



BlueCross BlueShield of Vermont

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Corporate Medical Policy Nebulizers

File name: Nebulizer
Origination: 08/2007
Last Review: 09/2009
Next Review: 09/2010
Effective Date: 09/2009

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, anti-virals, anti-fungals, surfactants and enzymes, in the form of a mist to the airway.

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.

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



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- 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.

When service or procedure may not be covered

- When prior approval is not obtained if required
- Commercial (off the shelf) standard batteries for nebulizer are not covered
- When the above medical necessity criteria has not been met
- Duplicative services

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.



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Scientific Background and Reference Resources

Anthem Clinical UM Guideline, BCBS of Tennessee Medical Policy Manual

Approved by BCBSVT Medical Policy Committee: Date Approved

Robert F. Griffin, M.D.
Chairman, Medical Policy Committee

APPROVED FOR IMPLEMENTATION:

Allen J. Hinkle, M.D.
Chief Medical Director

Date Approved: _____

Attachment 1- Nebulizers

E0570- E0585	Nebulizer, with compressor	PA required
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