Purpose
This template has been designed to assist a physician/Non-Physician Practitioner (NPP)\(^1\) in documenting a Face-to-Face (F2F) encounter for a nebulizer, related compressor, accessories, and FDA-approved drug for Medicare beneficiary eligibility and payment under Medicare.

This template is available to the clinician and can be kept on file with the patient’s medical record or can be used to develop a F2F/progress note template for use with the system containing the patient’s electronic medical record.

Which nebulizers require a F2F encounter?
A F2F encounter, as required by Medicare for the following Nebulizers devices:

- E0570 - Nebulizer with compressor
- E0575 - Nebulizer, ultrasonic, large volume
- E0580 - Nebulizer, durable, glass or autoclavable plastic, bottle type, for the use with regulator or flowmeter
- E0585 - Nebulizer with compressor & heater
- K0730 - Controlled dose inhalation drug delivery system

These devices can be found listed in the Durable Medical Equipment DME Medicare Administrative Contractor (MAC) Local Coverage Determination (LCD)\(^2\).

The F2F Encounter must be completed within a 6-month timeframe prior to completion of the Written Order Prior to Delivery (WOPD) that starts the use of Nebulizer inhalation therapy for the treatment of a Medicare beneficiary’s diagnosed pulmonary condition.

Patient eligibility
Eligibility for coverage of nebulizer devices, related compressors, accessories, and FDA-approved inhalation drugs under Medicare requires a physician/NPP to establish that coverage criteria are met. This helps to ensure the nebulizer device, compressor, accessories, and FDA-approved inhalation drugs to be provided are consistent with the practitioner’s prescription and supported in the documentation of the patient’s medical record.

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\(^1\) A Medicare allowed NPP as defined is 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.

\(^2\) LCD: NEBULIZERS (L33370) [https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33370&ver=14&SearchType=Advanced&CoverageSelection=Local&ArticleType=SAD%7cEd&PolicyType=Both&s=All&CnttrType=10&KeyWord=nebulizers&KeyWordLookUp=Doc&KeyWordSearchType=Exact&qk=true&bc=AAAACAAAAAAA%3d%3d&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33370&ver=14&SearchType=Advanced&CoverageSelection=Local&ArticleType=SAD%7cEd&PolicyType=Both&s=All&CnttrType=10&KeyWord=nebulizers&KeyWordLookUp=Doc&KeyWordSearchType=Exact&qk=true&bc=AAAACAAAAAAA%3d%3d&)

Nebulizer F2F Encounter Template Draft R1.0a 4/30/2018
The physician/NPP must document that the patient has a confirmed diagnosis supporting the need for use of a Nebulizer, related compressor, accessories and FDA-approved inhalation drugs indicated for the treatment of the patient’s pulmonary condition.

National Coverage Determination (NCD) 200.2, Nebulized Beta Adrenergic Agonist Therapy for Lung Disease, initially effective September 10, 2007 and revised September 04, 2014 upon Implementation of ICD-10, provided the following statement regarding coverage. (Note: Items in italics are quotations.)

*Lung diseases such as chronic obstructive pulmonary disease (COPD) and asthma are characterized by airflow limitation that may be partially or completely reversible. Pharmacologic treatment with bronchodilators is used to prevent and/or control daily symptoms that may cause disability for persons with these diseases. These medications are intended to improve the movement of air into and from the lungs by relaxing and dilating the bronchial passageways. Beta adrenergic agonists are a commonly prescribed class of bronchodilator drug. They can be administered via nebulizer, metered dose inhaler, orally, or dry powdered inhaler.*

*Nebulized beta adrenergic agonist with racemic albuterol has been used for many years. More recently, levalbuterol, the (R) enantiomer of racemic albuterol, has been used in some patient populations. There are concerns regarding the appropriate use of nebulized beta adrenergic agonist therapy for lung disease.*

**Who can complete the Nebulizer F2F Encounter Template?**

Physician or allowed NPP who performs a F2F Encounter for the Nebulizer device, related compressor, accessories and FDA-approved inhalation drugs.

Note: If the Nebulizer F2F Encounter 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

Version R1.0a
Nebulizer Face-to-Face Encounter Template

Patient information:
Last name: ___________________________ First name: ___________________________ MI: ______
DOB (MM/DD/YYYY): ____________ Gender: ___M ___F ___Other Medicare ID: ________________

Provider (physician/NPP) who performed the face-to-face evaluation if different than signing provider:
Last name: ___________________________ First name: ___________________________ MI: ______ Suffix: ______
NPI: ________________ Date of face-to-face evaluation (MM/DD/YYYY): ______________________

Is this a face-to-face encounter for the evaluation of the patient’s need for a nebulizer and inhalant solutions?____Yes ____No

If No, purpose of the encounter:

Primary and Secondary diagnosis (to support need for nebulizer): indicate Primary (P) and, where appropriate, Secondary (S):

___ Obstructive Pulmonary Disease  ___ Cystic Fibrosis  ___ Bronchiectasis 2°
___ Pulmonary Artery Hypertension  ___ HIV, Pneumocystosis or complications of organ transplant
___ Persistent thick or tenacious pulmonary secretions
___ Thick, tenacious secretions with cystic fibrosis, bronchiectasis, a tracheostomy, or a tracheobronchial stent
___ Other: ____________________________________________________________

Chief complaint / history of present illness and associated signs / symptoms: ____________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Related past medical / surgical history: _______________________________________________________
________________________________________________________________________________________

Medications (Status: N=New, C=Current, M=Modified, D=Discontinued)

<table>
<thead>
<tr>
<th>RxNorm</th>
<th>Description</th>
<th>Dose</th>
<th>Frequency</th>
<th>Route</th>
<th>Status</th>
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Other medications
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<th>Allergies (Include RxNorm if known)</th>
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Review of systems (Significant as per history of present problem and Nebulizer need):

**General:**  
- weight gain,
- weight loss,
- sleeping problems,
- fatigue,
- fever,
- chills,
- night sweats / diaphoresis

**Neck:**  
- lumps,
- pain on movement

**Pulmonary:**  
- cough,
- shortness of breath,
- pain,
- wheezing,
- hemoptysis,
- sputum production

**Cardiac:**  
- chest pain,
- palpitations,
- orthopnea,
- murmur,
- syncope

**Vascular:**  
- edema,
- claudication,
- varicose veins,
- thrombophlebitis,
- ulcers

**Gastrointestinal:**  
- swallowing problems,
- abdominal pain,
- constipation,
- diarrhea,
- incontinence,
- nausea,
- vomiting,
- ulcers,
- melena,
- rectal bleeding,
- jaundice,
- heartburn,
- hematemesis

**Musculoskeletal:**  
- pain,
- swelling,
- stiffness,
- limitation of range of motion,
- arthritis,
- gout,
- cramps,
- myalgia,
- fasciculation,
- atrophy,
- fracture,
- deformity,
- weakness

**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

**Psychiatric:**  
- hallucinations,
- delusions,
- anxiety,
- nervous breakdown,
- mood changes

**Hematology:**  
- anemia,
- bruising,
- bleeding disorders (conditional)

**Endocrine:**  
- heat or cold intolerance,
- diabetes,
- lipid disorders,
- goiter

**Other:**
Physical examination:

Vital signs: T=_______ P=_______ R=_______ BP=_____/_______ Height=_______ Weight=_______
O2 Sat:_______ (RA at Rest) O2 Sat:_______ (with supplemental O2 at _____ LPM)

General appearance:_________________________________________________________

Head and neck:__________________________________________________________

Chest / lungs:___________________________________________________________

Cardiovascular:__________________________________________________________

Abdominal:______________________________________________________________

Musculoskeletal / extremities:______________________________________________

Neurological:____________________________________________________________

Psychiatric:____________________________________________________________

Other:________________________________________________________________

________________________________________________________________________

Physician/NPP assessment / summary:________________________________________

________________________________________________________________________

Pulmonary Function Test (PFT) results (if available) pre-exercise results

<table>
<thead>
<tr>
<th>PFT</th>
<th>Observed</th>
<th>Predicted</th>
<th>% Predicted</th>
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Treatment plan (select one or more as required) (see order for details)

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<th>HCPCS</th>
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Treatment Plan (continued)

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Signature, Name, Date and NPI of physician or allowed NPP

Signature: ________________________________________________________________

Name (Printed): ___________________________________________________________

Date (MM/DD/YYYY): _____________________________ NPI: ______________________