

# **PULMONARY PROVIDERS GROUP, INC.**

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## **NEBULIZER (E0570)**

### **ORDER REQUIREMENTS:**

Medicare/Medicaid-require a dispensing order prior to delivery and a detailed written order prior to billing.

### **COVERAGE CRITERIA:**

A small volume nebulizer and related compressor are covered:

- i. To administer albuterol, budesonide, cromolyn, ipratropium, lealbuterol, or metaproterenol for the management of obstructive pulmonary disease. (ICD-10 codes J41.0-J70.9); or
- ii. To administer tobramycin to a patient with cystic fibrosis (ICD-10 codes E84.0, J47.9, J47.1, Q33.4, A15.0); or
- iii. To administer pentamidine to a patient with pneumocytosis (ICD-10 Code B59) or complications from organ transplants (ICD-10 codes T86.90-T86.99); or
- iv. To administer acetylcysteine for persistent thick or tenacious pulmonary secretions (ICD-10 codes J12.0-J70.9, R09.3).

An ICD-9 Code describing the condition that necessitates nebulizer therapy must be included on each claim for equipment and accessories.

### **REPLACEMENT:**

Medicaid - 1 per 3 years

Medicare - 1 per 5 years

### **COMMON DIAGNOSES**

Asthma (ICD-10 J45.509), See above.