






Adult Primary Care Clinic A

Outpatient Equipment Workflow and Supply Order Sheet

-  Items below are not always covered depending on patient's insurance.
-  For same day requests: Stock of items in PT is limited. PT will fill if able/appropriate.
-  For MEDICARE PATIENTS: ALL DME/Orthotic/Prosthetic equipment should be ordered by PECOS certified providers.
-  Provider note should clearly document the reason and exam finding justifying the need for the equipment ordered.
-  Orchid Message: "OVM – Social Work – DME" Pool (supervised by Cynthia Sanchez) if needed to f/u on DME orders

EQUIPMENT NEEDED	ORDER INFO/COMMENTS
<p>DME (examples below)</p> <p>Home Care Equipment E.g. Blood pressure monitor, Shower Chairs, Hospital Bed, Incontinence supplies</p> <p>Respiratory Therapy Equipment E.g. Pulse oximeters, Nebulizers, Home Oxygen, Trach supplies</p> <p>Mobility Equipment E.g. Cane, Walker, Crutches, Manual Wheelchair</p> <p>Power Mobility Equipment E.g. Power Wheelchair or Scooter</p> <p>Ostomy, Urology, Wound Care Supplies</p>	<p>ORCHID order: "DME_enter item needed" with justification <u>AND</u> Send Orchid message to "OVM – Social Work – DME" Pool notifying them of DME order. Place Amb Com to CMA: "DME Ordered" (CMA will include DME autotext in visit summary)</p> <ul style="list-style-type: none"> • Autotext: "Durable medical equipment was ordered for your visit today and will be assigned to a vendor. The vendor will call you to schedule delivery. Please call 747-210-4236 if you do not hear from the vendor within 14 days" <p>***If patient needs mobility assessment, mobility equipment training or equipment recommendations: ADD Orchid order "Physical Therapy Evaluation and Treatment Outpatient" select equipment</p> <p>***If patient is in clinic and mobility equipment needed same day (i.e. to leave clinic): ORCHID order: "DME_enter item needed" (e.g. DME Cane) with justification AND "Physical Therapy Evaluation and Treatment Outpatient" select equipment AND instruct patient to go to physical therapy department for evaluation of equipment needs</p> <p>** For Power Mobility equipment: If patient is "County responsible" (Emergency Medi-Cal, ATP, My Health LA): ORCHID order: "DME_enter item needed" (e.g. DME Power Wheelchair) with justification AND ORCHID order: "Physical Therapy Seating Center Evaluation" and enter info requested ** Patient will get appointment at Rancho Los Amigos and will be evaluated for power wheelchair/scooter</p> <p>*** For same day needs for ostomy, urology or wound care supplies OR restricted insurance: ORCHID order: "DME_enter item needed" (e.g. DME Wound Care Supplies) with justification AND Amb Com to CMA: "Print prescription for DME and send patient to Sterile Processing at OVMC to get limited amount of DME_ ordered"</p>
<p>Orthotic Equipment E.g. Diabetic shoes, Braces, Hernia Truss, Compression Stockings, CAM boot</p>	<p>ORCHID order: "Orthotic_enter item needed" (e.g. Orthotic Diabetic Shoes) with justification <i>*order generic orthotic equipment order if you don't find the order specific for the equipment). Complete forms that pop-up if applicable</i> <u>AND</u> Amb Com to CMA: "Provide VIPO information sheet for Orthotic Equipment/Prosthetic orders" (VIPO = 3rd party supplier for orthotic equipment)</p>
<p>Prosthetic Equipment E.g. Extremity Prosthesis, Mastectomy Bras and Prosthesis</p>	<p>ORCHID order: "Prosthetic _ enter item needed" (e.g. Prosthetic Mastectomy Bra) with justification and completion of forms that pop-up if applicable <u>AND</u> Amb Com to CMA: "Provide VIPO information sheet for Orthotic Equipment/Prosthetic orders" (VIPO = 3rd party supplier for orthotic equipment) ** Patients can get 2 mastectomy bras q6 months, and 1 breast prosthesis q12 months</p>

