KNIGHT MEDICAL SUPPLY L.L.C.
802 SOUTH LEWIS ST
STILLWATER, OK 74074-4621
Phone: (405) 743-1646 Fax: (405) 743-8202
Toll Free: (800) 267-6531

facsimile transmittal

To:		**Fax:**	
From:	KNIGHT MEDICAL SUPPLY L.L.C.	**Date:**	10/13/2023
Re:		**Pages:**	(Including Cover)
Cc:			

☐**Urgent** ☐**For Review** ☐**Please Comment** ☐**Please Reply** ☐**Please Recycle**

Enclosed please find the order(s) on behalf of your patient: _____
Please review and make any changes you deem necessary.
Please sign and date any changes made to the prescription and fax it back to our office at (405) 743-8202.
Please feel free to contact our office with any questions or concerns. Thank you very much for your referral,

Compliance Department

Notes:

OHCA INCONTINENCE SUPPLIES

OHCA requires that the Office visit notes must indicate that patient is incontinent and must have a qualifying underlying chronic condition that warrants need for supplies. Supplies require clinical documentation of an underlying chronic medical condition that involves loss of bladder and/or bowel control. Examples include (not all inclusive): neurogenic bladder, spinal cord injuries, spina bifida, cerebral palsy, MD, quadriplegia, paraplegia, neoplasm of the bladder or rectum, Parkinson's, MS, Alzheimer's, dementia, intellectual disabilities, etc.

The Office Visit Medical Records MUST document the medical condition, to substantiate the medical necessity for the items ordered and the frequency of use. OHCA relies ONLY on medical records for detailing the medical need for coverage.

PLEASE HAVE YOUR DOCTOR COMPLETE AND SIGN THE HCA-52A FORM. HAVE YOU DOCTOR FAX THE HCA-52A FORM AND SUPPORTING OFFICE VISIT NOTES TO KNIGHT MEDICAL SUPPLY. THANK YOU

PHYSICIAN ORDER FOR INCONTINENCE SUPPLIES

Ages 21 and above (Diapers, Pull-Ons, Liners, Under pads, Wipes and Non-Sterile Gloves)

Initial Request X Amendment _____ Recertification _____

OKLAHOMA Health Care Authority

TO BE COMPLETED BY PHYSICIAN

SECTION I – PHYSICIAN INFORMATION

Ordering Physician MUST be SoonerCare Contracted

Printed name: _____

Provider ID or NPI: _____

Contact name: _____

Phone number: _____

SECTION II – MEMBER INFORMATION

Name: _____

Member ID: _____

Date of birth: _____

Address: _____

Phone number: _____

SECTION III

Weight: _____ (lbs)

Sex : M _____ F _____

Type of incontinence: Urinary _____ Bowel _____ Both _____

Expected length of need: Months _____ OR Lifetime _____

SECTION IV

INCONTINENCE DIAGNOSIS CODES: _____ _____ _____ _____ _____

MEDICAL DIAGNOSIS CODES (which relates to incontinence): _____ _____ _____

SECTION V – MOBILITY

Ambulatory w/o assistance _____

Ambulatory w/assistance _____

Non Ambulatory _____

SECTION VI - COGNITIVE FUNCTION

(Related to toileting needs, see www.okhca.org/mau, Incontinence Supplies, for info.)

Able to communicate needs (verbal or non-verbal) _____

Unable to communicate needs _____

SECTION VII - ABSORBENT PRODUCTS ORDERED (MUST BE A NUMBER)

Diapers: _____ #/month

Pull-ons: _____ #/month

Under pads (Reusable): Chair _____ #/month

Under pads (Disposable): _____ #/month

Non-Sterile Gloves (100 per box) _____ #boxes/month

Liners/Shields: _____ #/month

Under pads (Disposable): _____ #/month

Bed _____ #/month

Wipes: _____ #/month

SECTION VIII

PHYSICIAN SIGNATURE: _____ **DATE:** _____

DME SUPPLIER PRIOR AUTHORIZATION REQUEST SECTION

TO BE COMPLETED BY CONTRACTED DME PROVIDER

PA # NEW

DME Supplier: KNIGHT MEDICAL	Phone #: 405 743-1646	Date Span Of Service	From: To:
DME Provider ID: 100811470A	Assignment Code: 12 – DME		

Line Item	HCPCS Code	Description (Must Be On One Line Item)	Total Units for Date Span
A	T4521-T4524	BRIEFS/DIAPERS DISPOSABLE SMALL-XLARGE 180EA / MTH	2160
B	T4535	LINERS/SHEILDS/GUARD/PADS 150EA / MTH	1800
C	T4525-T4528	UNDERWEAR/PULL-ON SMALL-XLARGE 150EA / MTH	1800
D	T4541	UNDERPADS, DISPOSABLE 60EA / MTH	720
E	T4540	UNDERPADS REUSABLE, CHAIR SIZE 2EA / MTH	24
F	T4537	UNDERPADS REUSABLE, BED SIZE 2EA / MTH	24
G	A4335	WIPES FOR INCONTINENCE 240EA / MTH	2880
H	A4927	GLOVES, NON-STERILE, PER BOX OF 100 2BX / MTH	24
I			
J			
K			
L	PLEASE FAX TO:	KNIGHT MEDICAL SUPPLY (405) 743-8202 .	