



DETAILED WRITTEN ORDER

Homecare Dimensions

Document #: **09.DWO.HCD.07b**
Effective: **09/15/2009**

Rev.: **B**

Title: **Nebulizers and Related Compressors**
A7003, A7004, A7005, A7006, A7007, A7017, E0565, E0570, E0571, E0572, E0585, A4217

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Initial Date of Medical Necessity: _____

Patient Name: _____ Medicare #: _____

Address: _____ City: _____ ST: _____ Zip Code _____

Phone #: _____ Cell #: _____ DOB: _____

Email: _____ Length of Need: _____ (99 = Lifetime)
Note: LON less than 99, New Rx required every 12 months.

Diagnosis Code: _____

Medical records: The patient's medical record, **to be supplied with this order**, must contain sufficient documentation of the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement (if applicable).

The Medical Records will need to document that **one of** the following coverage criteria are met:
It is medically necessary to administer albuterol, budesonide, cromolyn, ipratropium, levalbuterol, or metaproterenol for the management of obstructive pulmonary disease; **or**
It is medically necessary to administer formoterol or arformoterol for the management of chronic obstructive pulmonary disease and the patient has a documented history of routine use of at least four doses per day of an FDA-approved albuterol or metaproterenol inhalation solution or at least three doses per day of an FDA-approved levalbuterol inhalation solution; **or**
It is medically necessary to administer dornase alpha to a patient with cystic fibrosis; **or**
It is medically necessary to administer tobramycin to a patient with cystic fibrosis or bronchiectasis; **or**
It is medically necessary to administer pentamidine to a patient with HIV, pneumocystosis, or complications of organ transplants; **or**
It is medically necessary to administer acetylcysteine for persistent thick or tenacious pulmonary secretions.

Equipment Ordered: All nebulizers and accessories are billed using the specific codes listed in the Local Coverage Determination.

ORDERED	CODE	DETAILED DESCRIPTION OF ORDERED ITEMS
	E0565	Compressor, air power source for equipment which is not self- contained or cylinder driven
	E0570	Nebulizer, with compressor
	E0571	Aerosol compressor, battery powered, for use with small volume nebulizer
	E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use
	E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer
	E0575	Nebulizer, ultrasonic, large volume
	E0585	Nebulizer, with compressor and heater
	K0730	Nebulizer, with compressor

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Inhalation Drug and Solution Ordered: All inhalation drugs and accessories must be provide in one of the format below:

Name and Concentration of the drug dispensed and volume of solution in each container:

(Example: Cromolyn 20 mg/2ml)

Name of the drug and the number of milligrams/grams of drugs in the solution and volume of solution:

(Example: Albuterol 2.5 mg and Cromolyn 20 mg in 3 ml saline)

Amount of solution and frequency of use:

(Example: 3 ml PIQ and PRN max 6 doses/24hr)

Treating Physician Signature: _____

Date: _____

Treating Physician Name: _____

NPI: _____

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Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

Ordering Large Volume Nebulizer (A7007, A7017) and Compressor (E0565, E0572), Combination Nebulizer and Compressor (E0585) and Water or Saline (A4217, A7018): The Medical Records will need to document that it is medically necessary to deliver humidity to a patient with thick, tenacious secretions due to:

- Cystic Fibrosis (277.02)
- Bronchiectasis (011.50-011.56, 494.0, 494.1, 748.61)
- Tracheostomy (v44.0, v55.0)
- Tracheobronchial stent (519.19)

Ordering Filtered Nebulizer (A7006) and Compressor (E0565, E0572):

Medical records supports the medical necessity to deliver pentamidine (J2545) to patients with:
 HIV (042)
 Pneumocystosis (163.3)

DRUG	COVERED CONDITION	DIAGNOSIS CODE
Albuterol, Budesonide Cromolyn, Ipratropium Levalbuterol, Metaproterenol	Obstructive pulmonary disease	491.0 – 508.9
Formoterol, Arformoterol	Chronic obstructive pulmonary disease	491.0 – 492.8, 496
Dornase alpha	Cystic fibrosis	277.02
Tobramycin	Cystic fibrosis or Bronchiectasis	277.02, 494.0 – 494.1, 748.61, 011.50-011.56
Pentamidine	HIV or Pneumocystosis or Complications of organ transplant	042, 136.3, 996.80-996.86
Acetylcysteine	Persistent thick or tenacious pulmonary secretions	480.0-508.9

Complications of organ transplant (996.80-996.89)

Accessories: Accessories are separately payable if the related aerosol compressor and the individual accessories are medically necessary.

CODE	RELATED ACCESSORIES
E0565	A4619, A7006, A7007, A7010, A7011, A7012, A7013, A7014, A7015, A7017, A7525, E1372
E0570	A7003, A7004, A7005, A7006, A7013, A7015, A7525
E0571	A7003, A7004, A7005, A7006, A7013, A7015, A7525
E0572	A7006, A7014
E0574	A7014, A7016
E0585	A4619, A7006, A7010, A7011, A7012, A7013, A7014, A7015, A7525
K0730	A7005

The following table lists the usual maximum frequency of replacement for accessories. Claims for more than the usual maximum replacement amount will be denied as not medically necessary.



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ACCESSORY	USUAL MAXIMUM REPLACEMENT		
A4619	One/month	A7012	Two/month
A7003	Two/month	A7013	Two/month
A7004	Two/month (in addition to A7003)	A7014	One/3 months
A7005	One/6 months	A7015	One/month
A7005	One/3 months only with K0730	A7016	Two/year
A7006	One/month	A7017	One/3 years
A7007	Two/month	A7525	One/month
A7010	One unit (100 ft.) / 2 months	E1372	One/3 years
A7011	One/year		

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