



**BlueCross BlueShield  
of Vermont**

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## **Corporate Medical Policy**

### **Nebulizers**

**File name:** Nebulizers  
**Origination:** 08/2007  
**Last Review:** 09/2009  
**Next Review:** 07/2011  
**Effective Date:** 07/01/2011

#### **Description**

See also the following BCBSVT medical Policies:

Medical Equipment and Supplies - Durable Medical Equipment (DME) policy  
Oxygen Therapy

The nebulizer is a device that delivers liquid medication, for example antibiotics, bronchodilators, anti inflammatory agents, antivirals, antifungals, mucolytics, surfactants and enzymes, in the form of a mist to the airway. In order to achieve a functioning delivery system for aerosol treatment, nebulizers are attached to an aerosol compressor to achieve nebulization by means of airflow and ultrasonic vibrations.

A nebulizer may also be used to deliver humidification using sterile water or sterile saline for delivery in aerosol form. This may be referred to as bland aerosol administration. Most individuals can be controlled without a nebulizer using a metered dose inhaler (MDI) with a spacer.

#### **Policy**

Benefits are subject to all terms, limitations and conditions of the subscriber contract.

Prior approval may be required subject to all terms, limitations and conditions of the subscriber contract.

For New England Health Plan (NEHP) members an approved referral authorization is required.

Federal Employee Program (FEP) members may have different benefits that apply. For further information please contact FEP customer service.

State or federal mandates (e.g., FEP) may dictate that all devices approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus coverage eligibility of these devices may be assessed only on the basis of their medical necessity.

### When service or procedure is covered

Nebulizer use in the home to deliver prescription medication may be considered medically necessary by the Plan:

1. When the use of a metered dose inhaler (MDI) has failed or shown to be ineffective/insufficient or not available for the administration of the inhalation drug (s) for members five years of age or older. This will require documentation of the failed trial of a metered dose inhaler; and
2. The inhaler is being used to treat one of the following conditions:
  - a. Management of obstructive pulmonary disease
    - i. Chronic obstructive pulmonary disease
    - ii. Asthma
    - iii. Bronchitis
  - b. Treatment of cystic fibrosis
  - c. Other reversible obstructive airway disease
  - d. When it is medically necessary to administer mucolytics for persistent thick or tenacious pulmonary secretions.

NOTE: Benefits for the medications must be provided through the member's pharmacy benefit.

For members with managed care contracts, VHP and TVHP, DME must be purchased from a network provider.

The Plan will provide coverage for repairs, maintenance, and replacement of eligible DME on an individual consideration basis when necessary to make the equipment usable.

The Plan reserves the right to determine whether rental, rental to purchase or purchase of the equipment is more cost-effective and/or appropriate. The total rental benefits may not exceed our allowed price for the purchase of equipment.

Accessories (A7005-A7006, A7009, and A7012-A7014), mouthpiece (A7016) and tubing (A7010, A7011) are considered eligible when used with a covered nebulizer. In addition to glass or plastic nebulizers (A7017, E0580), disposable nebulizers are available in large and small sizes. Small volume disposable nebulizers (A7004) and accessories (A7003) used with them are eligible.

### When service or procedure may not be covered

- When prior approval is not obtained;
- When the above medical necessity criteria has not been met;
- Duplicative services;
- Commercial (off the shelf) standard batteries for nebulizers are not covered;
- Large volume disposable nebulizers A7007, A7008 are considered convenience items.

### Information required (if plan approval required)

Information Required:

1. Purchase price
2. Diagnosis
3. Anticipated duration of use
4. Medications to be administered
5. Use of a metered dose inhaler including:
  - a. Has a spacer been attempted with inhaler regimen?
  - b. Clinical evidence of failure to respond

6. Clinical summary

**Billing and Coding/Physician Documentation Information**

See Attachment 1

**Eligible Providers**

Durable Medical Equipment providers  
Hospitals

**Policy Implementation/Update information**

08/2007 New policy. Reviewed by the CAC 09/2007  
08/2008 format changes only. Reviewed by CAC 09/2008  
09/2009 annual review. No changes made. Reviewed by CAC 09/2009.  
05/2011 annual review.

**Scientific Background and Reference Resources**

Anthem Clinical UM Guideline  
BCBS of Tennessee Medical Policy Manual

**Approved by BCBSVT Medical Policy Committee      Date Approved**

Antonietta Sculimbrene, MD  
Chair, Medical Policy Committee

Attachment 1- Nebulizers

E0570- E0585	Nebulizer, with compressor	PA required
A7003-A7006	Pneumatic, administration kit	Eligible
A7009	Reservoir bottle, non-disposable	Eligible
A7012	Reservoir, large volume nebulizer	Eligible
A7013-A7014	Filters, disposable & non-disposable	Eligible
A7016	Mouthpiece	Eligible
A7010, A7011	Tubing	Eligible
A7017,	Disposable nebulizers	Eligible
A7007, A7008	Large volume disposable nebulizers	Not covered
	Batteries	Not covered