



Nebulizer
Written Order Prior to Delivery

Prism Health Care Services, Inc.
1337 Basswood Road
Schaumburg, IL 60173-4536
Phone: 847-310-4730
Fax: 872-469-1673

Order Date: _____

Patient Name: _____

Home Phone: _____

Date of Birth: _____

Cell Phone: _____

Diagnosis: 1 _____ 2 _____ 3 _____

Nebulizer and Supplies

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

Required Medication Information

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.

Coverage Criteria

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
- 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: _____

I certify that I am the treating physician identified on this form. Any statement on my letterhead attached here to, has been reviewed and signed by me. I certify that the medical necessity information on this form is true, accurate and complete, to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability.