

Use of this template is voluntary / optional

Nebulizer

Order Template Guidance

Purpose

This template is designed to assist a clinician in completing an order for nebulizer devices, related compressors, accessories and FDA-approved inhalation drugs in meeting requirements for Medicare eligibility and payment. This template meets requirements for a Written Order Prior to Delivery (WOPD) and a Detailed Written Order (DWO). This template is available to the clinician and can be kept on file within the patient's medical record or can be used to develop an order template for use with the system containing the patient's electronic medical record.

Patient Eligibility

Eligibility for coverage of nebulizer devices, related compressors, accessories, and FDA-approved inhalation drugs under Medicare requires a physician/Non-Physician Practitioner (NPP)¹ to establish that coverage criteria are met. This helps to ensure the nebulizer device, compressor, accessories, and FDA-approved inhalation drugs to be provided are consistent with the practitioner's order and supported in the documentation of the patient's medical record.

The physician/NPP must document that the patient has a confirmed diagnosis supporting the need for use of a Nebulizer, related compressor, accessories and FDA-approved inhalation drugs indicated for the treatment of the patient's pulmonary condition.

National Coverage Determination (NCD) 200.2, Nebulized Beta Adrenergic Agonist Therapy for Lung Disease, initially effective September 10, 2007 and Revised September 04, 2014 Upon Implementation of ICD-10 provided the following statement regarding coverage. (Note: Items in italics are quotations)

Lung diseases such as chronic obstructive pulmonary disease (COPD) and asthma are characterized by airflow limitation that may be partially or completely reversible. Pharmacologic treatment with bronchodilators is used to prevent and/or control daily symptoms that may cause disability for persons with these diseases. These medications are intended to improve the movement of air into and from the lungs by relaxing and dilating the bronchial passageways. Beta adrenergic agonists are a commonly prescribed class of bronchodilator drug. They can be administered via nebulizer, metered dose inhaler, orally, or dry powdered inhaler.

Nebulized beta adrenergic agonist with racemic albuterol has been used for many years. More recently, levalbuterol, the (R) enantiomer of racemic albuterol, has been used in some patient populations. There are concerns regarding the appropriate use of nebulized beta adrenergic agonist therapy for lung disease.

¹ A Medicare allowed NPP as defined is a nurse practitioner, clinical nurse specialist, or physician assistant [as those terms are defined in section 1861 (aa) (5) of the Social Security Act] who is working in accordance with State law.

What needs to be specified on the order for a WOPD?

The WOPD must include at a minimum [42 CFR 410.38(g)(4)]:

- Beneficiary's name;
- Item of DME ordered;
- Prescribing practitioner's National Provider Identifier (NPI);
- Signature of the ordering practitioner; and
- Date of the order

Which nebulizers require a WOPD?

The Healthcare Common Procedure Coding System (HCPCS) codes for the nebulizers, covered under Medicare, which require a WOPD currently include the following:

- E0570 - Nebulizer with compressor
- E0575 - Nebulizer, ultrasonic, large volume
- E0580 - Nebulizer, durable, glass or autoclavable plastic, bottle type, for the use with regulator or flowmeter
- E0585 - Nebulizer with compressor & heater
- K0730 - Controlled dose inhalation drug delivery system

These devices can be found listed in the Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD)².

What needs to be specified on the DWO?

For a DMEPOS item that is not on the DME List of Specified Covered Items, according to 1834(a)(11)(B)(i) of the Act, that item is required to have a DWO unless Medicare policy specifies otherwise

The DWO must include at a minimum [Program Integrity Manual (PIM) Chapter 5.2.3]:

- Beneficiary's name;
- Detailed description of the item(s)³ ordered
- Physician/NPP signature and signature date; and
- Start date of the order or the date order was written.

If the written order is for supplies provided on a periodic basis, the written order should include appropriate information on the following:

- Quantity used;
- Frequency of change; and
- Duration of need.

² LCD: NEBULIZERS (L33370) <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33370&ver=14&SearchType=Advanced&CoverageSelection=Local&ArticleType=SAD%7cEd&PolicyType=Both&s=All&CtrctrType=10&Keyword=nebulizers&KeywordLookUp=Doc&KeywordSearchType=Exact&kg=true&bc=IAAAACAAAAAAA%3d%3d&>

³ Description can be either a narrative description or a brand name/model number and must include all options or additional features that will be separately billed or that will require an upgraded code

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- If the supply is a drug, the order must specify the following:
- Name of the drug;
- Concentration (if applicable);
- Dosage;
- Frequency of administration; and
- Duration of infusion (if applicable).

Which Nebulizer supplies/accessories and drugs require a DWO?

With regard to nebulizer coverage under Medicare, nebulizer accessories and drugs require a DWO. The HCPCS codes for these items can be found in the DME MAC Local LCD⁴.

Face to Face (F2F) encounter requirement

For covered items as defined in 42 CFR 410.38(g), [items listed above requiring a WOPD], a physician or allowed NPP must document that he/she has had a face-to-face encounter with the beneficiary within six (6) months prior to completing the written order.

Who can complete the nebulizer order template?

A Physician or allowed NPP who is enrolled in Medicare.

Note: If the order template is used:

- 1) CDEs in black Calibri are required
- 2) CDEs in *burnt orange Italics Calibri* are required if the condition is met
- 3) CDEs in blue Times New Roman are recommended but not required

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⁴ LCD: NEBULIZERS (L33370) <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33370&ver=14&SearchType=Advanced&CoverageSelection=Local&ArticleType=SAD%7cEd&PolicyType=Both&s=All&CtrctrType=10&Keyword=nebulizers&KeywordLookup=Doc&KeywordSearchType=Exact&kq=true&bc=IAAACAAAAAAAAA%3d%3d&>

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Nebulizer Order Template	
Patient Information:	
Last name: _____ First name: _____ MI: _____	
DOB (MM/DD/YYYY): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other Medicare ID: _____	
Provider (physician/NPP) who performed the Face-to-Face (F2F) evaluation (see guidance):	
Check here if same as ordering provider: _____	
Last name: _____ First name: _____ MI: _____ Suffix: _____	
NPI: _____ Date of F2F evaluation (MM/DD/YYYY): _____	
Patient Diagnoses: indicate Primary (P) and, where appropriate Secondary (S):	
<input type="checkbox"/> Obstructive Pulmonary Disease <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Bronchiectasis 2°	
<input type="checkbox"/> Pulmonary Artery Hypertension <input type="checkbox"/> HIV, Pneumocystosis or complications of organ transplant	
<input type="checkbox"/> Persistent thick or tenacious pulmonary secretions	
<input type="checkbox"/> Thick, tenacious secretions with cystic fibrosis, bronchiectasis, a tracheostomy, or a tracheobronchial stent	
<input type="checkbox"/> Other _____	
Start date, if different from date of order (MM/DD/YYYY): _____	
Type of order:	
<input type="checkbox"/> Initial or original order [select drug(s) and associated compressor, if appropriate]	
<input type="checkbox"/> Reorder for drugs, supplies, and accessories only (compressor should not be selected)	
<input type="checkbox"/> Change in status: <input type="checkbox"/> Patient relocated <input type="checkbox"/> Different supplier <input type="checkbox"/> Other _____	
<input type="checkbox"/> Revision of order: <input type="checkbox"/> Equipment or other items <input type="checkbox"/> Frequency of use or amount prescribed	
<input type="checkbox"/> Other: _____	
Accessories: HCPCS code definition (for use with order below)	
A4619 FACE TENT	
A7003 ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	
A7004 SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	
A7005 ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NON-DISPOSABLE	
A7006 ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	
A7007 LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	
A7008 LARGE VOLUME NEBULIZER, DISPOSABLE, PREFILLED, USED WITH AEROSOL COMPRESSOR	
A7009 RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	
A7010 CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	
A7012 WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	
A7013 FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	
A7014 FILTER, NONDISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	
A7015 AEROSOL MASK, USED WITH DME NEBULIZER	
A7016 DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	
A7017 NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	
A7525 TRACHEOSTOMY MASK	
E0580 GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	
E1372 IMMERSION EXTERNAL HEATER FOR NEBULIZER	

Persistent thick or tenacious pulmonary secretions ICD-10: _____(See Appendix A)				
Solution	HCPCS	Concentration	Frequency	Duration (D/W)
___ <i>acetylcystine</i>	<i>J7608</i>	_____	_____	_____
___ <i>Compressor: E0570 Small Volume Nebulizer (requires WOPD and F2F evaluation)</i>				
Accessories(HCPCS): ___A7003 ___A7004 ___A7005 ___A7006 ___A7013 ___A7015 ___A7525				
Other accessories or options: _____				
Pulmonary Artery Hypertension ICD-10: _____(See Appendix A)				
Solution	HCPCS	Concentration	Frequency	Duration (D/W)
___ <i>Loprost</i>	<i>Q4074</i>	_____	_____	_____
___ <i>Compressor: K0730 Controlled dose inhalation drug delivery system (requires WOPD and F2F evaluation)</i>				
Accessories(HCPCS): ___A7005				
Other accessories or options: _____				
Pulmonary Artery Hypertension ICD-10: _____(See Appendix A)				
Solution	HCPCS	Concentration	Frequency	Duration (D/W)
___ <i>treprostinil</i>	<i>J7686</i>	_____	_____	_____
___ <i>Compressor: E0574 Ultrasonic/Electronic Aerosol Generator with Small Volume Nebulizer</i>				
Accessories(HCPCS): ___A7014 ___ A7016				
Other accessories or options: _____				
Thick, tenacious secretions, who has cystic fibrosis, bronchiectasis, a tracheostomy, or a tracheobronchial stent ICD-10: _____(See Appendix A)				
Solution	HCPCS	Concentration	Frequency	Duration (D/W)
___ <i>acetylcystine</i>	<i>J7608</i>	_____	_____	_____
___ <i>Compressor: E0565 Compressor, air power source for equipment which is not self-contained or cylinder driven</i>				
___ <i>Compressor: E0572 Aerosol compressor, adjustable pressure, light duty for intermittent use</i>				
___ <i>Compressor: E0585 Nebulizer with compressor & heater (requires WOPD and F2F evaluation)</i>				
Accessories(HCPCS): ___ A4117 ___ A7006 ___A7014 ___A7018				
Other accessories or options: _____				

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___ HIV, Pneumocystosis or complications of organ transplant ICD-10: _____(See Appendix A)				
Solution	HCPCS	Concentration	Frequency	Duration (D/W)
___Acetylcysteine	J7608	_____	_____	_____
___Compressor: E0570 Small Volume Nebulizer (requires WOPD and F2F evaluation)				
Accessories(HCPCS): ___A7003 ___A7004 ___A7005 ___A7006___A7013 ___A7015 ___A7525				
Other accessories or options: _____				
Other _____ ICD-10: _____				
Solution	HCPCS	Concentration	Frequency	Duration (D/W)
_____	_____	_____	_____	_____
___Compressor: _____				
Other accessories or options: _____				

Signature, name, date ordered and NPI (if Written Order Prior to Delivery)

Signature: _____

Name (Printed): _____

Date (MM/DD/YYYY): _____ NPI: _____