

References: L33370, A52466

Nebulizers E0570, E0575, E0580, E0585, K0730

- Face-to-Face Examination (F2F)
 - Date stamp indicating supplier's date of receipt of F2F on or before date of delivery
- Written Order Prior to Delivery (WOPD)
 - Date stamp indicating supplier's date of receipt of WOPD on or before date of delivery

Other Nebulizers (E0565, E0572, E0574), Accessories, Inhalation Drugs, and Solutions

- Dispensing Order (if applicable)
- Detailed Written Order (DWO)
- Refill Requirements

All HCPCS Codes

- Beneficiary Authorization
- Proof of Delivery (POD)
 - Method 1 - Direct Delivery to the Beneficiary by the Supplier
The date the beneficiary/designee signs for the equipment or supplies is to be the date of service of the claim.
 - Method 2 - Delivery via Shipping or Delivery Service
The shipping date is to be the date of service of the claim.
- Continued Need
- Continued Use

Medical Records

Small Volume Nebulizers (A7003, A7004, A7005), Related Compressor (E0570), and FDA-Approved Inhalation Drugs

- Medical records support the medical necessity to administer one (1) of the following inhalation drugs for one (1) of the listed conditions:

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Drug	HCPCS Code	Covered Condition (see LCD for ICD code)
Albuterol	J7611, J7613	Obstructive pulmonary disease
Arformoterol	J7605	
Budesonide	J7626	
Cromolyn	J7631	
Formoterol	J7606	
Ipratropium	J7644	
Levalbuterol	J7612, J7614	
Metaproterenol	J7669	
Dornase Alpha	J7639	Cystic fibrosis
Tobramycin	J7682	Cystic fibrosis or Bronchiectasis
Pentamidine	J2545	Human Immunodeficiency Virus (HIV), Pneumocystosis, or Complications of organ transplant
Acetylcysteine	J7608	Persistent thick or tenacious pulmonary secretions

Large Volume Nebulizer (A7007, A7017), Related Compressor (E0565, E0572), and Water or Saline (A4217, A7018). Combination code E0585 covered for the same indications.

- Medical records support the medical necessity to deliver humidity to beneficiary with thick, tenacious secretions due to (See LCD for ICD codes):
 - Cystic fibrosis
 - Bronchiectasis
 - Tracheostomy
 - Tracheobronchial stent

Filtered Nebulizer (A7006) and Compressor (E0565, E0572)

- Medical records support the medical necessity to deliver pentamidine (J2545) to beneficiaries with (See LCD for ICD codes):
 - HIV
 - Pneumocystosis
 - Complications of organ transplant

Small Volume Ultrasonic Nebulizer (E0574) and Treprostinil (J7686) or Controlled Dose Inhalation Drug Delivery System (K0730) and Iloprost (Q4074)

- Medical records support the delivery of treprostinil (J7686) or iloprost (Q4074) to beneficiaries who meet the following criteria (See LCD for ICD codes):
 - Beneficiary has a diagnosis of pulmonary artery hypertension; **and**
 - Pulmonary hypertension is not secondary to pulmonary venous hypertension or disorders of the respiratory system; **and**
 - Beneficiary has primary pulmonary hypertension or pulmonary hypertension which is secondary to one (1) of the following conditions:

- Connective tissue disease; **or**
- Thromboembolic disease of the pulmonary arteries; **or**
- HIV infection; **or**
- Cirrhosis; **or**
- Anorexigens (diet drugs); **or**
- Congenital left to right shunts; **and**
- If one (1) of the above conditions is present, the following must also be met:
 - Pulmonary hypertension has progressed despite maximal medical and/or surgical treatment of the identified condition; **and**
 - Mean pulmonary artery pressure is > 25 mm Hg at rest or > 30 mm Hg with exertion; **and**
 - Beneficiary has significant symptoms from the pulmonary hypertension (i.e., severe dyspnea on exertion, and either fatigability, angina, or syncope); **and**
 - Treatment with oral calcium channel blocking agents has been tried and failed, or has been considered and ruled out.

Billing Reminders

- The ICD code describing the condition necessitating nebulizer therapy must be included on each claim for equipment, accessories, and/or drugs.
- Whenever a unit dose form code is billed, it must have a KO, KP or KQ modifier. (Exception: The KO, KP, and KQ modifiers should not be used with code J7620.)
- When billing miscellaneous equipment or accessories (E1399), the claim must include:
 - Clear description of item being billed; **and**
 - Manufacturer; **and**
 - Model name/number if applicable.
- When billing a not otherwise classified drug (J7699), the claim must include:
 - Detailed order information as described above; **and**
 - Clear statement of the number of ampules/bottles of solution dispensed.
- The KX modifier must be added to codes E0574, J7686, K0730 and Q4074 only if all the coverage criteria noted above have been met.
- When there is an expectation of a medical necessity denial, the GA modifier must be added to the code if a valid Advance Beneficiary Notice (ABN) has been obtained or a GZ modifier if a valid ABN has not been obtained.
- The order for any drug must clearly specify the type of solution to be dispensed and the administration instructions for that solution. The type of solution is described by a combination of:
 - Name of the drug and the concentration of the drug in the dispensed solution and the volume of solution in each container; **or**
 - Name of the drug and the number of milligrams/grams of drug in the dispensed solution and the volume of solution in that container.
- Dispensing fees:
 - One (1) unit of G0333 is covered for the initial 30 day supply of covered inhalation drug(s) regardless of the number of drugs dispensed, number of shipments, or number of pharmacies used by the beneficiary during that time.

- G0333 is a once in a lifetime fee and only applies to beneficiaries using inhalation drugs for the first time.
- Only one of the following will be paid for covered inhalation drugs regardless of the number of drugs dispensed, the number of shipments, or the number of pharmacies used by the beneficiary during that time period: an initial dispensing fee (G0333), a 30 day dispensing fee (Q0513), or a 90 day dispensing fee (Q0514).
- For refill prescription, payment of a dispensing fee will be allowed no sooner than 14 days before the end of usage for the current 30 day (Q0513) or 90 day (Q0514) period for which a dispensing fee was previously paid.
- Payment will be made for no more than 12 months of dispensing fees per beneficiary per 12 month period.
- Dispensing fee must be billed on the same claim as the inhalation drugs.

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