



### Wound Care Supplies

Instructions: Please fill in ALL sections and mail or fax along with a copy of the patient's health benefit card to BLN. If you have any changes, please cross out; write in correction, sign, and date.

<b>Order Form</b>	Referral source (i.e. physician, website)	Follow-up on order status with	Order Date
	Referral source name	Best day to follow-up	Phone
	Referral relation to patient	Best time to follow-up	Email

Patient			Physician		
Name	Marital status	Sex	Physician name	Company	
BLN account-seq #	DOB	Age	Phone / Email	Fax	
Bill to address	Phone / E-mail		Physician address		
City	State	Zip	City	State	Zip
	County				
Emergency contact	Emergency phone	DEA #	State license #		
Relationship to patient	Emergency email	NPI #			

Products				Diagnosis				
Quantity	Primary Dressing:	Rx - refill #	Pay Now	Need Rx	Auth Req. DME Rider	HCPCS Code	<input type="checkbox"/> J91.8 Pleural effusion in other conditions classified elsewhere	
Quantity	Secondary Dressing	Gauze <input type="checkbox"/> 4" x 4" <input type="checkbox"/> 5" x 9" <input type="checkbox"/> Conform <input type="checkbox"/> 3" <input type="checkbox"/> 4"	Rx - refill #	Pay Now	Need Rx	Auth Req. DME Rider	HCPCS Code	<input type="checkbox"/> R18.0 Malignant ascites
Quantity	Tape (roll)	<input type="checkbox"/> Paper <input type="checkbox"/> Cloth <input type="checkbox"/> Waterproof <input type="checkbox"/> 1" <input type="checkbox"/> 2" <input type="checkbox"/> 3"	Rx - refill #	Pay Now	Need Rx	Auth Req. DME Rider	HCPCS Code	<input type="checkbox"/> J91.0 Malignant pleural effusion
Quantity	Normal Saline	<input type="checkbox"/> 500 cc <input type="checkbox"/> 1000 cc	Rx - refill #	Pay Now	Need Rx	Auth Req. DME Rider	HCPCS Code	<input type="checkbox"/> R18.8 Other ascites
Quantity	Gloves	<input type="checkbox"/> Sterile <input type="checkbox"/> Non-Sterile <input type="checkbox"/> Vinyl <input type="checkbox"/> Latex <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	Rx - refill #	Pay Now	Need Rx	Auth Req. DME Rider	HCPCS Code	<input type="checkbox"/> Other (Prognosis and size of stoma)
Quantity	Wound Cleanser	<input type="checkbox"/> 8 oz <input type="checkbox"/> 16 oz	Rx - refill #	Pay Now	Need Rx	Auth Req. DME Rider	HCPCS Code	Questions
Quantity	NDC #, catalog # or product description	Rx - refill #	Pay Now	Need Rx	Auth Req. DME Rider	HCPCS Code	Do you have allergies to products applied to the skin?	<input type="checkbox"/> Yes. If yes, please list.
Quantity	NDC #, catalog # or product description	Rx - refill #	Pay Now	Need Rx	Auth Req. DME Rider	HCPCS Code	<input type="checkbox"/> No	Allergies to Latex?
Quantity	NDC #, catalog # or product description	Rx - refill #	Pay Now	Need Rx	Auth Req. DME Rider	HCPCS Code	<input type="checkbox"/> Yes. If yes, please list.	<input type="checkbox"/> No
Quantity	NDC #, catalog # or product description	Rx - refill #	Pay Now	Need Rx	Auth Req. DME Rider	HCPCS Code	<input type="checkbox"/> No	

Primary Medical Insurance		Secondary Medical Insurance	
Plan Name	Group Name	Plan Name	Group Name
ID #	Effective Date	ID #	Effective Date
Relationship to member	Member name	Relationship to member	Member name
<input type="checkbox"/> Self (check and skip section)	DOB	<input type="checkbox"/> Self (check and skip section)	DOB
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Member ID #	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	Member ID #
Primary Pharmacy Insurance		Secondary Pharmacy Insurance	
Plan Name	Group #	Plan Name	Group #
ID #	BIN #	ID #	BIN #
Relationship to insured	PCN #	Relationship to insured	PCN #
<input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Person Code	<input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Person Code

For Office Use Only: Routing	Initial	Routed to	Initial	Requested to	For Office Use Only: Notes
		Order Processing <input type="checkbox"/> Pharmacy		Database Management	
		Documentation		Management	
		Insurance Verification		New Client / Group Entry	
		Shipping		Other	

For Physician Use Only: Physician Stamp

Physician Stamp:

For Physician Use Only: Prescription

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX

Dispense As Written

Dispense  1 Month Supply  3 Month Supply

Diagnosis

J91.8 Pleural effusion in other conditions classified elsewhere

R18.0 Malignant ascites

J91.0 Malignant pleural effusion

R18.8 Other ascites

Other (Prognosis and size of stoma)

Questions

Do you have allergies to products applied to the skin?

Yes. If yes, please list.

No

Allergies to Latex?

Yes. If yes, please list.

No

Additional Comments

Shipping / Delivery  Expedite

BLN Best Method

UPS  Ground

USPS  Next Day  Second Day

Other \_\_\_\_\_

Ship to address  Same as bill to address

Payment

Check  Visa

Mastercard  Discover

American Express

Name on Credit Card

Credit Card Number

Credit Card Expiration Date



Better Living Now, Inc.  
185 Oser Ave.  
Hauppauge, NY 11788

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**1) Patient**

- a) Please complete the Member section of the order form on the reverse side indicating the insurance you have that provides coverage for your Wound Care Supplies.

**2) Doctor**

- a) Please complete the patient information and doctor information sections.  
b) Please indicate the products you want supplied to the patient, with directions for use and quantity required;  
c) Please sign and date on the spaces provided.

**3) Some Medicare Coverage Rules that should be noted:**

- a) The staging of pressure ulcers used in this policy is as follows:
- i) Stage I - Observable pressure-related alteration of intact skin whose indicators, as compared to the adjacent or opposite area on the body, may include changes in one or more of the following: skin temperature (warmth or coolness), tissue consistency (firm or boggy feel) and/or sensation (pain, itching). The ulcer appears as a defined area of persistent redness in lightly pigmented skin, whereas in darker skin tones, the ulcer may appear with persistent red, blue, or purple hues.
  - ii) Stage II - Partial thickness skin loss involving epidermis, dermis, or both. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.
  - iii) Stage III - Full thickness skin loss involving damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.
  - iv) Stage IV - Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint capsule). Undermining and sinus tracts also may be associated with
  - v) Stage IV - pressure ulcers. Medicare reimbursement limits Ostomy supplies to a 3 month supply at one time.
- b) If treatment regimen exceeds the quantity limitations noted below, then Medicare requires a Letter of Medical Necessity signed by the physician on his or her letterhead.
- c) If you fax this document, Medicare/insurance requirements are that you maintain the signed original in the patient's medical record for post-payment review audit purposes.
- d) Surgical dressings are covered when either of the following criteria are met:
- i) They are medically necessary for the treatment of a wound caused by, or treated by, a surgical procedure; or
  - ii) They are medically necessary when debridement of a wound is medically necessary.
- e) Surgical dressings include both primary dressings (i.e., therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin) or secondary dressings (i.e., materials that serve a therapeutic or protective function and that are needed to secure a primary dressing).
- f) The surgical procedure or debridement must be performed by a physician or other healthcare professional to the extent permissible under State law. Debridement of a wound may be any type of debridement (examples given are not all-inclusive): surgical (e.g., sharp instrument or laser), mechanical (e.g., irrigation or wet-to-dry dressings), chemical (e.g., topical application of enzymes), or autolytic (e.g., application of occlusive dressings to an open wound). Dressings used for mechanical debridement, to cover chemical debriding agents, or to cover wounds to allow for autolytic debridement are covered although the agents themselves are noncovered.
- g) Surgical dressings are covered for as long as they are medically necessary. Dressings over a percutaneous catheter or tube (e.g., intravascular, epidural, nephrostomy, etc.) are covered as long as the catheter or tube remains in place and after removal until the wound heals. (Refer to Coding Guidelines)
- h) Examples of situations in which dressings are non-covered under the Surgical Dressings benefit are:
- i) drainage from a cutaneous fistula which has not been caused by or treated by a surgical procedure; or
  - ii) a Stage I pressure ulcer; or
  - iii) a first degree burn; or
  - iv) wounds caused by trauma which do not require surgical closure or debridement - e.g., skin tear or abrasion; or
  - v) a venipuncture or arterial puncture site (e.g., blood sample) other than the site of an indwelling catheter or needle.
- i) Surgical dressing codes billed without modifiers X1-X9 (see Coding Guidelines) are non-covered under the Surgical Dressings benefit. Certain dressings may be covered under other benefits (e.g., see Ostomy Supplies policy).
- j) If a physician applies surgical dressings as part of a professional service that is billed to Medicare, the surgical dressings are considered incident to the professional services of the health care practitioner and are not separately payable.
- k) Dressing size must be based on and appropriate to the size of the wound. For wound covers, the pad size is usually about 2 inches greater than the dimensions of the wound. For example, a 5 cm x 5 cm (2 in. x 2 in.) wound requires a 4 in. x 4 in. pad size.
- l) The quantity and type of dressings dispensed at any one time must take into account the current status of the wound(s), the likelihood of change, and the recent use of dressings.