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Small Volume Nebulizer (SVN) Medicare Requirements

Written Order Prior to Delivery (WOPD)

- Beneficiary's name
- Detailed description of DME item(s)
- Prescribing practitioner's NPI
- Signature & signature date of the prescribing practitioner (*Hand written or electronic, no stamps*)
- Date of the order & start date (*If start date is different from the date of the order*)
- Prescribing practitioner's printed name (*Must be PECOS enrolled*)
- SVN supplies

The WOPD must be completed on or after the date of the Face to Face visit & completed by the same practitioner

Medication Order

- Name and concentration of the drug in the dispensed solution and the volume of solution in each container
EXAMPLE: albuterol 0.083% 3 ml; or cromolyn sodium 20 mg/2 ml
- Name and number of milligrams/grams of drug in the dispensed solution and volume of solution in that container
EXAMPLE: albuterol 1.25 mg in 3 ml saline
- Administration instructions specifying amount of solution and frequency of use
EXAMPLE: 3 ml QID and PRN-max 6 doses/24 hr
- Length of need (LON)

Qualifying Guidelines¹

Face to Face/Chart Notes

- Documented in-person visit within 6 months prior to the written order
- Documentation of the medication or medications to be delivered through nebulizer and related diagnosis (*Diagnosis and drug must match to meet Medicare coverage criteria, see chart below*)
- Conducted by MD, DO, PA, NP or CNS
- **Must be signed by MD or DO** (*Hand written or electronic, no stamps*)

Chart Note Examples²

EXAMPLE 1:

Patient has severe COPD and needs a nebulizer to administer albuterol QID.

EXAMPLE 2:

Patient has recurring pneumonia and does fine as long as she is on an antibiotic but it comes back when her prescribed dosage is completed. Ordering another round of antibiotics for the patient and Mucomyst for use in a home nebulizer TID. Will follow up with the patient in one week to see if the nebulizer helped to clear the pneumonia.

¹ See CMS National Coverage Determination (NCD) & Local Coverage Determination (LCD) for complete coverage policy

² Chart Note Examples are for illustrative purposes only and not specific to any patient's condition or treatment plan.

ICD-9 Code	Covered Condition	Generic Drug	Brand Name Drug
4s91.0 – 508.9	Bronchitis, Emphysema, Asthma, Bronchiectasis, Alveolitis, COPD, Asbestosis, Pneumonitis	albuterol, arformoterol, budesonide, cromolyn sodium, formoterol, ipratropium, levalbuterol, metaproterenol	Proventil, Ventolin, AccuNeb, ProAir, Brovana, Pulmicort, Intal, Perforomist, Foradil, Atrovent, Xopenex, Alupent
277.02	Cystic Fibrosis	tobramycin dornase Alfa	Nebcin Pulmozyme
494.0, 494.1 , 748.61, 011.50 – 011.56	Bronchiectasis	tobramycin	Nebcin
042. 136.3 996.80 – 996.89	HIV, Pneumocystosis, Complications of organ transplantations	pentamidine	NebuPent
480.0 – 508.9 786.4	Pneumonia, Bronchiectasis, Emphysema, Asthma, Bronchiectasis	acetylcysteine	Mucomyst

CMS-1590-FC Regulation Effective July 1, 2013