



Patient Name: _____ DOB: _____

Date of Face-to-Face (F2F) Examination: _____

Diagnosis and Medication

Per Medicare guidelines, nebulizer/supplies are only covered if drug dispensed through equipment is covered for a specific diagnosis. If your patient has a Medicare or Medicare replacement policy, please refer to the attached Order Requirements to make sure the patient's diagnosis is covered for the drug to be dispensed. For example, a nebulizer will not be covered by Medicare if Albuterol is prescribed for a diagnosis of pneumonia.

Diagnosis: _____

Drug (please check box for drug to be used with equipment):

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Albuterol | <input type="checkbox"/> DuoNeb (ipratropium bromide-albuterol sulfate) | <input type="checkbox"/> Acetylcysteine |
| <input type="checkbox"/> Arformoterol | <input type="checkbox"/> Formoterol | <input type="checkbox"/> Metaproterenol |
| <input type="checkbox"/> Budesonide | <input type="checkbox"/> Ipratropium | <input type="checkbox"/> Pentamidine |
| <input type="checkbox"/> Cromolyn | <input type="checkbox"/> Levalbuterol | <input type="checkbox"/> Tobramycin |

Other (please specify): _____

Physician Order

Date of Order: _____

Length of Need: ☐ 3 months ☐ 12 months ☐ Lifetime Other: _____

Equipment and Supplies (check all appropriate):

- ☐ Nebulizer with Compressor (E0570) includes:
Disposable Neb Kit (A7003) 2 per month, Reusable Neb Kit (A7005) 1 per 6 months, and Filter (A7013) 2 per month
- ☐ Pediatric Aerosol Mask (A7015) 1 per month and Filter (A7013) 2 per month

Physician Signature: _____ Date: _____

Physician Name: (please print) _____ NPI: _____

***** Please attach copy of qualifying F2F examination *****

Fax back to: 320-231-4941

Nebulizer Order and Documentation Requirements

Medicare, and other insurance providers who follow Medicare guidelines, requires that a physician, NP, CNS or PA has had a Face-to-Face (F2F) examination with the patient that documents that the patient was evaluated and/or treated for a condition that supports the need for the prescribed equipment. The date of the F2F exam may be no older than 6 months prior to the prescription date.

A Written Order Prior to Delivery (WOPD) is also required; the WOPD cannot be completed until after the F2F exam, and must be received by the supplier prior to dispensing the equipment. This order must contain:

- Patient's name
- Physician's name
- Date of the order and the start date, if start date is different from date of order
- Detailed description of the item(s)
- Drug to be used with nebulizer
- Length of need of the nebulizer therapy
- Ordering Practitioner's National Provider Identifier (NPI)
- Signature of ordering practitioner and signature date. Signature and date stamps are not allowed. Signatures must be legible and/or physician's name must also be printed.

Patient Medical Records must contain documentation of the following:

The **Face-to-Face (F2F) examination**. This can be an inpatient admit H&P, discharge note or progress note, or an outpatient chart note. **There must be documentation that nebulizer was tried and improved the patient's condition.**

- ❖ A nebulizer and other related supplies **are only covered if the drug being dispensed through the equipment is covered for the diagnosis documented in the patient medical record.** Medicare will not cover drugs dispensed on a PRN basis. *Please note that Albuterol is not covered for a diagnosis of pneumonia.*

Drugs	Covered Conditions
Albuterol Arformoterol Budesonide Cromolyn Formoterol Ipratropium Levalbuterol Metaproterenol	<u>COPD and Allied Conditions:</u> Chronic bronchitis (<i>excludes acute bronchitis</i>), obstructive chronic bronchitis, Tracheobronchitis NOS Emphysema Asthma Bronchiectasis Extrinsic allergic alveolitis Chronic airway obstruction NEC (i.e. COPD) Pneumoconioses/other lung diseases due to external agents (i.e. Asbestosis) Respiratory conditions due to chemical fumes and vapors Pneumonitis due to solids and liquids Respiratory conditions due to other/unspecified external agents (i.e. Radiation pneumonitis)
Dornase alpha	Cystic fibrosis
Tobramycin	Cystic fibrosis Bronchiectasis, Tuberculous bronchiectasis, Bronchiectasis with/without acute exacerbation Congenital bronchiectasis
Pentamidine	HIV Pneumocystosis Complications of organ transplant
Acetylcysteine	<u>Persistent thick or tenacious pulmonary secretions:</u> Pneumonia Influenza Conditions listed under COPD and Allied Conditions above Abnormal sputum

Thank you for making Lake Region Home Medical Supply part of your healthcare team. Please call 218-332-5920 with any questions.