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- ☐ NC Medicaid ☐ Alliance ☐ Trillium/CC
☐ Amerihealth ☐ VayaHealth ☐ Other:
☐ WellCare ☐ Partners/CC ☐ Healthy Blue
☐ UHC ☐ Carolina Complete

Incontinence Supplies Order Form

PATIENT INFORMATION -

Patient Name: _____ Medicaid ID# _____ Date of Birth: _____

Address: _____

City: _____ Zip Code: _____ Phone #: _____

****Please attach facesheet w/ patient demographics & insurance info****
****Please attach lab work, clinical notes and/or any other relevant documentation****

PRIMARY DIAGNOSIS

- ☐ R32 Urinary Incontinence
☐ R15.9 Fecal Incontinence

NC Medicaid Primary or Secondary policies will typically cover incontinence supplies. Medicaid recipients under 3 years of age are NOT eligible for incontinence supplies.

BRIEFS/DIAPERS (max. 192-200/month) *specify*

- ☐ T4521 SMALL 20"-33"
☐ T4522 MEDIUM 32"-42"
☐ T4522 REGULAR 40"-50"
☐ T4523 LARGE 48"-58"
☐ T4524 XLARGE 57"-66"
☐ T4543 XXLARGE 60"-69"

PULL UPS (max. 192-200/month) *specify*

- ☐ T4525 SMALL 20"-28"
☐ T4526 MEDIUM 28"-40"
☐ T4527 LARGE 40"-56"
☐ T4528 XLARGE 56"-68"
☐ T4544 XXLARGE 68"-80"

SECONDARY *A secondary diagnosis that contributes to the patient's incontinence is typically required

- ☐ F84.0 Autism ☐ F84.9 Developmental Delay
☐ G80.9 Cerebral Palsy ☐ Q90.9 Down Syndrome
☐ F03.90 Dementia ☐ R39.81 Functional Incontinence
☐ E11.9 Diabetes Mellitus ☐ N39.44 Nocturnal Enuresis
☐ Other:

PEDS & YOUTH (max. 192-200/month) *specify*

- ☐ T4529 Diaper S & M
☐ T4530 Diaper Lg & X-Lg
☐ T4531 Pull-Ups S & M
☐ T4532 Pull-Ups Lg & X-Lg
☐ T4533 Diapers Youth
☐ T4534 Pull-Ups Youth

miscellaneous continence products

- ☐ A4927 GLOVES 100 per bx *max 4/mo*
☐ A4554 UNDERPADS/CHUX *max 150/mo*
☐ A4335 MISC INCONTINENCE

Other DME Orders: _____

Start Date: _____ Stop Date: _____ Length of need (99mon = Lifetime) _____

ORDERING PROVIDER INFORMATION Practice Address: _____
Physician Name: _____ NPI: _____
Physician Signature: _____ Date: _____
Physician Phone #: _____ Fax #: _____

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