

Use of this template is voluntary / optional

External Infusion Pump Order Template Guidance

Purpose

This template is designed to assist a clinician in completing an order for an external infusion pump, related drugs, and supplies to meet requirements for Medicare eligibility and coverage. This template, when completed appropriately, meets the requirements for a Written Order Prior to Delivery (WOPD) and a Detailed Written Order (DWO). This template is available to the clinician and can be kept on file with the patient's medical record or can be used to develop an order template for use with the system containing the patient's electronic medical record.

A Face-to-Face (F2F) Encounter, as required by Medicare when an external ambulatory infusion pump (E0784) for the delivery of insulin subcutaneously, must be completed within a 6-month timeframe prior to completion of a WOPD. All other external infusion pumps, supplies, and Medicare covered drugs do not have a F2F Encounter requirement but are required to have a DWO prior to claim submission.

Completing the External Infusion Pump Order Template does not guarantee eligibility and coverage, but it does provide guidance in support of external infusion services ordered and billed to Medicare. Where appropriate, this template may be used with the External Infusion Pump F2F Encounter Template and External Insulin Infusion Pump Laboratory Test Results Template.

Patient Eligibility

Eligibility for coverage of external infusion therapy under Medicare requires a physician/ Non-Physician Practitioner (NPP)¹ to establish that coverage criteria are met. This helps to ensure the external infusion pump, related drugs, and supplies to be provided are consistent with the physician's prescription and supported in the documentation of the patient's medical record.

The physician/NPP must document that the patient has a substantiated diagnosis supporting the need for use of an external infusion pump to deliver an Medicare covered drug indicated for the treatment of their medical condition. The National Coverage Determination (NCD – 280.14) and the Local Coverage Determination (LCD L33794) provide coverage criteria for external infusion pumps, related supplies and Medicare covered drugs.

Covered diagnosis/indications may include: (See Appendix A for further details)

- Iron Poisoning / Chronic Iron Overload
- Primary Immunodeficiency
- Hypercalcemia

¹ A Medicare allowed NPP is defined as a nurse practitioner, clinical nurse specialist, certified midwife or physician assistant (as those terms are defined in section 1861 (aa) (5) of the Social Security Act) who is working in accordance with State law.

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- Parkinson's disease
- Acute lymphoblastic leukemia
- Chemotherapy for treatment of primary hepatocellular carcinoma or colorectal cancer where the disease is unresectable or where the beneficiary refuses surgical excision.
- Intractable Pain caused by cancer
- Continuous Subcutaneous Insulin Infusion (CSII) Pumps
- Pulmonary hypertension
- Stage D heart failure - inotropic therapy
- Anti-viral (Those covered by Medicare)
- Anti-fungal

What needs to be specified on the order for a WOPD?

The WOPD must include at a minimum [42 CFR 410.38(g)(4)]:

- Beneficiary's name;
- Item of DME ordered;
- Prescribing practitioner's National Provider Identifier (NPI);
- Signature of the prescribing practitioner; and
- Date of the order.

What needs to be specified on the order for a DWO?

For a DMEPOS item that is not on the DME List of Specified Covered Items, according to 1834(a)(11)(B)(i) of the Act, that item is required to have a DWO unless Medicare policy specifies otherwise.

The DWO must include at a minimum:

- Beneficiary's name;
- Detailed description of the item(s)² ordered;
- Physician/NPP name;
- Physician/NPP signature and signature date; and
- Start date of the order or the date order was written

If the written order is for supplies provided on a periodic basis, the written order should include appropriate information on the following:

- Quantity used;
- Frequency of change; and
- Duration of need.

If the supply is a drug, the order must specify the following:

- Name of the drug;
- Concentration (if applicable);
- Dosage;
- Quantity;

² Description can be either a narrative description or a brand name/model number and must include all options or additional features that will be separately billed or that will require an upgraded code

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- Frequency of administration;
- Duration of infusion (if applicable); and
- Number of refills (if applicable).

The order template includes information from the clinician that is required by the supplier when completing the DME Information Form (DIF) (CMS-10125 – External Infusion Pumps) required for reimbursement by Medicare.

Who can complete the external infusion pump order template?

Physician/NPP who performs a F2F Encounter (within 6 months prior to completion of a WOPD for the infusion services) or an in-person evaluation, (prior to completing a DWO), of the patient's medical condition indicating and supporting the need for use of an external infusion pump, related Medicare covered drugs, and supplies.

Note: If the order template is used:

- 1) CDEs in black Calibri are required
- 2) CDEs in *burnt orange Italics Calibri* are required if the condition is met
- 3) CDEs in blue Times New Roman are recommended but not required

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External Infusion Pump Order Template	
Patient Information:	
Last name: _____ First name: _____ MI: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Telephone number and extension: (____) _____ - _____ x _____	
DOB (MM/DD/YYYY): _____ Gender: __ M __ F __ Other Medicare ID: _____	
Height: _____ Weight: _____	
Provider (physician/allowed NPP) who performed the face-to-face examination (see guidance):	
Check here if same as ordering provider: ____	
Last name: _____ First name: _____ MI: ____ Suffix: ____	
NPI: _____ Date of face-to-face encounter (DD/MM/YYYY): _____	
Patient medical condition / diagnoses:	
___ Treatment of diabetes	ICD-10: _____ (see Appendix C)
___ Immunodeficiency	ICD-10: _____ (D80.0-D83.9, see Appendix D)
___ Pulmonary hypertension	ICD-10: _____
___ Hypercalcemia	ICD-10: <u>E83.52</u>
___ Parkinson's disease	ICD-10: <u>G20</u>
___ Acute lymphoblastic leukemia, in relapse	ICD-10: <u>C91.02</u>
___ Chronic iron overload	ICD-10: _____
___ Intractable/chronic pain	ICD-10: _____
___ Chemotherapy	ICD-10: _____
___ Stage D heart failure - inotropic therapy	ICD-10: _____
___ Anti-viral	ICD-10: _____
___ Anti-fungal	ICD-10: _____
___ Other _____	
<i>Order date, if different from date of signature (MM/DD/YYYY): _____</i>	
<i>Start date, if different from date of order (MM/DD/YYYY): _____</i>	
Type of order:	
___ <i>Initial or original order [select drug(s) and associated external infusion pump, if appropriate]</i>	
___ <i>Reorder for drugs only (external infusion pump should not be selected)</i>	
___ <i>Change in status: ___ Patient relocated ___ Different supplier ___ Other _____</i>	
___ <i>Revision of order: _____ Equipment or other items _____ Frequency of use or amount prescribed</i>	
___ <i>Other: _____</i>	

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Note: The injectable drugs below may utilize any of the following external infusion pumps. Please select external infusion pump here and drug(s) below:

External Infusion Pump

- ___ E0779 - External ambulatory infusion pump for 8 hour or greater infusions
- ___ E0780 - External ambulatory infusion pump for infusions less than 8 hours
- ___ E0781 - Single or Multi-channel pump worn by patient
- ___ E0791 - Parenteral infusion pump, stationary, single or multi-channel
- ___ E0776 - IV Pole (for use with E0791 only)

___ **Hypercalcemia** ICD-10: [E83.52](#)

Drug (unit dose)	HCPCS	Route	Conc.	Volume	Duration	Freq.	Qty/Refills
___ Gallium Nitrate (1 mg)	J1457	___	___	___	___	___	___

Other accessories or options: _____

___ **Parkinson's disease** ICD-10: [G20](#)

Drug (unit dose)	HCPCS	Route	Conc.	Volume	Duration	Freq.	Qty/Refills
___ Carbidopa (5 mg)/ Levodopa (20 mg)	J7340	___	___	___	___	___	___

Other accessories or options: _____

___ **Acute lymphoblastic leukemia, in relapse** ICD-10: [C91.02](#)

Drug (unit dose)	HCPCS	Route	Conc.	Volume	Duration	Freq.	Qty/Refills
___ Blinatumomab (1 ug)	J9039	___	___	___	___	___	___

Other accessories or options: _____

___ **Chronic iron overload** ICD-10: _____

Drug (unit dose)	HCPCS	Route	Conc.	Volume	Duration	Freq.	Qty/Refills
___ Deferoxamine Mesylate (500 mg)	J0895	___	___	___	___	___	___

Other accessories or options: _____

___ **Intractable/chronic pain** ICD-10: _____

Drug (unit dose)	HCPCS	Route	Conc.	Volume	Duration	Freq.	Qty/Refills
___ Fentanyl citrate (0.1 mg)	J3010	___	___	___	___	___	___
___ Ziconotide (1 ug)	J2278	___	___	___	___	___	___
___ Hydromorphone (up to 4 mg)	J1170	___	___	___	___	___	___
___ Morphine sulfate (up to 10 mg)	J2270	___	___	___	___	___	___
___ Morphine sulfate preservative free (10 mg)	J2274	___	___	___	___	___	___
___ Meperidine Hydrochloride (100 mg)	J2175	___	___	___	___	___	___

Other accessories or options: _____

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- ___ E0779 - External ambulatory infusion pump for 8 hour or greater infusions
- ___ E0780 - External ambulatory infusion pump for infusions less than 8 hours
- ___ E0781 - Single or Multi-channel pump worn by patient
- ___ E0791 - Parenteral infusion pump, stationary, single or multi-channel
- ___ E0776 - IV Pole (for use with E0791 only)

___ **Chemotherapy**

ICD-10: _____

Drug (unit dose)	HCPCS	Route	Conc.	Volume	Duration	Freq.	Qty/Refills
___ Cladribine (1 mg)	J9065	_____	_____	_____	_____	_____	_____
___ Fluorouracil (500 mg)	J9190	_____	_____	_____	_____	_____	_____
___ Cytarabine (100 mg)	J9100	_____	_____	_____	_____	_____	_____
___ Bleomycin Sulfate (15 units)	J9040	_____	_____	_____	_____	_____	_____
___ Fluoxuridine (500 mg)	J9200	_____	_____	_____	_____	_____	_____
___ Doxorubicin Hydrochloride (10 mg)	J9000	_____	_____	_____	_____	_____	_____
___ Vincristine Sulfate (1 mg)	J9370	_____	_____	_____	_____	_____	_____
___ Vinblastine Sulfate (1 mg)	J9360	_____	_____	_____	_____	_____	_____

Other accessories or options: _____

___ **Stage D heart failure - inotropic therapy**

ICD-10: _____

Drug (unit dose)	HCPCS	Route	Conc.	Volume	Duration	Freq.	Qty/Refills
___ Dobutamine Hydrochloride (250 mg)	J1250	_____	_____	_____	_____	_____	_____
___ Dopamine HCL (40 mg)	J1265	_____	_____	_____	_____	_____	_____
___ Milrinone Lactate (5 mg)	J2260	_____	_____	_____	_____	_____	_____

Other accessories or options: _____

___ **Anti-viral**

ICD-10: _____

Drug (unit dose)	HCPCS	Route	Conc.	Volume	Duration	Freq.	Qty/Refills
___ Acyclovir (5 mg)	J0133	_____	_____	_____	_____	_____	_____
___ Foscarnet sodium (1000 mg)	J1455	_____	_____	_____	_____	_____	_____
___ Ganciclovir Sodium (500 mg)	J1570	_____	_____	_____	_____	_____	_____

Other accessories or options: _____

___ **Anti-fungal**

ICD-10: _____

Drug (unit dose)	HCPCS	Route	Conc.	Volume	Duration	Freq.	Qty/Refills
___ Amphotericin B (50 mg)	J0285	_____	_____	_____	_____	_____	_____
___ Amphotericin B lipid complex (10 mg)	J0287	_____	_____	_____	_____	_____	_____
___ Amphotericin B cholesteryl sulfate Complex (10 mg)	J0288	_____	_____	_____	_____	_____	_____
___ Amphotericin B Liposome (10 mg)	J0289	_____	_____	_____	_____	_____	_____

Other accessories or options: _____

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<u>Other</u> _____	ICD-10: _____						
Drug (unit dose)	HCPCS	Route	Conc.	Volume	Duration	Freq.	Qty/Refills
<u>NOC DME injection drugs</u>	<u>J7799</u>	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
External Infusion Pump	_____						
_____ External infusion pump:	_____						
Other accessories or options:	_____						

Signature, name, signature date, NPI, address, and telephone number

Signature: _____

Name (Printed): _____

Date (MM/DD/YYYY): _____ NPI: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone number and extension: (____) _____ - _____ x _____