

# Small Volume and Ultrasonic Nebulizer Benefit Criteria to Change for Texas Medicaid Effective March 1, 2017

## Overview of Benefit Changes

- Small volume nebulizers and supplies may be considered for purchase without prior authorization for the medical conditions outlined in the table below.
- Ultrasonic nebulizers or electronic aerosol generators are a benefit when medically necessary and may be considered for purchase with prior authorization (Fee-For-Service).
- All equipment requiring prior authorization (Fee-For-Service) requires the submission of a completed, signed, and dated [Home Health Services \(Title XIX\) DME/Medical Supplies Physician Order Form](#).
- Providers are encouraged to read the nebulizer rental and purchase limitations outlined in "Covered Procedure Codes and Benefit Limitations" table which can be found the article titled "Benefit Criteria to Change for Respiratory Equipment and Supplies Effective March 1, 2017"

## Small Volume Nebulizers (SVN)

Small volume nebulizers (SVNs) (procedure code E0570) and related supplies (procedure codes A7003, A7004, and A7005) are a benefit and may be considered for purchase without prior authorization when considered medically necessary for administering inhalation medications for the following conditions:

Conditions
Bronchiectasis - Any type
Cystic Fibrosis (CF) with pulmonary manifestations
Pneumonia - Any type
Influenza
Bronchitis - Any type
Emphysema - Any type
Asthma - Any type
Chronic Obstructive Pulmonary Disease (COPD) - any type
Pneumoconiosis - Any type
Acute, Sub-acute, or Chronic Respiratory conditions
Respiratory conditions due to radiation, smoke, unspecified and specified external agents
Abnormal Sputum
Other diseases of the of the trachea and bronchus
Tracheostomy Status
Attention to tracheostomy

Human Immunodeficiency Virus (HIV) with pulmonary manifestations
Pneumocystosis
Complications of a specified or unspecified transplanted organ, bone marrow, or stem cells
Primary Pulmonary Hypertension
Other Chronic Pulmonary Heart Disease

### **SVN for Conditions Not Listed**

Small volume nebulizers and related supplies may be considered for conditions not listed in the table above with prior authorization (Fee-For-Service) when submitted with the following documentation of medical necessity:

- A completed [Home Health Services \(Title XIX\) DME/Medical Supplies Physician Order Form](#) signed and dated by the client's treating physician
- Justification supporting the use of a small volume nebulizer to treat the client's diagnosis
- The name of the medication(s) ordered for administration through the nebulizer
- The frequency and duration of need for the prescribed nebulizer treatments

Prescribed medications for use with aerosol delivery via small volume nebulizers may be available to Medicaid clients through the Vendor Drug Program (VDP).

### **Ultrasonic Nebulizers (USNs)**

An ultrasonic nebulizer (USN) or electronic aerosol generator (procedure code E0574) is an electrically powered device that uses a piezoelectric crystal to generate aerosol. This crystal transducer converts radio waves into high-frequency mechanical vibrations (sound).

USN are a benefit when medically necessary and may be considered for purchase with prior authorization (Fee-For-Service) when submitted with the following documentation:

- A client meets the criteria for a small volume nebulizer
- The client requires the equipment for the delivery of one of the following:
  - Treprostinil to treat pulmonary arterial hypertension (PAH) when used to diminish symptoms associated with exercise
  - Tobramycin to treat cystic fibrosis (CF)

### **USN for Conditions Not Listed**

Ultrasonic nebulizers may also be considered medically necessary for conditions other than those listed in the table above only when all of the following criteria have been met:

- A client meets the criteria for a small volume nebulizer.
- The client's treating physician indicates that the client has been compliant with other nebulizer and medication therapy.

- The use of a standard nebulizer has failed to control the client's disease (such as preventing the client from utilizing the hospital or emergency room).

### **Documentation Requirements (All Nebulizers)**

Prescribing providers must maintain all supporting documentation of medical necessity and the original, completed, signed and dated [Home Health Services \(Title XIX\) DME/Medical Supplies Physician Order form](#) in the client's medical record, which must be available on request and is subject to retrospective review including, but not limited to:

- The name of the medication(s) ordered for administration through the nebulizer
- The frequency and duration of need for the prescribed nebulizer treatments

Providers may refer to “Benefit Criteria to Change for Respiratory Equipment and Supplies Effective March 1, 2017,” for quantity limitations information.