

Acelis Connected Health Services *INR Physician Order Form*

1. PATIENT INFORMATION

First Name, M.I., Last Name	Date of Birth ¹	Medical Record Number
_____	_____	_____
Patient Phone Number(s)	Patient Email	
_____ / _____	_____	

Additional Patient information attached

Warfarin Start Date:

____ / ____ / ____
Month Day Year

2. TARGET INR RANGE

TO

LOW

HIGH

Acelis Connected Health will receive test results directly from patient and Fax ALL Results and Call for ALL Values <1.5 and >5.0 until Physician Office Preferences are on file. Patient will communicate INR test results based on Physician Office Preferences.

3. PHYSICIAN INFORMATION

Prescribing Physician Name	NPI #	
_____	_____	
Address (Prescribing Physician)		

Group Practice or Hospital Name (Prescribing Physician)	Prescribing Office phone	Office fax
_____	_____	_____
Managing Physician, Practice or Clinic Name	Managing Office phone	Office fax
_____	_____	_____

INR MONITORING SYSTEM

Patient will be provided an INR Meter and strips approved for home use.

5. TEST FREQUENCY

- Weekly
 2-4 Times Per Month

6. TRAINING PREFERENCE (required for self-testing)

- Face-2-Face™ Training arranged by Acelis Connected Health
 My staff will train the patient (requires completion of Master Faculty Training)
 Physician confirms that this patient has received training on the prescribed monitor and home INR testing

Physician can determine Office Preferences for Monitor Type, Reporting Instructions and Training Preference with an Acelis Connected Health Sales Representative.

4. DIAGNOSIS* (check all that apply)

ICD-10-CM CODE	Description
<input type="checkbox"/> Z95.2	Presence of prosthetic heart valve
<input type="checkbox"/> I48.21	Permanent atrial fibrillation
<input type="checkbox"/> I48.0	Paroxysmal atrial fibrillation
<input type="checkbox"/> I26.93	Single subsegmental pulmonary embolism without acute cor pulmonale
<input type="checkbox"/> I26.94	Multiple subsegmental pulmonary emboli without acute cor pulmonale
<input type="checkbox"/> Z86.718	Personal history of other venous thrombosis and embolism
<input type="checkbox"/> D68.51	Activated protein C resistance, primary
<input type="checkbox"/> Z79.01	Long term (current) use of anticoagulants
Other:	_____

7. STATEMENT OF MEDICAL NECESSITY/ PRESCRIPTION

Equipment and supplies may be provided by either Acelis Connected Health or its third party vendors. Incomplete items will revert to Physician Office Preferences.

ITEMS PRESCRIBED: One (1) Home INR Monitoring System, and related testing materials (i.e. Test Strips and Lancets).

I certify that it is medically necessary for the patient to self-test frequently in order to maintain a stable INR, optimize its therapeutic effects and avoid the complications identified on warfarin's product labeling.

Medical Necessity: I further certify that the patient's medical record contains supporting documentation to substantiate this medical need. I certify that this patient has been on warfarin therapy for >90 days. The patient or their caregiver has no condition that makes self-testing unsafe (e.g. cognitive disorders). I agree to notify Acelis Connected Health Services if the patient or their caregiver develops a condition that makes self-testing unsafe.

8. PHYSICIAN SIGNATURE: (In compliance with CMS Pub. 100-08, Transmittal 327, Section 6698.3. Stamped Signatures are not acceptable.)

_____	Date	_____
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FAX COMPLETED FORM AND PATIENT INFORMATION TO 1.925.606.6978

Acelis Connected Health Services • 6465 National Drive • Livermore, CA 94550 • Phone 1.877.262.4669 • ptinr.com
Submit your prescription electronically with e-Prescribe at achrx.com

*Listed codes from CMS Manual System PUB 100-20 Medicare Claims Processing. Coverage determination is based on specific health plan guidelines.
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A/C #

WEB LEADS