



Suction and Tracheostomy Prescription

Mayo Clinic Store

(complete fields or place patient label here)

Patient Name (First Middle Last)
Birth Date (mm-dd-yyyy)
Mayo Clinic or Store Account Number

Form content not retained in medical record.
Route to Mayo Clinic Store for electronic storage.

External Form Users: Complete this document and fax to the Mayo Clinic Store.

Internal Epic Downtime Form Users: Complete this document and fax to the Mayo Clinic Store. Once Epic downtime processes are complete, reenter order into the EHR and send an Epic message to the Mayo Clinic Store's inbasket pool informing them that a duplicated order was created.

Required: Attach patient's current primary, secondary, and tertiary insurance providers and provider-signed clinical documentation verifying medical justification from face-to-face examination.

Order Information

Order Date (mm-dd-yyyy)	Need Length <input type="checkbox"/> Lifetime <input type="checkbox"/> Other _____	Qualifying Diagnosis (ICD-10)
Patient Address (Street, City, State, ZIP Code)		Patient Phone
<input type="checkbox"/> Product substitutions are allowed within the same Healthcare Common Procedure Coding System (HCPCS)		

Device and Primary Supplies

<input type="checkbox"/> Suction machine (E0600) <ul style="list-style-type: none"> <input type="checkbox"/> Yankauer suction (A4628), 1 per month <input type="checkbox"/> Suction canister, disposable (A7000), 1 per month <input type="checkbox"/> Suction tubing, 6 ft (A7002), 1 per month <input type="checkbox"/> Suction canister, disposable, portable (A7000), 1 per month <input type="checkbox"/> Urinary suction pump (E2001) <ul style="list-style-type: none"> <input type="checkbox"/> Collection tubing (A7002), 1 per month <input type="checkbox"/> Collection canister, nondisposable (A7001), 1 per month <input type="checkbox"/> Male urinary catheter for use with urinary suction pump, disposable (A6590), 1 per day <input type="checkbox"/> Female urinary catheter for use with urinary suction pump, disposable (A6590), 1 per day

Other Supplies

<input type="checkbox"/> Tracheostomy care kits (A4625/A4629) (0110080196032877), 30 per month or 5 for first 14 days of tracheostomy <input type="checkbox"/> Corrugate tubing (A7010) (Z082964), one unit (100 ft) every 2 months <input type="checkbox"/> Barrier wipes (A5120) (040565114521), 150 per month <input type="checkbox"/> Sterile water 1,000 mL (A7008) (Z0374504), 18 Liters per month <input type="checkbox"/> Drainage bag (A7012) (Z0105970), 2 per month <input type="checkbox"/> Aerosol compressor (E0565), one every 5 years <input type="checkbox"/> 350 mL empty large volume canister (A7007), 2 per month <input type="checkbox"/> 500 mL Sterile water (A4217) (ZZ755915), 18 Liters per month <input type="checkbox"/> Dale tracheostomy holder (A7526) (+H84102401Z), limit 31 per month (recommend 9 per month) <input type="checkbox"/> Tracheal suction catheter 14 French (A4624) (0110884527002153 or CZ00012267), 3 per day/90 per month <input type="checkbox"/> Tracheal suction catheter 12 French (A4624) (ZZ334967 or Z09467640), 3 per day/90 per month <input type="checkbox"/> Tracheostomy mask (A7525) (pediatric 0104026704594306; adult 848530060985), 1 per month <input type="checkbox"/> Lubricant (A4402) (851809002012), 4 ounces per month <input type="checkbox"/> Tracheostomy (A7520/A7521), 1 tracheostomy per 3 months; size and brand _____ <ul style="list-style-type: none"> <input type="checkbox"/> Cuffed <input type="checkbox"/> Disposable <input type="checkbox"/> Fenestrated <input type="checkbox"/> Uncuffed <input type="checkbox"/> Nondisposable <input type="checkbox"/> Nonfenestrated <input type="checkbox"/> Tracheostomy inner cannulas (A4623), 2 per day/62 per month; size and brand _____

Suction and Tracheostomy Prescription

(continued)

(complete fields or place patient label here)

Patient Name (First Middle Last)
Birth Date (mm-dd-yyyy)
Mayo Clinic or Store Account Number

Supplies When Not Using Tracheostomy Kits Above

- 4x4 gauze split (A6402) (0130080196692655), 1 box of 50 per month
Dressing changed _____ times per month; _____ dressing(s) used per change
- Tracheostomy brush, large (A4626) (ZZ602824), 2 per month

Medicare Noncovered Medical Supplies

- Gloves; size: Small Medium Large X-large, _____ boxes per month
- Sterile Q-tip applicators (0130080196716603), 1 box of 100 per month
- Reusable stoma bib (3343), _____ per month
- Shield tracheostomy shower (3327), _____ per month
- Suction replacement canister filter (A4649) (Z00016735), _____ per month
- HME with suction port or HME with oxygen port (A7507), 62 per month

Referring Provider Information and Signature

Facility	Phone	Fax
Provider Signature ▶	Date (mm-dd-yyyy)	
Provider Printed Name (First Middle Last)	National Provider Identifier	