



Health & Human Services

NEBULIZERS

Service Authorization Required: Rental Only

CMN: No

DURABLE MEDICAL EQUIPMENT MANUAL

COVERAGE AND LIMITATION CRITERIA AND POLICIES

EFFECTIVE: March 2007

REVISED: November 2023

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 a 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 table lists the usual maximum frequency of replacement of accessories with member owned equipment:

A4619 - 1 per month	A7005 - 1 per 6 months	A7013 - 2 per month	A7016 - 2 per year
A7003 - 2 per month	A7006 - 1 per month	A7014 - 1 per 3 months	A7525 - 1 per month
A7004 - 2 per month	A7007 - 2 per month	A7015 - 1 per month	E1372 - 1 per 3 years



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Documentation Requirements:

- A prescription from 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



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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.