***Patient Chart notes must document Patient’s:***

* + ***Diagnosis and Drug Must match to meet Medicare Coverage Criteria***
	+ ***Must be signed by MD or DO***

***Chart note Examples: (Progress notes by Physician, PA, NP, CNS face to face examination prior to the written order to delivery) / Must be enrolled in Provider Enrollment, chain, and Ownership Systems (PECOS), so orders cannot be written by a intern or a Resident.***

Home Oxygen:

List of common Health conditions for Oxygen at home use:

* **Health condition must be in Chronic and stable condition upon discharge from hospital**
	+ Severe Primary Lung Disease:
		1. Chronic Obstructive Pulmonary Disease
		2. Diffuse interstitial Lung disease
		3. Cystic fibrosis
	+ Bronchiectasis
	+ Pulmonary neoplasm, Primary or metastatic
	+ Chronic Bronchitis
	+ Emphysema
	+ Hypoxia related symptoms/conditions may improve with O2:
		1. Pulmonary HTN
		2. Recurring CHF due to Chronic cor pulmonle
		3. Eyrthrocytsis /erthrocythermia

Patient Chart notes must document Patient’s:

* + Hypoxia related condition
	+ Condition will improve with oxygen therapy
	+ Other treatment measures have ben tried and deemed ineffective such as Medications, inhalers

Chart note Examples: (Progress notes by **Physician, PA, NP, CNS** face to face examination prior to the written order to delivery) / Must be enrolled in Provider Enrollment, chain, and Ownership Systems (PECOS), so orders cannot be written by a intern or a Resident.

1. Patient continues to be experience shortness of breath & has a long history of ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Health condition in chronic and stable condition-ref to list of common conditions). He has been on multiple respiratory medications and inhaler which are not sufficient enough to maintain his/her therapeutic oxygen saturation levels.

When ordering Portable tanks please document that patient is mobile in the house.

1. Patient was admitted to the hospital with Pneumonia. Has improved over last few days. Now feels: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(symptoms of Hypoxia). Oxygen saturation levels are at ­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_% (</= 88%). With the History of A-Fib cannot tolerate respiratory medication and or inhalers. She is on now oral antibiotics. Oxygen therapy is needed to get her oxygenation saturation within therapeutic range so lungs will heal.

Small Volume Nebulizer:

* Covered Health Conditions with corresponding Medications.

|  |  |
| --- | --- |
| Bronchitis | Albuteroal, Arformoterol, budesonide, Cromolyn Na, formoterol, ipratropium, levalbuterol, metaproternol |
| Emphysema |
| Asthma |
| Bronchiectasis |
| Alveolitis |
| COPD |
| Asbestosis |
| Pneumonitis |
| Cystic Fibrosis | tobramycin, and Dornase Alfa |
| Bronchiectasis | tobramycin |
| HIV | Pentamidine |
| Pneumocystis |
| Complications of organ transplantations |
| Pneumonia | Acetylcysteine |
| Bronchiectasis |
| Emphysema |
| Asthma |
| Bronchiectasis |

Standard Wheelchair documentation:

Patient name with the DX: and has a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living. In this patient case, the standard wheelchair will used to assist the patient with household mobility, dressing, bathing, and self-care. Patients name mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Patients name home provides adequate access between rooms, maneuvering spaces, and surfaces for use of the standard wheelchair in the home. Use of a manual wheelchair will significantly improve patient’s ability to participate in household mobility, dressing, bathing, and self-care and the patient will use it on a regular basis in the home. Type He or she has not expressed an unwillingness to use the manual wheelchair in the home. Type He or she has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the standard wheelchair that is provided in the home during a typical day. Patient’s name has a caregiver who is available, willing, and able to provide assistance with the wheelchair

Standard wheelchair with elevated leg rest:

Patient name with the DX: and has a mobility limitation that significantly impairs their ability to participate in one or more mobility-related activities of daily living. In this patient case, the standard wheelchair w/ elevated leg rest will be used to assist the patient with household mobility, dressing, bathing, and self-care. Patients name mobility limitation cannot be sufficiently resolved by the use of an appropriately fitted cane or walker. Patients name home provides adequate access between rooms, maneuvering spaces, and surfaces for use of the standard wheelchair w/ elevated legs rest in the home. Use of a standard wheelchair w/ elevated legs rest will significantly improve patient’s ability to participate in household mobility, dressing, bathing, and self-care and the patient will use it on a regular basis in the home. Type He or she has not expressed an unwillingness to use the manual wheelchair in the home. Type He or she has sufficient upper extremity function and other physical and mental capabilities needed to safely self-propel the standard wheelchair w / elevated legs that are provided in the home during a typical day. Patient’s name has a caregiver who is available, willing, and able to provide assistance with the standard wheelchair w/ elevated legs rest.

Hospital bed:

Patient’s name has DX: and with weakness and impaired mobility, which requires positioning of the body in ways not feasible with an ordinary bed in order to alleviate pain.

Furthermore, patients name requires a bed height different form a fixed height to permit transfers to chair, wheelchair or standing position with front wheeled walker with assist.

Patients name requires frequent changes in body position and/or has an immediate need for a change in body position in order to alleviate pain and tissue pressure.

Pressure Reducing Support Services:

* Group 1 support Surfaces: (foam, Air, Water or gel)

Key Language: (Dx, Prognosis, extent of functional limitations, or therapeutic interventions)

1. Patient cannot make changes in body position without assistance or
2. Patient cannot independently make changes in body position significant enough to alleviate Pressure, or

Patient is bedbound (or s unable to independently make changes in body position significant enough to alleviate Pressure), secondary to weakness, and contractures of BLE, at high risk for skin breakdown, has SOB with Minimal exertion, requires oxygen, breathing treatment as needed, is incontinent of B&B, on blowel regimen program etc.

1. Has Stage pressure ulcer on the trunk or pelvis and
	1. Impaired nutritional status or,
	2. Fecal/Urinary incontinence or,
	3. Altered sensory perception or,
	4. Compromised Circulatory status

HOYER LIFT:

Patients name with DX: needs Hoyer lift in order to transfer between bed and a chair, wheelchair, or commode and, without the use of a lift, the patient would be bed confined. The Hoyer lift will allow caregivers in transferring patient name from bed to a chair or commode. It will also provide an easier means for showering or toileting.

Bedside Commode:

Patient name is physically incapable of utilizing regular toilet facilities as they are confined to single room. Reasons:

Extra wide commode:

Basic commode documentation plus document the patient Weight (300+lbs)