



NEBULIZER AND NEBULIZING COMPRESSOR

Eligibility Assessment & Order Guidance Tool

- This guidance is based on requirements for **traditional Medicare Beneficiaries**. Although other insurers may have less or more stringent requirements, CMS policies serve as the reference standard. For questions, please call Valley Mission Homecare Pharmacy[†] at (509) 928-6400.

STEP 1: Verify the patient's medical condition meets Medicare coverage criteria – All below are REQUIRED and must be explicitly referenced in the clients chart record:

- ✦ Patient has a medical condition such as chronic obstructive pulmonary disease, asthma/reactive airway or acute bronchitis, making it reasonable and necessary to have a nebulizing compressor with related nebulizer[‡] to administer a qualifying FDA-approved inhalation medication (albuterol, ipratropium, budesonide etc.).
- ✦ Patient has been evaluated face-to-face considering the need for a nebulizing compressor and associated supplies/medications within the past 6 months and has a care plan for ongoing evaluation at least every 6 months.
- ✦ Patient has currently prescribed orders for FDA-approved nebulizing medications.
- ✦ If an administration face mask[§] is required, this need must be described in chart record and explicitly added to the order document (step 2 below).
- ✦ If the equipment is for a non-COPD and non-asthma condition such as cystic fibrosis, pneumocystosis or tenacious pulmonary secretions, or if the equipment will be used for the administration of sodium chloride for inhalation, appropriate evaluation and suitable chart documentation must be in the chart record.

STEP 2: Complete all sections of the Nebulizer with Nebulizing Compressor Detailed Written Order (see page 2).

STEP 3: Print and Fax the following documents to (509) 928-6441:

1. The most recent face-to-face visit summary pertaining to needs for a Nebulizer with Nebulizing Compressor. This must include documentation of required qualifications outlined in STEP 1 above.
2. Demographic face-sheet for the patient
3. The Nebulizing Compressor Detailed Written Order (on page 2)

[†] Valley Mission Homecare Pharmacy specializes in the provision of Durable Medical Equipment (DME) and Supplies to Medicare beneficiaries. Information provided here is intended solely to facilitate communication between the Ordering Provider and the DME Supplier to help ensure medical criteria are sufficient for presumptive coverage. This does NOT in any manner replace formal guidance located in the relevant Local Coverage Determination (LCD) specified by the Medicare Administrative Contractor.

[‡] The term "nebulizer" explicitly refers to the plastic nebulizing chamber and associated tubing. This is differentiated from the electrical "compressor" needed to provide the compressed air for the nebulizing chamber. Nebulizing compressors are commonly rented by insurers and are expected to last at least 5 years whereas the nebulizing chamber with tubing can be replaced periodically (up to monthly).

[§] A face mask is NOT standard with nebulizing administration sets. Due to patient safety concerns the need for a face mask should be separately assessed and must be ordered explicitly on the order form if indicated.

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NEBULIZER AND NEBULIZING COMPRESSOR

Detailed Written Order

Patient Information

Last Name	First Name	Middle Name	Date of Birth	
Physical Address		City	State	Zip Code
Billing Address (if different)		City	State	Zip Code

Prescriber Information

Last Name	First Name	Credential Type	NPI		
Practice Location Address		City	State	Zip Code	Tax ID
Practice Location Phone	Practice Location Fax	Supervising Provider Name and NPI if applicable			

Order Detail

Rx	<ul style="list-style-type: none"> ➤ E0570 NEBULIZER, WITH COMPRESSOR. This equipment is expected to improve the ability of the patient to complete Activities of Daily Living (ADLs) in the place of residence. ➤ A7003 ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE, with associated tubing to be replaced monthly as needed
Length of Need	
Diagnosis (ICD-10)	
Additional Instructions	

I certify that I am the ordering prescriber specified above and hereby attest that information on this page is true, accurate and complete to the best of my knowledge and that the patient has suitable medical criteria documented in his/her patient record indicating medical necessity for the items listed above. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil or criminal liability. The patient (and his/her caregivers, when applicable) is capable of using this equipment and has successfully completed or will be trained on the proper use of the products prescribed on this order.

Prescriber Signature	Date
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