Documentation Checklist Nebulizers



☐ Standard Written Order (SWO)

one (1) of the listed conditions:

Policy References: Local Coverage Determination Nebulizers (L33370) and Policy Article (A52466)

Documentation References: Standard Documentation Requirements Policy Article (PA) A55426

The supplier must be able to provide all of these items on request:

Small Volume Nebulizers (A7003, A7004, A7005), Related Compressor (E0570), and FDA-Approved Inhalation Drugs			
Medical Records should contain:			
	Medical records from treating practitioner as noted below		
	Continued Use		
	Continued Need		
	Proof of Delivery (POD)		
	Beneficiary Authorization		

☐ Medical records support the medical necessity to administer one (1) of the following inhalation drugs for

Drug	HCPCS	Covered Condition (see LCD for ICD Code)
Albuterol	J7611, J7613	Obstructive pulmonary disease
Arformoterol	J7605	Obstructive pulmonary disease
Budesonide	J7626	Obstructive pulmonary disease
Cromolyn	J7631	Obstructive pulmonary disease
Formoterol	J7606	Obstructive pulmonary disease
Ipratropium	J7644	Obstructive pulmonary disease
Levalbuterol	J7612, J7614	Obstructive pulmonary disease
Metaproterenol	J7669	Obstructive pulmonary disease
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

The content of this document was prepared as an educational tool and is not intended to grant rights or impose obligations. Use of this document is not intended to take the place of either written law or regulations. Suppliers are reminded to review the Local Coverage Determination and Policy Article for specific documentation guidelines.

29381436 ◆ 2-20 Noridian Healthcare Solutions, LLC

(A	4217, A	7018). 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		
Fil	tered N	ebulizer (A7006) and Compressor (E0565, E0572)		
		al records support the medical necessity to deliver pentamidine (J2545) to beneficiaries with (see or ICD codes):		
		HIV		
		Pneumocystosis		
		Complications of organ transplant		
		ume Ultrasonic Nebulizer (E0574) and Treprostinil (J7686) or Controlled Dose Inhalation Drug system (K0730) and Iloprost (Q4074)		
	al records support the delivery of treprostinil (J7686) or iloprost (Q4074) to beneficiaries who meet lowing 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 ar			

Large Volume Nebulizer (A7007, A7017), Related Compressor (E0565, E0572), and Water or Saline