

Tel: 919.522.5221 Fax: 919.874.5123 info@homedicalsupply.com

☐ NC Medicaid	☐ Alliance	☐ Trillium/CC
☐ Amerihealth	\square VayaHealth	□ ECBI
☐ WellCare	☐ Partners/CC	☐ Healthy Blue
□ UHC	☐ Carolina Co	mnlete

Incontinence Supplie	s Order Form Carolina Complete		
PATIENT INFORMATION -	Medicaid ID#		
	Date of Birth:		
Address:	Phone #:		
Please attachfacesheetw/patient demo	ographics&insuranceinfo		
PRIMARY DIAGNOSIS	SECONDARY *A secondary diagnosis that contributes to the patient's incontinence is typically required		
R32 Urinary Incontinence	F84.0 Autism F84.9 Developmental Delay		
R15.9 Fecal Incontinence	☐ G80.9 Cerebral Palsy ☐ Q90.9 Down Syndrome		
NC Medicaid Primary or Secondary policies will typically cover	F03.90 Dementia R39.81 Functional Incontinence		
incontinence supplies. Medicaid recipients under 3 years of age are NOT eligible for incontinence supplies.	☐ E11.9 Diabetes Mellitus ☐ N39.44 Nocturnal Enuresis		
BRIEFS (max. 192-200/month)	Other:		
☐ T4521 SMALL 20"-33"	PEDS & YOUTH (max. 192-200/month)		
☐ T4522 MEDIUM 32"-42"	T4529 Diaper S & M		
☐ T4522 REGULAR 40"-50"	☐ T4530 Diaper Lg & X-Lg		
☐ T4523 LARGE 48"–58"	☐ T4531 Pull-Ups S & M		
☐ T4524 XLARGE 57-66"	☐ T4532 Pull-Ups Lg & X-Lg		
☐ T4543 XXLARGE 60"-69"	☐ T4533 Diapers Youth		
PULL UPS (max. 192-200/month)	☐ T4534 Pull-Ups Youth		
☐ T4525 SMALL 20"-28"	miscellaneous continence products		
☐ T4526 MEDIUM 28"-40"	☐ A4927 GLOVES 100 per bx max 4/mo		
☐ T4527 LARGE 40"-56"	☐ A4554 UNDERPADS/CHUX max 150/mo		
☐ T4528 XLARGE 56"-68"	☐ A4335 MISC INCONT/WIPES max 2/mo		
☐ T4544 XXLARGE 68"-80"			
Other DME Orders:			
Start Date:Stop Date	Length of need (99mon = Lifetime)		
ODDEDING DROWING INCORMATION - Durantian Addustra			
ORDERING PROVIDER INFORMATION Practice Address Physician Name:			
Physician Signature:	Signature: Date:		
Physician Phone #:	Phone #: Fax #:		

^{***}Signature and/or Date stamps are not acceptable and will not qualify***