



Home Nebulizer Prescription

Mayo Clinic Store

Form content not retained in medical record.
Route to Mayo Clinic Store for electronic storage.

(complete fields or place patient label here)

Patient Name (First, Middle, Last)
Birth Date (mm-dd-yyyy)
Mayo Clinic or Store Account Number

External User Instructions: Complete and fax to the Mayo Clinic Store.

Internal Epic Downtime User Instructions: Complete and fax to the Mayo Clinic Store. Once Epic downtime processes are complete, reenter order into the EHR and send an Epic message to the Mayo Clinic Store's inbasket pool informing them that a duplicated order was created.

Required: Attach patient's current primary, secondary, and tertiary insurance providers and provider-signed clinical documentation verifying medical justification from face-to-face examination.

Medicare Requirements for Nebulizer

Face-to-face examination:

- Must occur between provider and patient no more than six (6) months prior to an order for, and delivery of, the durable medical equipment (DME).
- Documentation must include need for DME, and state the patient was evaluated and/or treated for a condition supporting the need for DME.

Medications allowable by Medicare policy:

- For patients diagnosed with obstructive pulmonary disease: albuterol, arformoterol, budesonide, cromolyn, formoterol, ipratropium/albuterol, or levalbuterol.
- For patients with persistent thick or tenacious pulmonary secretions: acetylcysteine.

Must qualify ICD-10 Code for reimbursement. If not, an Advance Beneficiary Notice of Noncoverage (ABN) is required.

Order Information

Diagnosis (select one)		ICD-10
<input type="checkbox"/> Unspecified asthma, uncomplicated		J45.909
<input type="checkbox"/> Other asthma		J45.998
<input type="checkbox"/> COPD, unspecified		J44.9
<input type="checkbox"/> Influenza due to other identified influenza virus with other respiratory manifestations		J10.1
<input type="checkbox"/> Influenza due to unidentified influenza virus with respiratory manifestations		J11.1
<input type="checkbox"/> Pneumonia, unspecified organism		J18.9
<input type="checkbox"/> Bronchiectasis, unspecified		J47.9
<input type="checkbox"/> Other		
Length of Need	Frequency of Use	Medication Prescribed
Supplies		
<input type="checkbox"/> Nebulizer machine, one every 5 years – lifetime (E0570)	<input type="checkbox"/> Nebulizer permanent kit, one every 6 months – lifetime (A7005)	
<input type="checkbox"/> Nebulizer machine filters, two per month – lifetime (A7013)	<input type="checkbox"/> Nebulizer mask, one per month – lifetime (A7015)	
<input type="checkbox"/> Nebulizer disposable kit, two per month – lifetime (A7003)	<input type="checkbox"/> Other _____	
Date of Face-to-Face Examination (mm-dd-yyyy)		

Provider Signature

Provider Signature ▶	Date (mm-dd-yyyy)	
Provider Printed Name (First, Middle, Last)	NPI	Phone

Mayo Clinic Store staff: Scan form and related attachments.