



360 DEGREE Patient Care

provided by:

Jayhawk pharmacy & patient supply



Today's Date ___/___/___

Patient Name _____ Date of Birth ___/___/___ SSN _____

Address _____ City _____ Zip _____

Phone number _____ Cell/work number _____

Parent name or legal guardian _____

Card Holders Name _____ Card Holders Birthday ___/___/___

(required for insurance)

ICD-10 Diagnosis Code _____ Length of Need _____ Months (Lifetime = 99)

Physician Signature: _____ Date: _____

Physician Name: _____ NPI: _____

Nebulizer Compressor

(Which includes Nebulizer kit and filter)

I realize if equipment or supplies are the same or similar to the equipment or supplies previously received, the insurance may not pay and I will be responsible. I certify that **I HAVE NOT** received same or similar equipment from another provider within the past 5 years. Initial _____

YES, I HAVE RECEIVED same or similar item from _____ when: _____

Type of equipment: _____ (I will be responsible for this payment)

I authorize the release of any medical information necessary to process any claims. I understand that I am solely responsible for my account regardless of insurance coverage. Jayhawk Pharmacy Services Inc. may contact me by phone or written correspondence with information about my health care needs.

I have been given a copy of HIPPA, Patient Bill of Rights, 30 DMEPOS Supplier Standards Complaint Procedure, and company contact information. For **Medicaid Beneficiaries**: This constitutes advance notice to you, the beneficiary, that if all program requirements are met by Jayhawk Pharmacy Services Inc. and payment is not made by KMAP, you may be held responsible for the charges.

Patient / Caregiver Signature _____ Date: _____

Relationship _____

We are contracted providers with BCBS, Medicare, Medicaid, Preferred Health, Century, Amerigroup of KS, Sunflower State, UnitedHealthcare Community Plan of Kansas.

This form needs to be completed in full to insure that the patient gets maximum insurance coverage.

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Jayhawk patient supply
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Jayhawk pharmacy & patient supply
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www.jayhawkpharmacy.com



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Medicare Requirements for Nebulizer

A small volume nebulizer (A7003,A7004,A7005) , related compressor (E0570) and FDA-approved inhalation solutions of the drugs listed below are covered when:

a. It is reasonable and necessary to administer albuterol (J7611, J713), arformoterol (J7605), budesonide (J7626), cromolyn (J7631), formoterol (J7606), ipratropium (J7644), levalbuterol (J7612, J7614), or metaproterenol (J7669) for the management of obstructive pulmonary disease (Reference ICD-9 Codes that Support Medical Necessity Group 8 Codes section for applicable ICD-9 diagnoses); or

b. It is reasonable and necessary to administer dornase alpha (J7639) to a beneficiary with cystic fibrosis (Reference ICD-9 Codes that Support Medical Necessity Group 9 Codes section for applicable ICD-9 diagnoses); or

c. It is reasonable and necessary to administer tobramycin (J7682) to a beneficiary with cystic fibrosis or bronchiectasis (Reference ICD-9 Codes that Support Medical Necessity Group 10 Codes section for applicable ICD-9 diagnoses); or

d. It is reasonable and necessary to administer pentamidine (J2545) to a beneficiary with HIV, pneumocystosis, or complications of organ transplants (Reference ICD-9 Codes that Support Medical Necessity Group 4 Codes section for applicable ICD-9 diagnoses); or

e. It is reasonable and necessary to administer acetylcysteine (J7608) for persistent thick or tenacious pulmonary secretions (Reference ICD-9 Codes that Support Medical Necessity Group 7 Codes section for applicable ICD-9 diagnoses).

Compounded inhalation solutions (J7604, J7607, J7609, J7610, J7615, J7622, J7624, J7627, J7628, J7629, J7632, J7634, J7635, J7636, J7637, J7638, J7640, J7641, J7642, J7643, J7645, J7647, J7650, J7657, J7660, J7667, J7670, J7676, J7680, J7681, J7683, J7684, J7685, and compounded solutions billed with J7699) will be denied as not reasonable and necessary.

If none of the drugs used with a nebulizer are covered, the compressor, the nebulizer, and other related accessories/supplies will be denied as not reasonable and necessary.

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