

Prescriber Information

Clinic/Location Name:
Prescriber Name:
Prescriber Address:
Prescriber City State
Zip: Prescriber Phone:
Prescriber Fax:
Prescriber NPI:

Patient Information

Patient Name:
Patient Address:
Patient City State Zip:
Phone:
DOB:
Primary Insurance:
Handi Customer Number:

Diagnosis (ICD-10)

<u>HCPC & Description</u>	<u>Dispensing Qty</u>	<u>Other Frequency of Change</u>
E0570 nebulizer compressor	1 Each / 5 Years	
A7003 nebulizer administration set	2 Each / 1 Month	
A7005 non-disposable nebulizer set	1 Each / 6 Month	
A7013 Filter, Disposable	2 Each / 1 Month	
A7015 aerosol mask used with nebulizer	1 Each / 1 Month	
A7525 Tracheostomy Mask	1 Each / 1 Month	

If checked, this is a Renewal Order Request

1. Ordered Date: _____ 2. Length of Need: _____
Leaving blank presumes Lifetime (99 months)

3. Please attach medical records supporting necessity of the above ordered item(s).

4. Please check the criteria that describes how nebulizer is being used:

Nebulizer compressor & supplies are being used to administer albuterol, arformoterol, budesonide, cromolyn, formoterol, ipratropium, levalbuterol, metaproterenol, or revefenacin for the management of obstructive pulmonary disease

Nebulizer compressor & supplies are being used to administer dornase alfa to a beneficiary with cystic fibrosis

Nebulizer compressor & supplies are being used to administer tobramycin to a beneficiary with cystic fibrosis or bronchiectasis

Nebulizer compressor & supplies are being used to administer pentamidine to a beneficiary with HIV, pneumocystosis, or complications of organ transplants

Nebulizer compressor & supplies are being used to administer acetylcysteine for persistent thick or tenacious pulmonary secretions

Other, please explain:

Name of Medication: _____

Dosage: _____

Frequency: _____

5. Additional Comments: _____

6. _____

Physician/NP/PA/Medical Practitioner Signature

Date

Signer must match Prescriber Information at the top of this form, or be updated below:

Print New Prescriber Name: _____ NPI: _____

Fax back: 651-644-0602

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