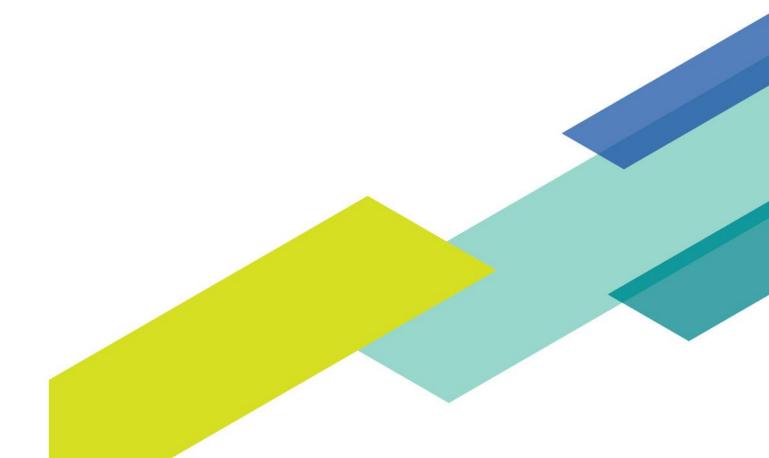


GUIDANCE ON THE USE OF OSTOMY DURABLE MEDICAL EQUIPMENT SUPPLIER (DME) PROVIDER CHECK LIST



The Wound, Ostomy, and Continence Nurses Society[™] (WOCN[®]) Public Policy and Advocacy team has developed an Ostomy Durable Medical Equipment Supplier (DME) Provider Check List and we are pleased to share this document with our members.

The Ostomy DME Provider Check list is a guidance document for obtaining correct ostomy supplies for the patient addressing the regulatory information that the DME needs to fulfill product orders and bill insurance.

The Ostomy DME Provider check list can be used in several ways by the certified WOC nurse to communicate ostomy product needs of the patient. It can be filled out by the certified WOC nurse and:

- Be provided to the patient as a reference for the patient to use when they are asking physician/or other providers to order or reorder equipment.
- Be sent to the community provider who will be writing prescriptions for the patient for ordering and reordering of supplies.
- Be sent to the durable and home medical equipment providers to assure clarity of supply needs.

It's very important to stay consistent with ostomy products for each individual patient to ensure positive outcomes and sustain quality of life.

This document is not intended to be used as a prescription or order form. A prescription and an order should be initiated by the physician/providers for ostomy supplies and resupplies for the ostomy patient. Also, for insurance purposes, documentation requirements noted in the patients' medical record should address presence of surgically created stoma to divert urine or stool, location, diagnosis, skin integrity, and medical necessity of supply needs.

Another tool that the WOCN Public Policy and Advocacy has on our web site tab is a <u>sample</u> <u>letter of medical necessity</u>, which may also be useful in advocating for patients having access to correct supplies.

We are hoping that these tools will help you in facilitating care across the care continuum for your patients that have ostomies.

WOCN® Society Ostomy DME Provider Checklist

| Patient Name/Address: | | |
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| | • • | |
| Brand Manufacturer: Coloplast Convatec Cymed/Microskin Hollister Marlen Nu-Hope Other: Pouch: Product #: Flange Size: Quantity: Per month: Per 3 months: Per 3 months: Piece 1 Piece 2 Piece Color: Transparent Opaque Closure/Outlet: Drainable (velcro or clip) Closed-end Tail/drain spout Gas Management: Integrated Filter | Wafer/Barrier/Flange: Product #: | Accessory Products: Adhesive Remover Wipes or Spray Quantity: Brand: Barrier Strips Quantity: Brand: Deodorizer Quantity: Brand: Hernia Support Belt Quantity: Brand: Irrigation Supplies Quantity: Brand: Ostomy Support Belt Quantity: Brand: Overnight Drainage Bag Quantity: Brand: Overnight High Output Pouch Quantity: Brand: Paste (Tube or Strip) Quantity: Brand: Powder Quantity: Brand: Skin Barrier Seals/Rings Quantity: Brand: Other: Quantity: Brand: Other: Quantity: Brand: |
| | Provider Name: Brand Manufacturer: Coloplast Convatec Cymed/Microskin Hollister Marlen Nu-Hope Other: | Supplier Contact Information: Provider Name: Phone: |

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