



Written Order Prior to Delivery

Phone: 586-778-2500

Fax: 866-565-5190

Nebulizer

Per Medicare requirements, a **SIGNED PHYSICIAN'S ORDER** is required **PRIOR TO** delivery. Please answer all questions below and return to Renaissance Medical. In addition, please make sure a signed copy is kept in your patient's file.

Patient Full Name: _____ **Date of Birth:** _____

Address City/St/Zip: _____

Medicare # _____ **Other Ins Type & #** _____

Referring Facility/Name: _____ **Contact Name:** _____

Deliver To: Facility Home **Requested Delivery Date:** _____ **Approx Time:** _____

Length of Need (Months) (99=Lifetime): _____ **Discharge Date:** _____

Diagnosis(es) that qualify the need of item delivered: _____

NEBULIZER COMPRESSOR E0570

Replacement Neb Kit (A7003) Qty: _____

Frequency: BID TID

Aerosol Mask for Neb Kit (A7005) Qty: _____

QID Q4H

Medication to be dispensed by pharmacy (order separately)

Albuterol Sulfate 0.83%

Ipratropium Bromide 0.20%

Cromolyn 20mg/2ml

Other: _____

A small volume nebulizer (A7003, A7004, A7005), related compressor (E0570) and FDA-approved inhalation solutions of the drugs listed below 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 management of obstructive pulmonary disease (Reference ICD-9 Codes that Support Medical Necessity Group 8 Codes section for applicable ICD-9 diagnoses); or
- b. It is reasonable and necessary to administer dornase alpha (J7639) to a beneficiary with cystic fibrosis (Reference ICD-9 Codes that Support Medical Necessity Group 9 Codes section for applicable ICD-9 diagnoses); or
- c. It is reasonable and necessary to administer tobramycin (J7682) to a beneficiary with cystic fibrosis or bronchiectasis (Reference ICD-9 Codes that Support Medical Necessity Group 10 Codes section for applicable ICD-9 diagnoses); or
- d. It is reasonable and necessary to administer pentamidine (J2545) to a beneficiary with HIV, pneumocystosis, or complications of organ transplants (Reference ICD-9 Codes that Support Medical Necessity Group 4 Codes section for applicable ICD-9 diagnoses); or
- e. It is reasonable and necessary to administer acetylcysteine (J7608) for persistent thick or tenacious pulmonary secretions ((Reference ICD-9 Codes that Support Medical Necessity Group 7 Codes section for applicable ICD-9 diagnoses).

Ordering Physician, PA, or Nurse Practitioner Name (Please Print): _____

Ordering Physician, PA, or Nurse Practitioner Signature: _____ **Date:** ____/____/____

NPI: _____

Please Fax This Page with Patient Demographics To: 1•866•565•5190