DRAFT

Use of this template is voluntary / optional

Nebulizer

F2F Encounter Template Guidance

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&CntrctrType=10&KeyWord=nebulizers&KeyWordLookUp=Doc&KeyWordSearchType=Exact&kq=true&bc=IAAAACAAAAAAAA%3d%3d&

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

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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)

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 Nebulizer need):

General:	___weight gain, ___weight loss, ___sleeping problems, ___fatigue, ___fever, ___chills, ___night sweats / diaphoresis ___other:_____
Neck:	___lumps, ___pain on movement ___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:_____
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:	_____ _____

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

PFT	Observed	Predicted	% Predicted
FVC			
FEV1			
FEV1/FVC			
TLC			
DLCO			

Treatment plan (select one or more as required) (see order for details)

	Solution	HCPCS	Concentration	Frequency	Duration (D/W)
____	albuterol	J7611, J7613			
____	arformoterol	J7605			
____	budesonide	J7626			
____	cromolyn	J7631			
____	formoterol	J7606			
____	ipratropium	J7644			
____	levalbuterol	J7612, J7614			
____	metaproterenol	J7669			
____	dornase alpha	J7639			
____	tobramycin	J7682			
____	acetylcysteine	J7608			
____	tobramycin	J7682			
____	acetylcystine	J7608			
____	loprost	Q4074			
____	treprostinil	J7686			
____	acetylcysteine	J7608			
____	acetylcysteine	J7608			

Treatment Plan (continued)

_____

_____

_____

_____

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

Signature: _____

Name (Printed): _____

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