

Nebulizer

Face-to-Face Documentation Requirements

Effective July 1, 2013

- **THE PATIENT'S MEDICAL RECORD MUST CONTAIN** sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered.
- A Physician, Physician Assistant (PA), Nurse Practitioner (NP), or Clinical Nurse Specialist (CNS) must have a Face-to-Face evaluation with the beneficiary prior to the written DME order and document the Face-to-Face evaluation in the patient's medical records.
- **THE FACE-TO-FACE EVALUATION MUST BE SIGNED BY THE ORDERING PHYSICIAN.**
- The Face-to-Face evaluation must occur during the six months prior to the written order for each item.

A detailed written order for the item must be received before the delivery of the item can take place and must include minimally the following information:

(See Face-to-Face quick reference guide)

- 1 Physician's Name
- 2 Prescriber's NPI
- 3 Beneficiary name
- 4 Start date of order (if different from the date of the order)
- 5 DME item ordered
- 6 Signature of prescriber
- 7 Date of prescriber's Signature

The image shows a sample DMEPOS order form for a nebulizer. The form is enclosed in a rectangular border. At the top right, there is a box for the prescriber's information: "John Doe, M.D., Any Town, USA, Phone: (555) 555-5555" (circled with a red line and labeled '1') and "NPI# 1234767890" (circled with a red line and labeled '2'). Below this, the beneficiary's information is listed: "Name: William Smith" (circled with a red line and labeled '3'), "Address: 555 My Street, Any Town" (circled with a red line), "Date: 01/01/2014" (circled with a red line and labeled '4'), and "Start Date: 01/02/2014" (circled with a red line). The center of the form features a large "Rx" symbol followed by the text: "Compressor/nebulizer for aerosolized medication delivery Albuterol 2.5 mgm tid via small volume nebulizer" (circled with a red line and labeled '5'). At the bottom, there is a section for "Refills:" (circled with a red line) and "Signature of Prescriber: John Doe, M.D." (circled with a red line and labeled '6'). Below the signature, it says "Signature Date: 01/01/2014" (circled with a red line and labeled '7') and "Name (Printed): John Doe, M.D.".

Additional requirements, if applicable:
Dosage or concentration • Route of administration
Frequency of use • Duration of infusion
Quantity to be dispensed • Number of refills

DOCUMENTATION IN MEDICAL RECORDS REQUIRED BY CMS

► Documentation Requirements

- Duration of patient's condition
- Clinical course
- Prognosis
- Nature and extent of functional limitations
- Other therapeutic interventions and results

► Key Items to Address

- Why does the patient require the item?
- Do the physical examination findings support the need for the item?
- Signs and symptoms that indicate the need for the item
- Diagnoses that are responsible for these signs and symptoms
- Other diagnoses that may relate to the need for the item

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▶ HCPCS code(s) affected include the following:

E0570: Nebulizer with compressor

▶ Coverage Criteria

Small volume nebulizer and related compressor - It is documented in the patient's medical record that:

- It is reasonable and necessary to administer albuterol, arformoterol, budesonide, cromolyn, formoterol, ipratropium, levalbuterol, or metaproterenol for the management of obstructive pulmonary disease (ICD-9 diagnosis codes 491.0 - 508.9); **or**
- It is reasonable and necessary to administer dornase alpha to a patient with cystic fibrosis (ICD-9 diagnosis code 277.02); **or**
- It is reasonable and necessary to administer tobramycin to a patient with cystic fibrosis or bronchiectasis (ICD-9 diagnosis code 277.02,494.0,494.1,748.61,011.50-011.56); **or**
- It is reasonable and necessary to administer pentamidine to a patient with HIV, pneumocytosis, or complications of organ transplants (ICD9 diagnosis codes 996.80-996.89); **or**
- It is reasonable and necessary to administer acetylcysteine for persistent thick or tenacious pulmonary secretions (ICD-9 diagnosis codes 480.0-508.9, 786.4)