



Health & Human Services

NEBULIZERS

Reference the [Look-Up Tool](#) to determine if a code requires a Service Authorization

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2007

REVISED: December 2025

NEBULIZERS

Indications and limitations of coverage and medical appropriateness:

Small volume nebulizer (A7003, A7005) and related compressor (E0570) are covered if:

- Any medical condition where it is medically necessary to deliver prescribed medication, such as COPD, Cystic Fibrosis, Asthma, HIV, etc.
- If none of the drugs used with a nebulizer are covered, the nebulizer will be denied as not medically necessary.

Large volume nebulizer (A7007) and related compressor (E0565) are covered if:

- Medically necessary to deliver humidity to a member with thick, tenacious secretions, who has cystic fibrosis, bronchiectasis, a tracheotomy, or tracheobronchial stent.

Supplies:

- Included in rental: Compressor, reusable nebulizer, tubing, mouthpiece, and mask.
- Allowed to bill separately: Only when equipment is member-owned: includes a replacement/disposable handheld nebulizer, replacement tubing, disposable mouthpieces, or face mask.
- Limited to one every five years.
- The following lists the maximum frequency of replacement of accessories with member-owned equipment:
 - A4619 - 12 per year
 - A7003 - 2 per month
 - A7005 - 1 per 6 months
 - A7006 - 1 per month
 - A7007 - 6 per month
 - A7013 - 2 per month
 - A7014 - 1 per 3 months
 - A7015 - 1 per month
 - A7016 - 2 per year
 - A7525 - 1 per month
 - E1372 - 1 per 5 years



Health & Human Services

NEBULIZERS

Reference the [Look-Up Tool](#) to determine if a code requires a Service Authorization

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2007

REVISED: December 2025

NEBULIZERS

Documentation Requirements:

- A prescription from a prescribing physician/practitioner.
- Medical documentation supporting the need.
- Physician/practitioner exam within 90 days of the service authorization start date.

When requesting for quantities of supplies greater than those described above as the usual maximum amounts, there must be clear documentation in the member's medical records corroborating the medical appropriateness of the current use.

Non-covered:

Battery powered compressor: non-covered as a convenience item. No exceptions



Health & Human Services

NEBULIZERS

Reference the [Look-Up Tool](#) to determine if a code requires a Service Authorization

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2007

REVISED: December 2025

NEBULIZERS

Date Revised	Revisions
February 2017	Reviewed and reformatted
January 3, 2020	Reviewed and added new Department logo. Added clarification to Doc. Req. - A prescription from prescribing physician/practitioner, medical documentation supporting the need, Physician/practitioner exam within 90 days of the service authorization start date and replaced billing with requesting. Replaced patient with member.
December 22, 2022	Updated with new logo
November 29, 2023	Reviewed and reformatted. No changes made.
December 19, 2025	Reviewed and reformatted. Removed "Service Authorization" and "CMN" and replaced with the "Reference the Look-Up Tool to determine if a code requires a Service Authorization". Updated the Supplies frequency list and removed A7004. Refer to the Look-Up Tool for changes.