

Use of this template is voluntary / optional

External Infusion Pump

F2F Encounter Template Guidance

Purpose

This template is designed to assist a physician/Non-Physician Practitioner (NPP)¹ meet Medicare coverage requirements in documenting a Face-to-Face (F2F) Encounter for an E0784 (external ambulatory infusion pump). Medicare requires that a F2F encounter occur within 6-months prior to ordering an E0784 and prior to completion of a Written Order Prior to Delivery (WOPD). The F2F documentation must confirm the diagnosis / medical condition supporting the need of insulin to be delivered subcutaneously by an external ambulatory infusion pump (E0784).

This template is also appropriate to use to document an in-person evaluation when the visit necessitates ordering other external infusion pumps and prior to completion of a Detailed Written Order (DWO).

This template may also be used as a progress note in documenting an in-person evaluation when the assessment concludes there is an indication to order a specific drug(s) necessitating that the delivery is provided using a specific external infusion pump other than the E0784. The medical record documentation must confirm the patient's diagnosis and clinical presentation in support of delivering a Medicare covered drug using an appropriate external infusion pump.

Completing the External Infusion Pump F2F Order Template does not guarantee eligibility and coverage, but it does provide guidance in support of external infusion services ordered and billed to Medicare. Where appropriate, this template may be used with the External Infusion Pump Order Template and External Insulin Infusion Pump Laboratory Test Results Template.

Patient Eligibility

Eligibility for coverage of external infusion therapy under Medicare requires a physician/NPP to establish that coverage criteria are met. This helps to ensure the external infusion pump, related drugs, and supplies to be provided are consistent with the physician's prescription and supported in the documentation of the patient's medical record.

The physician/NPP must document that the patient has a substantiated diagnosis supporting the need for use of an external infusion pump to deliver a Medicare covered drug indicated for the treatment of their medical condition. The following National Coverage Determination (NCD – 280.14) and the Local Coverage Determination (LCD L33794) provide coverage criteria for external infusion pumps, related supplies and Medicare covered drugs.

Covered diagnosis/indications may include: (See Appendix A for further details)

- Iron Poisoning / Chronic Iron Overload
- Primary Immunodeficiency

¹ A Medicare allowed NPP is defined as a nurse practitioner, clinical nurse specialist, or physician assistant (as those terms are defined in section 1861 (aa) (5) of the Social Security Act) who is working in accordance with State law.

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- Hypercalcemia
- Parkinson's disease
- Acute lymphoblastic leukemia
- Chemotherapy for treatment of primary hepatocellular carcinoma or colorectal cancer where the disease is unresectable or where the beneficiary refuses surgical excision.
- Intractable Pain caused by cancer
- Continuous Subcutaneous Insulin Infusion (CSII) Pumps
- Pulmonary hypertension
- Stage D heart failure - inotropic therapy
- Anti-viral (Those covered by Medicare)
- Anti-fungal

Who can complete the External Infusion Pump F2F encounter template?

Physician/NPP who performs an F2F Encounter, (within 6 months prior to completion of a WOPD for the external ambulatory infusion pump to deliver insulin subcutaneously), or an in-person evaluation, (prior to completing a DWO for all other external infusion pumps, supplies, and Medicare covered drugs), of the patient's medical condition indicating and supporting the need for use of an external infusion pump, related Medicare covered drugs, and supplies.

Note: If this template is used:

- 1) CDEs in black Calibri are required
- 2) CDEs in *burnt orange Italics Calibri* are required if the condition is met
- 3) CDEs in blue Times New Roman are recommended but not required

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External Infusion Pump Face-to-Face Encounter Template	
Patient information:	
Last name: _____ First name: _____ MI: _____	
DOB (MM/DD/YYYY): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other Medicare ID: _____	
Provider (physician/NPP) who performed the face-to-face evaluation if different than signing provider:	
<i>Last name: _____ First name: _____ MI: _____ Suffix: _____</i>	
<i>NPI: _____ Date of face-to-face evaluation (MM/DD/YYYY): _____</i>	
Is this a face-to-face encounter for the evaluation of a patient's need of a Continuous Subcutaneous Insulin Infusion (CSII) Pump? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If not, is this an in-person encounter for the evaluation of the patient's need for an external infusion pump for drugs other than CSII? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>	
<i>If No, purpose of the encounter: _____</i>	
Patient medical condition / diagnoses:	
<input type="checkbox"/> Treatment of diabetes	ICD-10: _____ (see Appendix C)
<input type="checkbox"/> Immunodeficiency	ICD-10: _____ (D80.0-D83.9, see Appendix B)
<input type="checkbox"/> Pulmonary hypertension	ICD-10: _____
<input type="checkbox"/> Hypercalcemia	ICD-10: <u>E83.52</u>
<input type="checkbox"/> Parkinson's disease	ICD-10: <u>G20</u>
<input type="checkbox"/> Acute lymphoblastic leukemia, in relapse	ICD-10: <u>C91.02</u>
<input type="checkbox"/> Chronic iron overload	ICD-10: _____
<input type="checkbox"/> Intractable/chronic pain	ICD-10: _____
<input type="checkbox"/> Chemotherapy	ICD-10: _____
<input type="checkbox"/> Stage D heart failure - inotropic therapy	ICD-10: _____
<input type="checkbox"/> Anti-viral	ICD-10: _____
<input type="checkbox"/> Anti-fungal	ICD-10: _____
Other _____	
Other _____	
Other _____	
Requirement for an external infusion pump for a Continuous Subcutaneous Insulin Infusion (CSII) Pump:	
<i>CSII Requirements:</i>	
<input type="checkbox"/> <i>Patient is beta cell autoantibody positive</i>	
<input type="checkbox"/> <i>Patient is insulinopenic based on:</i>	
<input type="checkbox"/> <i>a fasting C-peptide level that is less than or equal to 110% of the lower limit of normal of the laboratory's measurement method, and/or</i>	
<input type="checkbox"/> <i>patient has renal insufficiency (as documented in the medical record) and creatinine clearance ≤50 ml/minute, and a fasting C-peptide level that is less than or equal to 200% of the lower limit of normal of the laboratory's measurement method.</i>	
<input type="checkbox"/> <i>A fasting blood sugar obtained at the same time as the C-peptide level is less than or equal to 225 mg/dL. (required)</i>	
<i>Creatine clearance: _____ ml/min; C-peptide: _____ ng/ml; Lab lower limit: _____ ng/ml</i>	

Requirement for an external infusion pump for a Continuous Subcutaneous Insulin Infusion (CSII) Pump
(continued) *Criteria A:*

___ *The patient has completed a comprehensive diabetes education program, and has been on a program of multiple daily injections of insulin (i.e., at least 3 injections per day), with frequent self-adjustments of insulin doses for at least 6 months prior to initiation of the insulin pump, and has documented frequency of glucose self-testing an average of at least 4 times per day during the 2 months prior to initiation of the insulin pump, and meets one or more of the following criteria while on the multiple daily injection regimen*

___ *Glycosylated hemoglobin level (HbA1c) >7.0%, history of recurring hypoglycemia, wide fluctuations in blood glucose before mealtime, and dawn phenomenon with fasting blood sugars frequently exceeding 200 mg/dl; or*

___ *history of severe glycemic excursions.*

HbA1c: _____ %

Criteria B:

___ *The patient has diabetes and has been on a pump prior to enrollment in Medicare and has documented frequency of glucose self-testing an average of at least 4 times per day during the month prior to Medicare enrollment*

Requirement for an external infusion pump for other than CSII (check all that apply):

___ *Parenteral administration of the drug in the home is reasonable and necessary*

___ *An infusion pump is necessary to safely administer the drug*

Criteria 1:

___ *The drug is administered by a prolonged infusion of at least 8 hours because of proven improved clinical efficacy*

___ *The therapeutic regimen is proven or generally accepted to have significant advantages over intermittent bolus administration regimens or infusions lasting less than 8 hours*

Criteria 2:

___ *The drug is administered by intermittent infusion (each episode of infusion lasting less than 8 hours) which does not require the beneficiary to return to the physician's office prior to the beginning of each infusion*

___ *Systemic toxicity or adverse effects of the drug are unavoidable without infusing it at a strictly controlled rate as indicated in the Physician's Desk Reference, or the U.S. Pharmacopeia Drug Information*

Note: See Appendix A for coverage requirements for medical conditions and drugs that are administered by external infusion pumps

Chief complaint / history of present illness and associated signs / symptoms: _____

Related past medical / surgical history: _____

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Medications (Status: N=New, C=Current, M=Modified, D=Discontinued)					
RxNorm	Description	Dose	Frequency	Route	Status
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Other medications					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Allergies (Include RxNorm if known)			
RxNorm	Description	RxNorm	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Review of systems (Significant as per history of present problem and need for an External Infusion Pump):	
General:	___ weight gain, ___ weight loss, ___ sleeping problems, ___ fatigue, ___ fever, ___ chills, ___ night sweats / diaphoresis ___ other: _____
Skin:	___ pressure ulcers, ___ rashes, ___ changes in nails/hair, ___ eczema, ___ pruritus, ___ other: _____
Lymphatic:	___ swollen glands/masses: ___ in the neck, ___ axilla, ___ groin, ___ other: _____
Head:	___ fainting, ___ dizziness, ___ headaches, ___ other: _____
Eyes:	___ diplopia, ___ glasses/contact lenses, ___ redness/discharge, ___ blurred vision, ___ glaucoma, ___ cataracts, ___ other: _____
Ears:	___ tinnitus, ___ discharge, ___ hearing loss, ___ other: _____
Nose:	___ epistaxis, ___ sinus infections, ___ discharge, ___ polyps, ___ other: _____
Oral:	___ dysphagia, ___ hoarseness, ___ teeth/dentures, ___ other: _____
Neck:	___ lumps, ___ pain on movement ___ other: _____

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Breast:	___ masses/tumors, ___ tenderness, ___ discharge, ___ gynecomastia, ___ other:
Pulmonary:	___ cough, ___ shortness of breath, ___ pain, ___ wheezing, ___ hemoptysis, ___ sputum production ___ other:
Cardiac:	___ chest pain, ___ palpitations, ___ orthopnea, ___ murmur, ___ syncope ___ other:
Vascular:	___ edema, ___ claudication, ___ varicose veins, ___ thrombophlebitis, ___ ulcers ___ other:
Gastrointestinal:	___ swallowing problems, ___ abdominal pain, ___ constipation, ___ diarrhea, ___ incontinence, ___ nausea, ___ vomiting, ___ ulcers, ___ melena, ___ rectal bleeding, ___ jaundice, ___ heartburn, ___ hematemesis ___ other:
Renal:	___ dysuria, ___ frequency, ___ urgency, ___ hesitation, ___ flank pain, ___ hematuria, ___ incontinence, ___ nocturia, ___ polyuria, ___ other:
Musculoskeletal:	___ pain, ___ swelling, ___ stiffness, ___ limitation of range of motion, ___ arthritis ___ gout, ___ cramps, ___ myalgia, ___ fasciculation, ___ atrophy, ___ fracture, ___ deformity, ___ weakness, ___ other:
Neurologic:	___ seizures, ___ poor memory, ___ poor concentration, ___ numbness / tingling, ___ pins and needles sensation, ___ hyperpathia, ___ dysesthesia, ___ weakness, ___ paralysis, ___ tremors, ___ involuntary movements, ___ unstable gait, ___ fall, ___ vertigo, ___ headache, ___ stroke, ___ speech disorders ___ other:
Psychiatric:	___ hallucinations, ___ delusions, ___ anxiety, ___ nervous breakdown, ___ mood changes ___ other:
Hematology:	___ anemia, ___ bruising, ___ bleeding disorders (conditional) ___ other:
Endocrine:	___ heat or cold intolerance, ___ diabetes, ___ lipid disorders, ___ goiter ___ other:
Other:	_____

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Physical examination:

Vital signs: T=_____P=_____R=_____BP=_____/_____Height=_____Weight=_____

General appearance:_____

Head and neck:_____

Chest / lungs:_____

Cardiovascular:_____

Abdominal:_____

Musculoskeletal / extremities:_____

Neurological:_____

Psychiatric:_____

Visual Exam:_____

Other:_____

Physician/NPP assessment / summary:_____

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Treatment plan:

Injectable drugs (by medical condition):

Drug (unit dose)	HCPCS	Route	Conc.	Volume	Duration	Freq.	Qty/Refills
___ Treatment of diabetes							
___ <i>Insulin (50 units)</i>	<i>J1817</i>	___	___	___	___	___	___
___ Immunodeficiency							
___ <i>Hizentra (100 mg)</i>	<i>J1559</i>	___	___	___	___	___	___
___ <i>Gamunex-C (500 mg)</i>	<i>J1561</i>	___	___	___	___	___	___
___ <i>Vivaglobin (100 mg)</i>	<i>J1562</i>	___	___	___	___	___	___
___ <i>Gammagard (500 mg)</i>	<i>J1569</i>	___	___	___	___	___	___
___ <i>Hyqvia (100 mg)</i>	<i>J1575</i>	___	___	___	___	___	___
___ Pulmonary hypertension							
___ <i>Epoprostenol (0.5 mg)</i>	<i>J1325</i>	___	___	___	___	___	___
___ <i>Treprostinil (1 mg)</i>	<i>J3285</i>	___	___	___	___	___	___
___ Hypercalcemia							
___ <i>Gallium Nitrate (1 mg)</i>	<i>J1457</i>	___	___	___	___	___	___
___ Parkinson's disease							
___ <i>Carbidopa (5 mg)/ Levodopa (20 mg)</i>	<i>J7340</i>	___	___	___	___	___	___
___ Acute lymphoblastic leukemia, in relapse							
___ <i>Blinatumomab (1 ug)</i>	<i>J9039</i>	___	___	___	___	___	___
___ Chronic iron overload							
___ <i>Deferoxamine Mesylate (500 mg)</i>	<i>J0895</i>	___	___	___	___	___	___
___ Intractable/chronic pain							
___ <i>Fentanyl citrate (0.1 mg)</i>	<i>J3010</i>	___	___	___	___	___	___
___ <i>Ziconotide (1 ug)</i>	<i>J2278</i>	___	___	___	___	___	___
___ <i>Hydromorphone (up to 4 mg)</i>	<i>J1170</i>	___	___	___	___	___	___
___ <i>Morphine sulfate (up to 10 mg)</i>	<i>J2270</i>	___	___	___	___	___	___
___ <i>Morphine sulfate preservative free (10 mg)</i>	<i>J2274</i>	___	___	___	___	___	___
___ <i>Fentanyl citrate (0.1 mg)</i>	<i>J3010</i>	___	___	___	___	___	___
___ <i>Meperidine Hydrochloride (100 mg)</i>	<i>J2175</i>	___	___	___	___	___	___

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Drug (unit dose)	HCPCS	Route	Conc.	Volume	Duration	Freq.	Qty/Refills
Chemotherapy							
___ <i>Cladribine (1 mg)</i>	<i>J9065</i>	_____	_____	_____	_____	_____	_____
___ <i>Fluorouracil (500 mg)</i>	<i>J9190</i>	_____	_____	_____	_____	_____	_____
___ <i>Cytarabine (100 mg)</i>	<i>J9100</i>	_____	_____	_____	_____	_____	_____
___ <i>Bleomycin Sulfate (15 units)</i>	<i>J9040</i>	_____	_____	_____	_____	_____	_____
___ <i>Fluoxuridine (500 mg)</i>	<i>J9200</i>	_____	_____	_____	_____	_____	_____
___ <i>Doxorubicin Hydrochloride (10 mg)</i>	<i>J9000</i>	_____	_____	_____	_____	_____	_____
___ <i>Vincristine Sulfate (1 mg)</i>	<i>J9370</i>	_____	_____	_____	_____	_____	_____
___ <i>Vinblastine Sulfate (1 mg)</i>	<i>J9360</i>	_____	_____	_____	_____	_____	_____
Stage D heart failure - inotropic therapy							
___ <i>Dobutamine Hydrochloride (250 mg)</i>	<i>J1250</i>	_____	_____	_____	_____	_____	_____
___ <i>Dopamine HCL (40 mg)</i>	<i>J1265</i>	_____	_____	_____	_____	_____	_____
___ <i>Milrinone Lactate (5 mg)</i>	<i>J2260</i>	_____	_____	_____	_____	_____	_____
Anti-viral							
___ <i>Acyclovir (5 mg)</i>	<i>J0133</i>	_____	_____	_____	_____	_____	_____
___ <i>Foscarnet sodium (1000 mg)</i>	<i>J1455</i>	_____	_____	_____	_____	_____	_____
___ <i>Ganciclovir Sodium (500 mg)</i>	<i>J1570</i>	_____	_____	_____	_____	_____	_____
Anti-fungal							
___ <i>Amphotericin B (50 mg)</i>	<i>J0285</i>	_____	_____	_____	_____	_____	_____
___ <i>Amphotericin B lipid complex (10 mg)</i>	<i>J0287</i>	_____	_____	_____	_____	_____	_____
___ <i>Amphotericin B cholesteryl sulfate Complex (10 mg)</i>	<i>J0288</i>	_____	_____	_____	_____	_____	_____
___ <i>Amphotericin B Liposome (10 mg)</i>	<i>J0289</i>	_____	_____	_____	_____	_____	_____
Other							
Drug (unit dose)	HCPCS	Route	Conc.	Volume	Duration	Freq.	Qty/Refills
___ <i>NOC DME injection drugs</i>	<i>J7799</i>	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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Order external infusion pump based on medical condition / diagnosis and drug(s) (see Appendices A-E for details):

External Infusion Pump

___ *K0455 - Infusion pump used for uninterrupted parenteral administration*

___ *E0784 - External ambulatory infusion pump for insulin (requires WOPD and F2F evaluation)*

___ *E0779 - External ambulatory infusion pump for 8 hour or greater infusions*

___ *E0781 - Single or Multi-channel pump worn by patient for J1575 only*

___ *E0779 - External ambulatory infusion pump for 8 hour or greater infusions*

___ *E0780 - External ambulatory infusion pump for infusions less than 8 hours*

___ *E0781 - Single or Multi-channel pump worn by patient*

___ *E0791 - Parenteral infusion pump, stationary, single or multi-channel*

___ *E0791 - Parenteral infusion pump, stationary, single or multi-channel*

___ *E0776 - IV Pole (for use with E0791 only)*

___ *Other - _____*

___ *Other - _____*

Other Orders:

Medications (other drugs): _____

Supplies: _____

Investigations (Diagnostic Testing): _____

Consults: _____

Other: _____

Signature, Name, Date and NPI of physician or NPP

Signature: _____

Name (Printed): _____

Date (MM/DD/YYYY): _____ NPI: _____