

Section B FOR DURABLE MEDICAL EQUIPMENT AND SUPPLIES (to be completed by the DME vendor)

9. Date equipment first placed in the home ___/___/___

10. List equipment currently in home relevant to item(s) requested: Rented? (Yes or No)

Signature of DME employee completing above information: _____ phone # _____
Medicaid DME provider # _____

The DME supplier must include a copy of this MNF with every Prior Authorization (PA) request. See the DME Provider Manual for procedure codes which require PA or a MNF to be submitted with the claim. Exceptions to this rule include certain prosthetics (ostomy supplies and those prostheses which replace a missing body part), urologic supplies and diabetic supplies. For these items, the MNF need only be kept in the patient record, not sent in with the claim.

For all items, the provider may attach a separate page with the treatment plan, PT or OT notes, explanation, and/or relevant progress notes.

INSTRUCTIONS FOR SECTIONS A & B

Section A must be completed or reviewed, **signed and dated by the ordering physician.**

Section B must be completed by the **DME vendor** when equipment and/or supplies are ordered.

1. Patient's **first & last name, date of birth (DOB)** and **Medicaid ID number (Social Security#)**.

2. Print all related **diagnoses**, including status diagnoses such as colostomy, tracheostomy. If this is an initial order or there have been any significant clinical changes, attach documentation reflecting the physician's treatment plan.

3. Must answer yes or no. If no (if the ordered item is to be used in a **place of service** other than the patient's home), the name and address of that facility is required.

4. Check all **functional levels** which apply (for **commodes**, an explanation is required as to why this patient cannot use regular bathroom facilities).

5. List each **item** being ordered, **date of the initial order, purpose** (for example, softwick sponges for tracheostomy or saline for open wound care), **expected length of need** (will be interpreted as months unless stated otherwise), and the **number of items needed** (eg, 60 softwick sponges per month, 2 bottles of sterile saline per month).
NOTE: If the quantity ordered is more than the number allowed (based on customary usage and given in the DME Provider Manual), an explanation from the physician will be needed.

6. Whenever the item being ordered is related to a fracture, accident, congenital birth defect, etc. and/or when there has been related surgery, give the **date of that event and/or the date of surgery.**

7. Print the ordering/signing physician's **name, address and phone number** (must be legible).

8. This **signature** must be that of the ordering physician and attests to the validity of the information given. The **date** of this signature is also required. The physician's individual **Medicaid provider #** is necessary so the DME vendor can bill.

9. **To be completed by the DME vendor:** When the ordered item is equipment, rented or purchased, these two date fields are mandatory.

10. **To be completed by the DME vendor:** List all equipment now in the home for use for this patient (eg, suction machine, ventilator, oxygen concentrator, semi-electric bed, nebulizer, oxygen or compressed air tanks, wheelchair, walker, commode, etc...) and for each, state yes if it is being rented or no if it is not rented equipment.