

Wyoming Medicaid Guidelines

CompuMed® Automated Medication Dispenser

For **Wyoming Medicaid patients** needing a CompuMed medication management system, please fill out the following:

- * **Certificate of Medical Necessity (CMN)**
- * **Prescription** for a CompuMed written on the doctor's pad

and send to us at:

fax: 888-722-8217 *or*

e-mail: stevec@compumed.com

Once we receive these forms, we send them in for Prior Authorization. Once that is received, a CompuMed is sent to the address you give us (i.e. the patient's home or home health agency, etc.).

Please let us know which medication management system your patient needs - the **Standard CompuMed** or the **Enhanced Security CompuMed**.

If you have questions, please call us at 1-800-722-4417 or 307-868-2555.

Thank you!



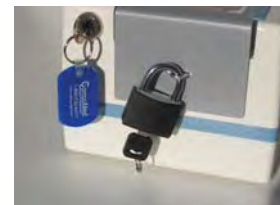
For those who ***forget.***

Standard CompuMed

The Standard CompuMed is lockable and secure - for willing but forgetful patients.

Enhanced Security CompuMed

The Enhanced Security CompuMed adds a metal plate, hasp and lock to the standard CompuMed unit. Security is increased for those who tend to abuse medication.



For those who ***remember too well.***

Certificate of Medical Necessity

CompuMed Automated Medication Dispenser

HCPC Code S5185

NAICS: 334510

CAGE: 5NFF3

Patient

Name _____

Birthday ____/____/____ __M __F

Address _____

City, ST Zip _____

Phone (____) _____ - _____

Medicaid # _____

Medicare # _____

Please use attachments for additional information

Diagnosis Code(s) & description

Medications used by patient

Face to face evaluation

Date evaluated ____/____/____

Date prescribed ____/____/____

Physician Certification

To the best of my knowledge, the above information is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient. I authorize the release of any medical or other information necessary to process this claim.

Referring Provider

Name _____

Address _____

City, ST Zip _____

Phone (____) _____ - _____

NPI # _____

Other Contact information

Entity/Agency _____

Contact Person _____

Agency PH (____) _____ - _____

Clinical Notes

The patient needs help managing medication for one or more of the following reasons:

- Complex drug regimen Forgetfulness
 Lack of understanding Sensory deficit
 Inability to self-medicate Lack of supervision
 Other _____

Medication non-compliance has or could result in the following patient conditions:

- Relapse into illness Hospitalization
 Ineffective drug therapy Over-dosage
 Under-utilization of medications Unstable drug levels leading to unpredictable therapeutic results
 Other _____

Additional notes or comments

Physician signature

Date