

## Nebulizers

The use of various types of nebulizers, compressors and approved inhalation solutions of required medications may be clinically necessary in situations where conventional routes of medication administration have failed to achieve the needed result.

The following may be approved in such circumstances:

1. Small volume nebulizer
2. Large volume nebulizer
3. Related compressor
4. Related medication
5. Small volume ultrasonic nebulizer and accessories (prior authorization required).

### Coverage and Payment Policy

A small volume nebulizer and compressor are covered when:

1. It is reasonable and necessary to administer appropriate medications for management of Obstructive Pulmonary Disease; or
2. It is reasonable and necessary to administer appropriate medication for Cystic Fibrosis; or
3. It is reasonable and necessary to administer appropriate medication for Bronchiectasis; or
4. It is reasonable and necessary to administer medication for HIV, Pneumocystosis, or complications of organ transplant; or
5. It is reasonable and necessary to administer medications to manage tenacious pulmonary secretions.

A large volume nebulizer, compressor and water or saline are covered when:

1. It is reasonable and necessary to administer humidity to a beneficiary with thick, tenacious secretions who has Cystic Fibrosis, Bronchiectasis, a tracheostomy or a tracheobronchial stent.

A small volume ultrasonic nebulizer and related accessories will be covered (prior authorization required) when;

1. It is reasonable and necessary to administer treprostinil; and
2. Documentation of pulmonary hypertension not secondary to pulmonary venous hypertension, disorders of the respiratory system; and
3. Documentation of pulmonary hypertension secondary to connective tissue disease, thromboembolic disease of the pulmonary arteries, HIV or congenital left to right shunts; and
4. The condition has progressed despite conventional therapies; and
5. Mean pulmonary artery pressure is >25 mm Hg at rest or > 30 mm with exertion; and
6. The beneficiary has significant pulmonary hypertension related symptoms.

If none of the drugs used with a nebulizer are covered, the compressor, the nebulizer, and other related accessories/supplies will be denied as not reasonable and necessary.

A nebulizer and compressor will not be approved for use with compounded or non FDA approved medications.

Approved by:  Associate Medical Director  
Jerry Fingerut, MD

Date: 6 Jan, 2016

Reviewed: \_\_\_\_\_

Revised: \_\_\_\_\_