

Instructions for Completing Form DP1090
Supplement to Medical Evaluation
Level of Care Evaluation for Individuals with Complex Medical Conditions

The DP1090 form should be accompanied by a completed MA-51 or a Medical Evaluation indicating an ICF level of care.

Please complete the form in its entirety. The first 4 fields are self-explanatory.

PRIMARY DIAGNOSIS: Enter the individual's primary diagnosis and the ICD-10 code that corresponds with this diagnosis.

CHRONIC MEDICAL CONDITIONS, ICD-10 CODES, AND ORGAN SYSTEM CHART

Chronic medical conditions column: List all chronic medical conditions, including the primary diagnosis, that meet **all** of the following criteria:

- Is expected to last 1 year or more;
- Require ongoing medical treatment;
- Limit activities of daily living; **and**
- Require medically necessary interventions such as medications, treatments, therapies, or adaptive equipment or technologies including but not limited to:
 - Pulse Oximetry or other monitoring devices
 - Continuous or frequent blood glucose testing
 - Wound care therapies or dressings
 - Wheelchair, walkers, standers, gait trainer, splints
 - Transfer equipment (lifts, sliding boards, etc.)
 - Adaptive equipment

ICD-10 Code: Enter the ICD-10 code for each chronic medical condition.

Organ Systems Column: Enter the letter that corresponds with each organ system impacted by the chronic medical condition into the organ system column. It is important that each organ system impacted by the chronic medical condition is documented. More than one organ system may be identified for each chronic medical condition if appropriate.

DOES THE INDIVIDUAL REQUIRE MEDICALLY NECESSARY SKILLED NURSING INTERVENTION?

Check YES if both conditions listed below are met:

1. The individual uses technology¹ for respiration, nutrition, medication administration or other bodily functions including but not limited to one or more of the following:
 - BiPAP/CPAP

¹ Technology means the use of a medical device to support or replace a vital body function.

Instructions for Completing Form DP1090

Supplement to Medical Evaluation

Level of Care Evaluation for Individuals with Complex Medical Conditions

- Central Venous Catheter
 - Constant Oxygen
 - Dialysis (including home dialysis)
 - Enteral feeding
 - Gastrostomy
 - Insulin pump
 - Jejunostomy
 - Ostomy
 - Total Parenteral Nutrition (TPN)
 - Tracheostomy
 - Ventilator
2. Skilled Nursing services (direct provision of nursing services by a registered nurse or licensed practical nurse) are **required** to execute medical regimens to use the technology listed above.

Check NO if both conditions above are not met.

IF YES, LIST MEDICALLY NECESSARY INTERVENTIONS: If the individual requires medically skilled nursing interventions, please list all that apply in the designated field.

INFORMATION FOR PHYSICIAN COMPLETING THE FORM: The physician must sign the DP1090 form and include the physician license number, date, address and phone number. The DP1090 form may be completed by any of the following:

- Licensed physician
- Licensed physician's assistant
- Certified registered nurse practitioner

The DP1090 form may not be signed by a physician in training (a Medical Doctor in Training [MT] or an Osteopathic Doctor in Training [OT]).