



**Durable Medical Equipment
Medicare Administrative Contractor**

January 2010
Nebulizers

Dear Physician:

The Comprehensive Error Rate (CERT) Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), performs medical review for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) provided to Medicare beneficiaries to determine paid claims error rates for Medicare contractors and providers. It is your responsibility as the ordering physician to determine and document the medical need for all healthcare services.

The CERT Contractor may request that the supplier obtain this information from you in order to verify that Medicare coverage criteria have been met. The supplier must submit the documentation to CERT within 75 days from the date of the first initial request letter.

For Nebulizers to be covered by Medicare, the patient's medical record must contain sufficient information about the patient's medical condition to substantiate the necessity for the type and quantity of items ordered and for the frequency of use or replacement (if applicable). As the ordering physician, you are responsible for the following:

A. A detailed order* that includes the following:

1. Patient Name
2. The description of item to be dispensed
3. The type of solution
4. Administration instructions:
 - a. Amount of Solution
 - b. Frequency of Use
5. The ordering physician's legible signature
6. The date of the ordering physician's signature

*Note: A new order is required every 12 months for ALL Inhalation Drugs (even if the prescription has not changed).

- B. Clinical records that document the treating physician's oversight, continued medical necessity, and the patient's compliance to the treating physician's treatment plan for the aerosol treatments.
- C. A payable diagnosis

For complete coverage information, you may access the *Nebulizers Local Coverage Determination (LCD) L11499* at the following web site: http://www.medicarenhic.com/dme/medical_review/mr_lcd_current.shtml

DMEPOS suppliers are your partners in caring for your patient. They will not receive payment from Medicare for the items that are ordered if you do not provide information from your medical records when it is requested. Furthermore, not providing this information may result in your patients having to pay for the item themselves. Finally, your cooperation is a legal requirement as outlined in the Social Security Act, the law governing Medicare:

In accordance with 42U.S.C. 1320C-5 (a) (3) and 1833 of the Social Security Act, as a Medicare provider, you must provide documentation and medical records to the CERT contractor upon request to support claims for Medicare services. It is your responsibility to obtain additional supporting documentation from a third party (hospital, nursing home, etc.), as necessary. Providing medical records of Medicare patients to

NHIC, Corp.

DME MAC Jurisdiction A
75 Sgt. William B. Terry Drive
Hingham, MA 02043
A CMS CONTRACTOR

the Comprehensive Error Rate Testing (CERT) contractor is within the scope of compliance with the Health Insurance Portability and Accountability Act (HIPAA).

You may not charge the supplier or the beneficiary to provide this information to the supplier.

Help your DMEPOS supplier continue to provide good service to your patients by promptly providing the information from your medical records that is requested.

DO NOT send medical records directly to the DME MAC. **Provide them to the equipment supplier who originated this request.**

Thank you.