 5 years: Complete WIC form
- Children 5 years and older:
 - Documentation: Patient requires > 50% of daily caloric intake from formula to meet daily intake.
 - Diagnosis: Malabsorption, dysphagia, pancreatic insufficiency, failure to thrive, oral aversion, G-tube dependence. Patient can take formula by mouth, but insurance coverage will depend on diagnosis.
 - Order:
 - Medication→ Formula (eg. Pediasure, Kate Farms and calorie)
 - Dispense quantity is volume per month
 - Comment: Patient requires >50% of daily calorie intake from formula to meet daily intake

Diapers

May also qualify for gloves, chux under pads and wipes

Typically only covered by Medicaid, not private insurance carriers.

- Children > 4 years and older with incontinence AND qualifying diagnosis
 - Documentation: Incontinence and functional or developmental limitations.
 - Diagnosis: Developmental delay, intellectual disability, autism spectrum disorder, cerebral palsy, spina bifida, specific genetic diagnoses, neurogenic bowel or bladder.
 - Order:
 - Supplies→ “Diapers”
 - Comments: “Please provide patient with the following supplies for 30 days with 5 refills.”
 - Diapers 200 units/month
 - Wipes 10 packets/month
 - Gloves 200 units/month
 - Chux 100 units/month

Specialty Dressings

Mepilex, Mepilex lite, Mepilex Ag.

Significant limitations in coverage and suppliers.

- Documentation: Details of current wound, previously tried/failed treatment options
- Diagnosis: Pressure injury, at high risk for pressure injury, gastrostomy tube skin breakdown/cellulitis/complication
- Order:
 - Supplies→General supply
 - Specify type of dressing, including size.
 - Number of dressings and refills

Suction Machine

...and appropriate supplies.

- Documentation: History of aspiration, pneumonia, abnormal OPMS

- Diagnosis: Ineffective airway clearance, aspiration, neurogenic dysphagia, sialorrhea, restrictive lung disease, neuromuscular disease/respiratory weakness, tracheostomy dependence, ventilator dependence, respiratory failure.
- Order:
 - o Supplies→General supply> Portable Suction Machine and necessary suction supplies with ** refills.
 - Consider specifically including request for yankauer, red rubber catheters (deep nasopharyngeal suction), neo sucker based on patients' size and need.

Wheelchair

Adaptive stroller

One authorized per 5 years. May be able to get authorization for both (one custom and one lightweight mobility device).

- Documentation: Functional limitations of child
- Diagnosis: Adaptive stroller may be covered for some developmental diagnoses rather than functional limitations alone (eg. Autism spectrum or intellectual disability with elopement/safety concerns) in addition to cerebral palsy, spina bifida, osteogenesis imperfecta, specific genetic diagnoses that encompass development and function.
- Order:
 - o Referral→ Pediatric Wheelchair and Seating clinic
 - Please evaluate for custom wheelchair
 - o If patient desires wheelchair through specific vendor or outside physical/occupational therapist: Supplies→Wheelchair AND physical or occupational therapy order.
 - Length of need (99)
 - Comments: Please provide seating/mobility evaluation for custom wheelchair (or adaptive stroller)
 - o Adjustments/Repairs: Supplies→Wheelchair--Please evaluate current wheelchair/ adaptive stroller for appropriate modifications and repairs, include DME company if known.

Bath/Shower Chair

Commode

Bathing Systems

There is a wide range from simple chairs to custom systems based on need. Simple chairs can typically be provided without PT/OT evaluation.

- Documentation: Functional limitations of child and possibly caregiver
- Diagnosis: Developmental delay, intellectual disability, autism spectrum disorder, cerebral palsy, spina bifida, specific genetic diagnoses that encompass development and function, neurogenic bowel or bladder.
- Order: Please provide seating/mobility evaluation for custom wheelchair (or adaptive stroller)
 - o Supplies →Commode/Shower Chair
 - o Referral→ Pediatric Wheelchair and Seating clinic
 - Please evaluate for custom bathing system
 - o If patient desires system through preferred vendor or physical/occupational therapist: Supplies→Commode/Shower chair AND physical or occupational therapy order.
 - Length of need (99)
 - Comments: Please provide seating/mobility evaluation for bath chair/bathing system.

Activity Chair

Commonly called "Rifton Activity Chair", used for school, feeding or therapies. More postural options/ adjustments than a custom wheelchair.

- Documentation: Functional limitations of child, skills that might be supported by activity chair (therapy, school, social), previously tried seating.
- Diagnosis: Developmental delay, intellectual disability, autism spectrum disorder, cerebral palsy, spina bifida, specific genetic diagnoses that encompass development and function.
- Order: Please provide seating/mobility evaluation for activity chair
 - o Supplies → General Supply Request > Comments: please provide activity chair
 - o Referral → Pediatric Wheelchair and Seating clinic
 - Please evaluate for activity chair

Hospital Bed

Covered once per lifetime.

- Documentation: Risk for aspiration, high risk for pressure injury, requires assistance with ADLs
- Diagnosis: Functional diagnosis + ineffective airway clearance, tracheostomy and/or ventilator dependence, high risk for pressure injury, GERD, GJ tube dependence
- Order:
 - o Supplies → Hospital bed
 - Specify semi-electric (head and foot adjusts, height is static) or fully electric. Fully electric is a great option for a growing child but often gets denied.

Safety Bed

Extremely limited coverage, like a hospital bed: covered once per lifetime.

- Documentation: Bed is medically necessary due to—elopement, falling out of bed or other safety risks, previous failed treatment options.
- Diagnosis: Autism spectrum disorder, intellectual disability, specific genetic diagnoses
- Order:
 - o Supplies → Hospital bed (free text enclosure or safety bed) OR
 - o Referral → Wheelchair and Seating Clinic “Please assess for enclosure/safety bed”

Specialty Mattress

- Documentation: Functional limitations, previously attempted/failed treatments, current or potential skin complications
- Diagnosis: Functional diagnosis (CP, spina bifida, HIE) and current pressure injury high risk for pressure injury.
- Order:
 - o Foam mattress, Air mattress, Alternating pressure mattress, Pressure redistribution mattress.

Orthotics

AFOs, SMOs

- Documentation: Helpful but not needed--Current orthotics, wear schedule
- Diagnosis: Spasticity, toe walking, limb contracture, cerebral palsy, spina bifida
- Order:
 - o Physical therapy – Custom Orthotic (type, laterality, site)
 - o Referral for Orthotics - direct to orthotic vendor
 - ABC, Hangar, Lawall

Wrist and hand splints

- Documentation: Helpful but not needed--Current splinting/bracing, wear schedule
- Diagnosis: Spasticity, limb contracture, cerebral palsy
- Order:
 - o Occupational therapy – Custom Orthotic (type, laterality, site)

Soft Helmet

- Documentation: Risks

- Diagnosis: Anticoagulation with risk for falls, seizure disorders, self injury AND autism spectrum, intellectual disability, or developmental delay
- Order:
 - o Referral for Orthotics - direct to orthotic vendor
 - ABC, Hangar, Lawall

Home Health

Home nursing (skilled services)

- Documentation: Requires trained caregiver for G or J tube feeding (for overnight nursing must be on feeds during this time), care of tracheostomy, ventilator dependence, uncontrolled seizures, TPN/Lipid dependence, or similar frequent /consistent administration of medication through central access.
- Diagnosis: As it relates to above criteria eg. Tracheostomy dependence, ventilator dependence, TPN dependence, gastrostomy tube dependence, epilepsy with breakthrough seizures
- Order:
 - o Referral to Home Health (AKA Skilled nursing), select “skilled nursing” (discipline and service)
 - o In comments: Can complete attestation if similar is not documented in the note, or order placed outside of a visit. Include hours ordered/recommended (eg. 12 hours per day 5 days per week)

Home health aide (cannot give GT feeding, give medications, suction, or interpret/monitor vital signs)

- Documentation: Functional or developmental limitations requiring unskilled care—assistance with ADLs (hygiene, toileting, PO feeding, assistance with transfers). Caregiver work schedule is sometimes requested by insurance or vendor.
- Diagnosis: Functional and/or cognitive impairments eg. Intellectual disability, cerebral palsy, spina bifida, autism spectrum disorder requiring support
- Order: Hours per day or week, usually limited to assistance before or after school hours or during a short time with caregiver limitations (post operative/injury etc.)

PPEC

Prescribed pediatric extended care AKA medical daycare. Typical hours are M-F (some Saturdays) up to 12 hours per day. Some PPECs may provide transportation to and from facility.

- Documentation: Requires trained caregiver for medications, G or J tube feeding, oxygen dependence, care of tracheostomy, ventilator dependence, uncontrolled seizures, TPN/Lipid dependence, or similar frequent/consistent administration of medication through central access.
- Diagnosis: Medical diagnosis as it relates to require skilled care eg. Tracheostomy dependence, ventilator dependence, TPN dependence, gastrostomy tube dependence, epilepsy with breakthrough seizures,
- Order:
 - o Referral → prescribed pediatric extended care.
 - In Clinical Question “Please provide PPEC for 12 hours per day 5 or 6 days per week”
 - If you would also like the child evaluated for therapies please also include “Please evaluate for physical, occupational and speech therapies.” Or attach/ include orders for therapies.

Bili Blanket

The provider will follow the AAP Hyperbilirubinemia practice guidelines (2022) re: indication for home LED-based phototherapy indications.

- Documentation: TsB results, risk category
- Diagnosis: Medical diagnosis as it relates to require skilled care eg. Tracheostomy dependence, ventilator dependence, TPN dependence, gastrostomy tube dependence, epilepsy with breakthrough seizures,

- Order:
 - Supplies → Bili Blanket, length of need ***?
 - Provider order (DME) should be placed before 2-3 pm and faxed to 407-513-6532, along with TsB results, patient demographics, and insurance information.
 - Children First will reach out to the family to make arrangement for pick-up or home delivery.
 - Once phototherapy is discontinued “D/C bili blanket order” will need to be placed and faxed.