

Nebulizers

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[↪ Terms and Conditions](#)

Table of Contents	Page
Policy Summary	1
Applicable Codes	2
Definitions	6
Questions and Answers	6
References	6
Guideline History/Revision Information	7
Purpose	7
Terms and Conditions	7

- Related Medicare Advantage Reimbursement Policy
 - [Durable Medical Equipment Charges in a Skilled Nursing Facility Policy, Professional](#)
- Related Medicare Advantage Coverage Summary
 - [Durable Medical Equipment \(DME\), Prosthetics, Corrective Appliances/Orthotics \(Non-Foot Orthotics\) and Medical Supplies Grid](#)

Policy Summary

[↪ See Purpose](#)

Overview

Nebulizers can be covered if the member’s ability to breathe is severely impaired.

Lung diseases such as chronic obstructive pulmonary disease (COPD) and asthma are characterized by airflow limitation that may be partially or completely reversible. Pharmacologic treatment with bronchodilators is used to prevent and/or control daily symptoms that may cause disability for persons with these diseases. These medications are intended to improve the movement of air into and from the lungs by relaxing and dilating the bronchial passageways. Beta adrenergic agonists are a commonly prescribed class of bronchodilator drug. They can be administered via nebulizer, metered dose inhaler, orally, or dry powdered inhaler.

Guidelines

For a DME item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this local coverage determination, the criteria for "reasonable and necessary", based on Social Security Act §1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

Nebulizers require an in-person or face-to-face interaction between the beneficiary and their treating physician prior to prescribing the item, specifically to document that the beneficiary was evaluated and/or treated for a condition that supports the need for the item(s) of DME ordered. A dispensing order is not sufficient to provide these items. A WOPD (written order prior to delivery) is required.

Detailed documentation requirements are outlined in Nebulizer LCD.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Coding Clarifications:

- *Compounded inhalation solutions will be denied as not reasonable and necessary.
- **There are no FDA-approved final products for these drugs hence the codes are invalid for claim submission.

HCPCS Code	Description
A7003	Administration set, with small volume nonfiltered pneumatic nebulizer, disposable
A7004	Small volume nonfiltered pneumatic nebulizer, disposable
A7005	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable
A7006	Administration set, with small volume filtered pneumatic nebulizer
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor
A7008	Large volume nebulizer, disposable, prefilled, used with aerosol compressor (Non-covered)
A7009	Reservoir bottle, non-disposable, used w/ large volume ultrasonic nebulizer (Non-covered)
A7010	Corrugated tubing, disposable, used with large volume nebulizer, 100 feet
A7012	Water collection device, used with large volume nebulizer
A7013	Filter, disposable, used with aerosol compressor or ultrasonic generator
A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator
A7015	Aerosol mask, used with DME nebulizer
A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer
A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen
A7018	Water, distilled, used with large volume nebulizer, 1000 ml
E0565	Compressor, air power source for equipment which is not self-contained or cylinder driven
E0570	Nebulizer, with compressor
E0572	Aerosol compressor, adjustable pressure, light duty for intermittent use
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer
E0575	Nebulizer, ultrasonic, large volume (Non-covered)
E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flowmeter
E0585	Nebulizer, with compressor and heater
E1372	Immersion external heater for nebulizer
G0333	Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary
J2545	Pentamidine isethionate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 300 mg
J7604*	Acetylcysteine, inhalation solution, compounded product, administered through DME, unit dose form, per gram
J7605	Arformoterol, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms
J7606	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms

HCPCS Code	Description
J7607*	Levalbuterol, inhalation solution, compounded product, administered through DME, concentrated form, 0.5 mg
J7608	Acetylcysteine, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per gram
J7609*	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg
J7610*	Albuterol, inhalation solution, compounded product, administered through DME, concentrated form, 1 mg
J7611	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 1 mg
J7612	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg
J7613	Albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg
J7614	Levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg
J7615*	Levalbuterol, inhalation solution, compounded product, administered through DME, unit dose, 0.5 mg
J7620	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, non-compounded, administered through DME
J7622*	Beclomethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7624*	Betamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7626	Budesonide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 0.5 mg
J7627*	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg
J7628*	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7629*	Bitolterol mesylate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7631	Cromolyn sodium, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams
J7632*	Cromolyn sodium, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams
J7633**	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 0.25 mg
J7634*	Budesonide, inhalation solution, compounded product, administered through DME, concentrated form, per 0.25 milligram
J7635*	Atropine, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7636*	Atropine, inhalation solution, compounded product, administered through DME, unit dose form, per mg
J7637*	Dexamethasone, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7638*	Dexamethasone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7639	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram

HCPCS Code	Description
J7640*	Formoterol, inhalation solution, compounded product, administered through DME, unit dose form, 12 micrograms
J7641*	Flunisolide, inhalation solution, compounded product, administered through DME, unit dose, per milligram
J7642*	Glycopyrrolate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7643*	Glycopyrrolate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7644	Ipratropium bromide, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram
J7645*	Ipratropium bromide, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7647*	Isoetharine HCL, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7648**	Isoetharine HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per mg
J7649**	Isoetharine HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg
J7650*	Isoetharine HCL, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7657*	Isoproterenol HCL, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7658**	Isoproterenol HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per mg
J7659**	Isoproterenol HCl, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg
J7660*	Isoproterenol HCL, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7667*	Metaproterenol sulfate, inhalation solution, compounded product, concentrated form, per 10 milligrams
J7668**	Metaproterenol sulfate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, per 10 mg
J7669	Metaproterenol sulfate, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per 10 milligrams
J7670*	Metaproterenol sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per 10 milligrams
J7676*	Pentamidine isethionate, inhalation solution, compounded product, administered through DME, unit dose form, per 300 mg
J7677	Revefenacin inhalation solution, FDA-approved final product, noncompounded, administered through DME, 1 mcg (Effective 07/01/2019)
J7680*	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, concentrated form, per milligram
J7681*	Terbutaline sulfate, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7682	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams
J7683*	Triamcinolone, inhalation solution, compounded product, administered through DME, concentrated form, per milligram

HCPCS Code	Description
J7684*	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per milligram
J7685*	Tobramycin, inhalation solution, compounded product, administered through DME, unit dose form, per 300 milligrams
J7686	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg
J7699	NOC drugs, inhalation solution administered through DME
K0730	Controlled dose inhalation drug delivery sstem
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days
Q0514	Pharmacy dispensing fee for inhalation drug(s); per 90 days
Q4074	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms

Modifier	Description
EY	No physician or other licensed health care provider order for this item or service
GA	Waiver of liability statement issued as required by payer policy, individual case
GZ	Item or service expected to be denied as not reasonable and necessary
KO	Single drug unit dose formulation
KP	First drug of a multiple drug unit dose formulation
KQ	Second or subsequent drug of a multiple drug unit dose formulation
KX	Requirements specified in the medical policy have been met

Place of Service Code	Description
As Defined By DME Supplier Manual	
01	Pharmacy
04	Homeless Shelter
09	Prison/Correctional Facility
12	Home
13	Assisted Living Facility
14	Group Home
16	Temporary Lodging
33	Custodial Care Facility
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
65	End Stage Renal Disease (ESRD) Treatment Facility (valid POS for Parenteral Nutrition Therapy)

Diagnosis Code

[Nebulizers: Diagnosis Code List](#)

Definitions

Compound Inhalation Solution: A product produced by a pharmacy that is not an FDA-approved manufacturer and involves the mixing, combining or altering of ingredients for an individual patient. Compounded drugs are not considered interchangeable with FDA-approved products.

Questions and Answers

1	Q:	Is a large volume ultrasonic nebulizer (HCPCS E0575) covered by Medicare?
	A:	A large volume ultrasonic nebulizer offers no proven clinical advantage over a pneumatic compressor and nebulizer and will be denied as not reasonable and necessary.
2	Q:	Are compound inhalation solutions covered by Medicare?
	A:	CMS revoked coverage of compounded inhalation solutions in 2007.
3	Q:	Are there any restrictions around nebulizers and home oxygen use?
	A:	A large volume pneumatic nebulizer (HCPCS E0580) and water or saline (HCPCS A4217 or A7018) are not separately payable and should not be separately billed when used for beneficiaries with rented home oxygen equipment.

References

CMS National Coverage Determinations (NCDs)

[NCD 200.2 Nebulized Beta Adrenergic Agonist Therapy for Lung Diseases](#)

[NCD 280.1 Durable Medical Equipment Reference List](#)

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	DME MAC
L33370 Nebulizers	A52466 Nebulizers – Policy Article	CGS	AL, AR, CO, FL GA, LA, MS, NC, NM, OK, PR, SC, TN, TX, VA, VI, WV, IL, IN, KT, MI, MN, OH, WI
		Noridian	AK, AS, AZ, CA (Entire State), GU, HI, IA, ID, KA, MO (Entire State), MT, ND, NE, NV, OR, SD, UT, WA, WY, NMI, CT, DOC, DE, MA, MD, ME, NH, NJ, NY (Entire State), PA, RI, VT

CMS Claims Processing Manual

[Chapter 12 Physician/Nonphysician Practitioners](#)

[Chapter 20 Durable Medical Equipment, Prosthetics and Orthotics, and Supplies \(DMEPOS\)](#)

[Chapter 23 Fee Schedule Administration and Coding Requirements](#)

MLN Matters

[Article MM8304, Detailed Written Orders and Face-to-Face Encounters](#)

[Article SE1326, Overutilization of Nebulizer Medications](#)

Other(s)

[CMS Revokes Coverage of Compounded Inhalation Solutions, Further Revises Nebulizer Medical Policy, HME Business Management Solutions Website](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
07/08/2020	Applicable Codes <ul style="list-style-type: none">Added HCPCS code J7677 ICD-10 Diagnosis Codes For HCPCS Code A7016, E0574, J7686, K0730, and Q4074 <ul style="list-style-type: none">Removed ICD-10 diagnosis codes I27.21 and I27.29 Supporting Information <ul style="list-style-type: none">Updated <i>References</i> section to reflect the most current informationArchived previous policy version MPG211.04

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare

Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).