



2. Please include the following:
3. Member/Patient Face Sheet
4. Physician Signed Order for HH/DME
 - a. DME and Home Health Orders
 - i. Orders must be electronically signed or have a physical signature to be a valid order (signature must be on the same page as the order)
 - ii. Must be dated and specify what home health services or DME the member requires
 - iii. Order needs to contain a diagnosis with ICD10 code
 - iv. Order needs to contain the pertinent CPT codes and HCPCS codes

DME Example Order:

RUN DATE: 02/10/20	PATIENT CARE INQUIRY **LIVE** for 02/10/20
RUN TIME: 1520	ORDER RECORD
RUN USER: [redacted]	
<hr/>	
PATIENT ORDERED BY Peppard, Terence R MD	ACCT NO [redacted] UNIT NO D0 [redacted]
OTHER PROV [redacted]	ENTERED BY [redacted] 02/10/20 15:4
ORDER NO. 0210- [redacted]	PROCEDURE CM - Case Management Consult
CATEGORY CONS	PRIORITY ROUTINE QUANTITY SOURCE T
	STATUS TRA FOR DATE FOR TIME 1514
SIGNED BY	
1: Peppard, Terence R MD	
AUDIT TRAIL	
1 02/10/20 1514	Order ENTER in OM
2 02/10/20 1514	Ordering Doctor: Peppard, Terence R MD
3 02/10/20 1514	Order Source: Telephone Read Backq
4 02/10/20 1520	Order EDI in OM
5 02/10/20 1520	Ordering Doctor: Peppard, Terence R MD
6 02/10/20 1520	Order Source: Telephone Read Backq
7 02/10/20 1520	Query: Reason for Consult
8 02/10/20 1520	old response set: DP
9 02/10/20 1520	DMEC
10 02/10/20 1520	DMEWH
11 02/10/20 1520	WHEELCHAIR WITH REMOVABLE ARMS & LEGS
12 02/10/20 1520	new response set: [redacted]
13 02/10/20 1520	
CPT Codes: [redacted]	
HCPCS Codes: [redacted]	
Diagnosis/ICD10: [redacted]	
Electronic Signature: Dr. Shilpa Goli [redacted] hilpa Goli	

Home Health Example Order:

From: Lakeside Oaks Care Center 1081 Virginia Street Dunedin, FL 34698-7326	Order Date: 02/11/2020 09:31 Discharge home on February 14, 2020 with Home Health Services, RN for wound care and Physical Therapy services. Order ID: 14437985
Physician's Clinic Order For:	Communication Method: Phone
Resident: [redacted]	
Location: East Bldg 21 B	CPT Codes: [redacted]
Prescribing Physician	HCPCS Codes: [redacted]
To: [redacted]	Diagnosis/ICD10: [redacted]
Ordered By Signature: [redacted]	Confirmed By: VON [redacted] Printed Date:
Signed Date: [redacted]	Signature: [redacted] Feb 11, 2020 09:24:02 ET

5. Clinical Documentation supporting the need for the requested services/DME
 - a. Home Health Services for physical, occupational, and/or Speech Therapy Are processed by Evolent – Ambetter Vendor and not the plan.
 - b. DME request for assistive devices should contain evaluations from the appropriate ancillary providers/services detailing the need for the equipment
 - c. Most recent physician note(s)
 - d. Most recent physical information containing medications, treatments, and diagnosis
 - e. For discharge request the admission report is needed