

CLINICIAN CHECKLIST FOR NEBULIZERS

Policy References:

- [Local Coverage Determination \(LCD\) \(L33370\)](#)
- [Policy Article \(A52466\)](#)

Documentation References: [Standard Documentation Requirements Policy Article \(A55426\)](#)

The treating clinician must complete the following items:

[Standard Written Order \(SWO\)](#)

Medical records as noted below

Medical Documentation

Small Volume Nebulizers, Related Compressor, and FDA-Approved Inhalation Drugs

It is reasonable and necessary to administer albuterol (J7611, J7613), arformoterol (J7605), budesonide (J7626), cromolyn (J7631), formoterol (J7606), ipratropium (J7644), levalbuterol (J7612, J7614), metaproterenol (J7669), or revfenacin (J7677) for the management of obstructive pulmonary disease (refer to the Group 8 Codes in the LCD-related Policy Article for applicable diagnoses); **or**

It is reasonable and necessary to administer dornase alfa (J7639) to a beneficiary with cystic fibrosis (refer to the Group 9 Codes in the LCD-related Policy Article for applicable diagnoses); **or**

It is reasonable and necessary to administer tobramycin (J7682) to a beneficiary with cystic fibrosis or bronchiectasis (refer to the Group 10 Codes in the LCD-related Policy Article for applicable diagnoses); **or**

It is reasonable and necessary to administer pentamidine (J2545) to a beneficiary with HIV, pneumocystosis, or complications of organ transplants (refer to the Group 4 Codes in the LCD-related Policy Article for applicable diagnoses); **or**

It is reasonable and necessary to administer acetylcysteine (J7608) for persistent thick or tenacious pulmonary secretions (refer to the Group 7 Codes in the LCD-related Policy Article for applicable diagnoses).

Large Volume Nebulizer, Related Compressor, and Water or Saline

When reasonable and necessary to deliver required humidity for thick, tenacious secretions to beneficiaries with cystic fibrosis, bronchiectasis, tracheostomy, or tracheobronchial stents (refer to the Group 5 Codes in the LCD-related Policy Article for applicable diagnoses).

Filtered Nebulizer and Compressor

When reasonable and necessary to administer pentamidine to beneficiaries with HIV, pneumocystosis, or complications of organ transplants (refer to the Group 1 Codes in the LCD-related Policy Article for applicable diagnoses).

Small Volume Ultrasonic Nebulizer or Controlled Dose Inhalation Drug Delivery System

When reasonable and necessary to administer treprostinil inhalation solution only.

Treprostinil Inhalation Solution (J7686) and Iloprost (Q4074)

Criteria 1 - 3 are met:

1. Beneficiary has a diagnosis of pulmonary artery hypertension (refer to the Group 11 Codes in the LCD-related Policy Article for applicable diagnoses); **and**
2. Pulmonary hypertension is not secondary to pulmonary venous hypertension (e.g., left sided atrial or ventricular disease, left sided valvular heart disease, etc.) or disorders of the respiratory system (e.g., chronic obstructive pulmonary disease, interstitial lung disease, obstructive sleep apnea or other sleep disordered breathing, alveolar hypoventilation disorders, etc.); **and**
3. Beneficiary has primary pulmonary hypertension or pulmonary hypertension which is secondary to one of the following conditions: connective tissue disease, thromboembolic disease of the pulmonary arteries, human immunodeficiency virus (HIV) infection, cirrhosis, anorexigens or congenital left to right shunts. If these conditions are present, the following criteria (a-d) must be met:
 - a. Pulmonary hypertension has progressed despite maximal medical and/or surgical treatment of the identified condition; **and**
 - b. Mean pulmonary artery pressure is > 25 mm Hg at rest or > 30 mm Hg with exertion; **and**
 - c. Beneficiary has significant symptoms from the pulmonary hypertension (i.e., severe dyspnea on exertion, and either fatigability, angina, or syncope); **and**
 - d. Treatment with oral calcium channel blocking agents has been tried and failed or has been considered and ruled out.