

# Medicare Nebulizer Requirements

## **IMPORTANT: Coverage Criteria must be met (*see below*).**

In the nebulizer LCD L33370 under inhalation drugs and solutions, it states "Albuterol, levalbuterol, or metaproterenol is covered if it is used as a rescue/supplemental medication in addition to the long-acting beta-adrenergic agonist drug, formoterol or arformoterol". Meaning, if the only drug being administered through the nebulizer is Albuterol, Levalbuterol or Metaproterenol used as a rescue medication, it wouldn't meet nebulizer coverage criteria.

## **Detailed Written Order (DWO) or Prescription**

- ✓ Date of order and start date (if different from the date of order)
- ✓ Beneficiary name (last and first name)
- ✓ Beneficiary date of birth
- ✓ ICD-10 numeric diagnosis code (see attached list for qualifying DX)
- ✓ Item(s) to be dispensed
  - Ex 1: E0570 Nebulizer Compressor
    - A7005 Nebulizer Cup and Tubing
    - A7015 Nebulizer Mask
  - Ex 2. Nebulizer Compressor Kit with Reusable Cup and Tubing
- ✓ Frequency of use
  - Ex 1. Twice a day (BID)
  - Ex 2. Every 4 hours (Q4)
- ✓ Length of Need
  - Ex. 99 for lifetime
- ✓ Quantity to be dispensed
- ✓ Number of refills (if applicable)
- ✓ Physician must be PECOS Certified
- ✓ Physician name (include NPI number if available)
- ✓ Physician signature and signature date (signature date must be prior to the date dispensed or date dispensed)

## **Face-to-Face Examination (F2F) Office Visit Note**

- ✓ Must be physically or electronically signed.
- ✓ Treating physician must have an in-person exam with the beneficiary within six months prior to WOPD.
- ✓ Exam documents that the beneficiary was evaluated/treated for a condition that supports the need for an item.
- ✓ Date of F2F must be on or before the date of a written order and no more than six months prior to a written order.
- ✓ Date of F2F must be on or before the date of delivery.
- ✓ Date stamp indicating supplier's date of receipt of F2F on or before the date of delivery.
- ✓ Patient medication and past history list

## **Delivery Ticket**

- ✓ Need to be completed in its entirety
- ✓ Patient Signature and date of received