



Nebulizer

Written Order Prior to Delivery

Fort Medical Equipment LLC

306 N. Washington Ave.

Ft. Atkinson, WI. 53538-1741

Phone: 920-568-9860

Fax: 872-469-1691

Order Date: _____

Patient Name: _____

Home Phone: _____

Date of Birth: _____

Cell Phone: _____

Diagnosis: _____ _____ _____

Duration: Lifetime (99) Other _____ months

Select all needed supplies.

- Nebulizer Small Volume - E0570
- Nebulizer Set Disposable - A7003 - 2/month
- Nebulizer Set Non Disposable - A7005 - 1/6 months
- Filter, Disposable used with Nebulizer - A7013 - 2/month
- Aerosol Mask - A7015 - 1/month

1. Please provide the Nebulizer Medication and Unit Dosage.

2. Is a Metered Dose Inhaler sufficient to adequately administer the inhalation drugs? Yes or No

If NO, please explain why the MDI was not sufficient.

PLEASE SUBMIT THIS FORM ALONG WITH A FACE TO FACE, AND CLINICAL NOTES, i.e. doctors, progress, and or nurses notes. The notes must include diagnosis and the need for the equipment. Also, it is required that the date/signature date of this form be the same or after the date on the Clinical Notes and Face to Face.

A small volume nebulizer (A7003, A7005), related compressor (E0570) are covered when:

- a. It is reasonable and necessary to administer albuterol (J7611, J7613), arformoterol (J7605), budesonide (J7626), cromolyn (J7631), formoterol (J7606), ipratropium (J7644), levalbuterol (J7612, J7614), or metaproterenol (J7669) for the management of obstructive pulmonary disease (Reference the ICD-10 Codes that Support Medical Necessity Group 8 Codes section for applicable diagnoses); or
- b. It is reasonable and necessary to administer dornase alpha (J7639) to a beneficiary with cystic fibrosis (Reference the ICD-10 Codes that Support Medical Necessity Group 9 Codes section for applicable diagnoses); or
- c. It is reasonable and necessary to administer tobramycin (J7682) to a beneficiary with cystic fibrosis or bronchiectasis (Reference the ICD-10 Codes that Support Medical Necessity Group 10 Codes section for applicable diagnoses); or
- d. It is reasonable and necessary to administer pentamidine (J2545) to a beneficiary with HIV, pneumocystosis, or complications of organ transplants (Reference the ICD-10 Codes that Support Medical Necessity Group 4 Codes section for applicable diagnoses); or
- e. It is reasonable and necessary to administer acetylcysteine (J7608) for persistent thick or tenacious pulmonary secretions (Reference the ICD-10 Codes that Support Medical Necessity Group 7 Codes section for applicable diagnoses).

If the criteria are not met, or proper documentation is not received the nebulizer and supplies will be denied as not medically necessary.

Physician Name: _____

NPI: _____

Physician Signature: _____

Date : _____

Physician Phone: _____

Fax: _____