

**R CLARIFICATION OF WRITTEN ORDER AND MEDICAL JUSTIFICATION  
TRACHEOSTOMY CARE & LARGE VOLUME NEBULIZER (AEROSOL)**

Date of Last Provider Visit \_\_\_\_\_

**Supplier Name, Address, Telephone & NSC#:**



**3519 Industrial Avenue  
Fairbanks, AK 99701  
Phone: (907) 458-8912 Fax: (907) 458-8914  
NSC#: 1267160002**

**Patient Name, Address, Telephone & HIC#:**

( ) - HIC#: .

**Patient DOB: / / Sex: (M/F)**

An order was received on \_\_\_\_\_ for the services/equipment provided to the above named patient. In order to properly bill for the services/equipment provided we require a revised detailed written order. Please review and verify this information by completing any of the highlighted areas, and date and sign at the bottom. We suggest you keep a copy of this for your records. Prepared by: \_\_\_\_\_

**TRACHEOSTOMY CARE SUPPLIES:**

Date of Service: \_\_\_\_\_  
Diagnosis and Code: \_\_\_\_\_  
Length of Need (# of months) \_\_\_\_\_ 1-99 (99=life)  
Patient Height: \_\_\_\_\_ ft. in. Weight: \_\_\_\_\_ lbs.  
Date of Tracheotomy: \_\_\_\_\_

Supplies:

- Trache: Size \_\_\_\_\_ - 2 per month
  - Cuffed
  - UnCuffed
- Inner Cannula, Trache: Size \_\_\_\_\_ - 31 per month
- Trache Mask (A7525) – 4 per month
- Trache Ties/Collar (A7526) – 31 per month
- Trache Care Kit (A4629) – 31 per month
- Passy Muir Valve (L8501) - 1 per month
- Thermovent T (A7057) - 62 per month
- Saline, 5 ML (A4216) - 1 bx per month
- Non-sterile Gauze, (A6216) - 1 pk per month
- Gauze, Split, 4x4 (A6402) – 3 bx per month
- Cotton Tip Applicators, Sterile (A9999) - 1 bx per month
- Gloves (A4930) - 40 pairs per box, \_\_\_\_\_ boxes
- Hydrogen Peroxide (A4244) - 3 per month
- Other \_\_\_\_\_

**Large Volume Nebulizer (Aerosol):**

Date of Service: \_\_\_\_\_  
Diagnosis and Code: \_\_\_\_\_  
Length of Need (# of months) \_\_\_\_\_ 1-99 (99=life)  
Patient Height: \_\_\_\_\_ ft. in. Weight: \_\_\_\_\_ lbs.

Equipment:

- Large Volume Nebulizer (Aerosol) (E0565)
- Heater (A9900)

Supplies:

- Water Trap, Lg Volume (A7012) – 4 per month
- Tubing, Corrugated (A7010) – 12 per month
- Nebulizer Cap, Large Volume (A7007) – 4 per month
- Sterile Water for Inhalation (A4217) – 62 per month
- Heater Barrels (A9270) – 4 per month
- Other \_\_\_\_\_

**MEDICAL NECESSITY INFORMATION:**

REQUIRED CRITERIA

1. Does the patient require humidity due to thick, tenacious secretions?  
 Y  N
2. Does the patient have cystic fibrosis, bronchiectasis, a tracheostomy, or a tracheobronchial stent?  
 Y  N

**MEDICAL NECESSITY INFORMATION:**

REQUIRED CRITERIA

1. Does the patient require replacement of the tracheostomy tube on a routine basis?  
 Y  N  
Specific Frequency: \_\_\_\_\_
2. Does patient require routine trache cleaning more than one (1) time per day?  
 Y  N  
Specific Frequency: \_\_\_\_\_

**PROVIDER CERTIFICATION:**

**I, the patient's treating provider, certify the medical necessity of these items for this patient and maintain medical records reflecting the medical justification and care provided.**

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider's Name \_\_\_\_\_

NPI: \_\_\_\_\_ Telephone: \_\_\_\_\_