



ND

# Medical Policies



Policy Number:	E-32		
Policy Name:	Nebulizers		
Policy Type:	Medical	Policy Subtype:	Durable Medical Equipment (DME)
Effective Date:	09-15-2025	End Date:	11-02-2025

## Description

Nebulizers, pneumatic or ultrasonic, are devices which use either compressed gas or high-frequency electric oscillations to aerosolize liquid medication into a fine mist for inhalation into the lower-respiratory tract. The medications are delivered either continuously or intermittently via a face mask or mouthpiece.

## Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; **and/or**

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

## Criteria

Coverage is subject to the specific terms of the member's benefit plan.

### Pneumatic Nebulizers

#### Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

A small volume, non-filtered nebulizer with compressor may be considered medical necessary for the administration for inhaled medications, as per The United States Food and Drug Administration (U.S. FDA) indications for **ANY** of the following conditions listed below. The medications for these conditions may include but are not limited to those listed.

- Pulmonary disease, including, but not limited to:
  - Chronic bronchitis; **or**
  - Chronic Obstructive Pulmonary Disease (COPD); **or**
  - Emphysema; **or**
  - Asthma; **or**
  - COVID-19 (Coronavirus Disease 2019); **or**
  - The medications for these conditions may include but are not limited to those listed below:
    - Beta-adrenergics (albuterol); **or**
    - Isoproterenol; **or**
    - Levalbuteral; **or**
    - Metaproterenol; **or**
    - Anticholinergics (ipratropium); **or**
    - Corticosteroids (budesonide); **or**
    - Cromolyn; **or**
    - Formoterol (Perforomist); **or**
    - Arformoterol (Brovana)
- Bronchiectasis
  - Antibiotics, such as Amikacin, Gentamycin, Tobramycin; **or**
- Persistent thick or tenacious secretions
  - Acetylcysteine; **or**
- Croup
  - Epinephrine; **or**
- Multi-drug-resistant P. aeruginosa pneumonia failing to improve with IV therapy
  - Colistin; **or**
- Mycobacterium Avium Complex (MAC) with complex pulmonary disease not responsive to conventional three drug treatment of macrolide, rifampin and ethambutol.
  - Amikacin liposome inhalation suspension (Arikayce).

A small volume, nonfiltered nebulizer with compressor may be considered medically necessary for the administration of inhaled medications **ONLY** when the medical necessity requirements for the medications, that are found in Medical Policy I-143 Inhalation Products for the Management of Cystic Fibrosis, have been met.

Small volume, nonfiltered nebulizers not meeting the criteria as indicated in this policy are considered not medically necessary.

## Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

## Procedure Codes

A4619	A7003	A7004	A7005	A7013	A7014	A7015
A7525	E0570	J3490	J7605	J7606	J7608	J7611

J7612	J7613	J7614	J7626	J7631	J7644	J7669
S0142						

## Small volume filtered nebulizer

### Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

- Human immunodeficiency virus (HIV); **or**
- Post-organ transplantation with complications; **or**
- Pneumocystosis.

Small volume filtered nebulizers not meeting the criteria as indicated in this policy are considered not medically necessary.

### Procedure Codes

A7006	A7013	A7014	E0565	E0570	E0572	J2545
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## Large volume nebulizer

A large volume nebulizer, with compressor, or a nebulizer with compressor and heater, may be considered medically necessary to deliver humidity to a person with thick, tenacious secretions, with **ANY** of the following indications:

- Bronchiectasis; **or**
- Cystic Fibrosis (CF); **or**
- Tracheobronchial stent; **or**
- Tracheostomy.

A non-disposable reservoir bottle when used with large volume nebulizers is considered not medically necessary.

A prefilled disposable large volume nebulizer is non-covered.

An unfilled disposable large volume nebulizer is non-covered.

Large volume nebulizers, with compressor, or a nebulizer with compressor and heat not meeting the criteria as indicated in this policy is/are considered not medically necessary.

### Procedure Codes

A4619	A7007	A7008	A7009	A7010	A7012	A7013
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A7014	A7015	A7017	A7525	A7526	E0565	E0572
E0585	E1372					

## Ultrasonic Nebulizers

### Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

Ultrasonic nebulizers may be considered medically necessary for delivery of tobramycin (Tobi) for individuals with CF **ONLY** when the medical necessity requirements for the medication have been met **AND** when **ALL** of the following indications are met:

- The individual meets the criteria for a standard nebulizer; **and**
- The primary care physician and specialist indicate that the individual has been compliant with other nebulizer and medication therapy; **and**
- The use of a standard nebulizer has failed to control the individual's disease and prevent the individual from utilizing the hospital or emergency room.

Ultrasonic nebulizers not meeting the criteria as indicated in this policy is/are considered not medically necessary.

### Procedure Codes

A7013	A7014	A7016	E0574
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## Large volume ultrasonic nebulizer

### Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date.

A large volume ultrasonic nebulizer has no proven clinical advantage over a pneumatic compressor and nebulizer and is considered not medically necessary.

### Procedure Code

E0575

## Multi-function airway clearance device

### Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and

associated revision effective dates in effect on the date of service.

A multi-function airway clearance device that provides oscillation and lung expansion (OLE) therapy (Volara System) is medically necessary.

Procedure Code

E0469

Accessories

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Accessories may be considered medically necessary when the nebulizer, compressor, and medications are medically necessary.

Procedure Code

A7021

The following table lists the usual maximum frequency of replacement for accessories. Claims for more than the usual maximum replacement amount are considered not medically necessary:

Accessory	Usual Maximum Replacement
A4619	1 every month
A7003	2 every month
A7004	2 every month-in addition to A7003
A7005	1 every 6 months
A7006	1 every month
A7010	1 unit (100 ft.) e very 2 months
A7012	2 every month
A7013	2 every month
A7014	1 every 3 months
A7015	1 every month

A7016	2 every year
A7017	1 every 3 years
A7525	1 every month
E1372	1 every 3 years

## Professional Statements and Societal Positions Guidelines

Not Applicable

## Diagnosis Codes

**Covered Diagnosis Codes for A4619; A7003; A7004; A7005; A7013; A7014; A7015; A7525; E0570; J3490; J7605; J7606; J7608; J7611; J7612; J7613; J7614; J7626; J7631; J7644; J7669 and S0142**

A22.1	A31.0	A31.2	A37.01	A37.11	A37.81	A48.1
B20	B25.0	B34.2	B44.0	B59	B97.21	B97.29
E84.0	E84.11	E84.19	E84.8	J05.0	J09.X1	J09.X2
J09.X3	J09.X9	J10.1	J10.00	J10.01	J10.08	J10.81
J10.82	J10.83	J11.1	J11.2	J11.00	J11.08	J11.81
J11.82	J11.89	J12.0	J12.1	J12.2	J12.3	J12.9
J12.82	J12.89	J13	J14	J15.0	J15.1	J15.4
J15.5	J15.61	J15.69	J15.7	J15.8	J15.20	J15.29
J15.211	J15.212	J16.0	J16.8	J18.1	J18.8	J18.9
J20.8	J21.1	J21.8	J21.9	J22	J40	J41.0
J41.8	J42	J43.0	J43.1	J43.2	J43.8	J44.0
J44.1	J44.89	J44.9	J45.20	J45.21	J45.30	J45.31
J45.32	J45.40	J45.41	J45.42	J45.51	J45.52	J45.901

J45.902	J45.909	J45.990	J45.998	J47.0	J47.1	J47.9
J60	J61	J62.8	J63.0	J63.1	J63.2	J63.3
J63.4	J63.6	J64	J65	J66.0	J66.1	J66.2
J67.0	J67.1	J67.2	J67.3	J67.4	J67.5	J67.7
J67.8	J67.9	J68.0	J68.1	J68.2	J68.4	J68.8
J68.9	J69.0	J69.1	J69.8	J70.1	J70.2	J70.3
J70.4	J70.5	J70.8	J80	J98.8	Q33.4	T86.00
T86.01	T86.02	T86.10	T86.03	T86.09	T86.12	T86.13
T86.19	T86.20	T86.21	T86.22	T86.30	T86.31	T86.32
T86.33	T86.39	T86.40	T86.42	T86.43	T86.49	T86.90
T86.91	T86.92	T86.99	T86.290	T86.298	T86.810	T86.811
T86.812	T86.819	T86.830	T86.831	T86.832	T86.838	T86.839
T86.851	T86.852	T86.858	T86.859	T86.890	T86.891	T86.898
T86.899	U07.1					

### Covered Diagnosis Codes for A7003; J7613 and E0570

J20.0	J20.1	J20.2	J20.3	J20.4	J20.5	J20.6
J20.7	J20.9	J21.0	J21.1	J21.8	J21.9	J80
R05.1	R06.02	R06.2				

### Covered Diagnosis Codes for A7006; A7013; A7014; E0565; E0570; E0572 and J2545

B20	B34.2	B59	B97.21	B97.29	J12.81	J12.82
J12.89	J20.0	J20.1	J20.2	J20.3	J20.4	J20.5
J20.6	J20.7	J20.8	J20.9	J21.0	J21.1	J21.8
J21.9	J22	J40	J80	J98.8	R05.1	R06.02
R06.2	T86.5	T86.00	T86.01	T86.02	T86.03	T86.09

T86.10	T86.11	T86.12	T86.13	T86.19	T86.20	T86.21
T86.22	T86.23	T86.30	T86.31	T86.32	T86.33	T86.39
T86.40	T86.41	T86.42	T86.43	T86.49	T86.90	T86.91
T86.92	T86.93	T86.99	T86.290	T86.298	T86.810	T86.811
T86.812	T86.818	T86.819	T86.830	T86.831	T86.832	T86.838
T86.839	T86.850	T86.851	T86.852	T86.858	T86.859	T86.890
T86.891	T86.892	T86.898	T86.899	U07.1		

**Covered Diagnosis Codes for A4619; A7010; A7012; A7013; A7014;A7015; A7017; A7525; A7526; E0565; E0572; E0585 and E1372**

A15.0	A22.1	A37.01	A37.11	A37.81	A37.91	A48.1
B20	B25.0	B34.2	B44.0	B59	B77.81	B97.21
B97.29	E84.0	J09.X1	J09.X2	J09.X3	J09.X9	J10.1
J10.2	J10.00	J10.01	J10.08	J10.81	J10.82	J10.83
J10.89	J11.1	J11.2	J11.00	J11.08	J11.81	J11.82
J11.83	J11.89	J12.0	J12.1	J12.2	J12.3	J12.9
J12.81	J12.82	J12.89	J13	J14	J15.0	J15.1
J15.3	J15.4	J15.5	J15.61	J15.69	J15.7	J15.8
J15.9	J15.20	J15.29	J15.211	J15.212	J16.0	J16.8
J18.0	J18.1	J18.8	J18.9	J20.8	J22	J39.8
J40	J41.0	J41.1	J41.8	J42	J43.0	J43.1
J43.2	J43.8	J43.9	J44.0	J44.1	J44.89	J44.9
J45.20	J45.21	J45.22	J45.30	J45.31	J45.32	J45.40
J45.41	J45.42	J45.50	J45.51	J45.52	J45.901	J45.902
J45.909	J45.990	J45.991	J45.998	J47.0	J47.1	J47.9



J60	J61	J62.0	J62.8	J63.0	J63.1	J63.2
J63.3	J63.4	J63.5	J63.6	J64	J65	J66.0
J66.1	J66.2	J66.8	J67.0	J67.1	J67.2	J67.3
J67.4	J67.5	J67.6	J67.7	J67.8	J67.9	J68.0
J68.1	J68.2	J68.3	J68.4	J68.8	J68.9	J69.0
J69.1	J69.8	J70.0	J70.1	J70.2	J70.3	J70.4
J70.5	J70.8	J70.9	J80	J98.09	J98.8	Q33.4
T86.5	T86.00	T86.01	T86.02	T86.03	T86.09	T86.10
T86.11	T86.12	T86.13	T86.19	T86.20	T86.21	T86.22
T86.23	T86.30	T86.31	T86.32	T86.33	T86.39	T86.40
T86.41	T86.42	T86.43	T86.49	T86.90	T86.91	T86.92
T86.93	T86.99	T86.290	T86.298	T86.810	T86.811	T86.812
T86.818	T86.819	T86.830	T86.831	T86.832	T86.838	T86.839
T86.850	T86.851	T86.852	T86.858	T86.859	T86.890	T86.891
T86.892	T86.898	T86.899	U07.1	Z43.0	Z93.0	

### Covered Diagnosis Codes for A7013; A7014; A7016 and E0574

A15.0	E84.0	J47.0	J47.1	J47.9	Q33.4
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## CURRENT CODING

### HCPCS:

A4619	Face tent	Medicaid Expansion
A7003	Nebulizer administration set	Medicaid Expansion
A7004	Disposable nebulizer sml vol	Medicaid Expansion
A7005	Nondisposable nebulizer set	Medicaid Expansion
A7006	Filtered nebulizer admin set	Medicaid Expansion

A7007	Lg vol nebulizer disposable	Medicaid Expansion
A7008	Disposable nebulizer prefill	Medicaid Expansion
A7009	Nebulizer reservoir bottle	Medicaid Expansion
A7010	Disposable corrugated tubing	Medicaid Expansion
A7012	Nebulizer water collec devic	Medicaid Expansion
A7013	Disposable compressor filter	Medicaid Expansion
A7014	Compressor nondispos filter	Medicaid Expansion
A7015	Aerosol mask used w nebulize	Medicaid Expansion
A7016	Nebulizer dome & mouthpiece	Medicaid Expansion
A7017	Nebulizer not used w oxygen	Medicaid Expansion
A7021	Suppl and access lung expan	Medicaid Expansion
A7525	Tracheostomy mask	Medicaid Expansion
A7526	Tracheostomy tube collar	Medicaid Expansion
E0469	Lung expans high oscil neb	Medicaid Expansion
E0565	Compressor air power source	Medicaid Expansion
E0570	Nebulizer with compression	Medicaid Expansion
E0572	Aerosol compressor adjust pr	Medicaid Expansion
E0574	Ultrasonic generator w svneb	Medicaid Expansion
E0575	Nebulizer ultrasonic	Medicaid Expansion
E0585	Nebulizer w/ compressor & he	Medicaid Expansion
E1372	Oxy suppl heater for nebuliz	Medicaid Expansion
J2545	Pentamidine non-comp unit	Medicaid Expansion
J3490	Drugs unclassified injection	Medicaid Expansion
J7605	Arformoterol non-comp unit	Medicaid Expansion
J7606	Formoterol fumarate, inh	Medicaid Expansion
J7608	Acetylcysteine non-comp unit	Medicaid Expansion
J7611	Albuterol non-comp con	Medicaid Expansion
J7612	Levalbuterol non-comp con	Medicaid Expansion
J7613	Albuterol non-comp unit	Medicaid Expansion
J7614	Levalbuterol non-comp unit	Medicaid Expansion

J7626	Budesonide non-comp unit	Medicaid Expansion
J7631	Cromolyn sodium noncomp unit	Medicaid Expansion
J7644	Ipratropium bromide non-comp	Medicaid Expansion
J7669	Metaproterenol non-comp unit	Medicaid Expansion
S0142	Colistimethate inh sol mg	Medicaid Expansion
A4619	Face tent	Commercial
A7003	Nebulizer administration set	Commercial
A7004	Disposable nebulizer sml vol	Commercial
A7005	Nondisposable nebulizer set	Commercial
A7006	Filtered nebulizer admin set	Commercial
A7007	Lg vol nebulizer disposable	Commercial
A7008	Disposable nebulizer prefill	Commercial
A7009	Nebulizer reservoir bottle	Commercial
A7010	Disposable corrugated tubing	Commercial
A7012	Nebulizer water collec devic	Commercial
A7013	Disposable compressor filter	Commercial
A7014	Compressor nondispos filter	Commercial
A7015	Aerosol mask used w nebulize	Commercial
A7016	Nebulizer dome & mouthpiece	Commercial
A7017	Nebulizer not used w oxygen	Commercial
A7021	Suppl and access lung expan	Commercial
A7525	Tracheostomy mask	Commercial
A7526	Tracheostomy tube collar	Commercial
E0469	Lung expans high oscil neb	Commercial
E0565	Compressor air power source	Commercial
E0570	Nebulizer with compression	Commercial
E0572	Aerosol compressor adjust pr	Commercial
E0574	Ultrasonic generator w svneb	Commercial
E0575	Nebulizer ultrasonic	Commercial
E0585	Nebulizer w/ compressor & he	Commercial

E1372	Oxy suppl heater for nebuliz	Commercial
J2545	Pentamidine non-comp unit	Commercial
J3490	Drugs unclassified injection	Commercial
J7605	Arformoterol non-comp unit	Commercial
J7606	Formoterol fumarate, inh	Commercial
J7608	Acetylcysteine non-comp unit	Commercial
J7611	Albuterol non-comp con	Commercial
J7612	Levalbuterol non-comp con	Commercial
J7613	Albuterol non-comp unit	Commercial
J7614	Levalbuterol non-comp unit	Commercial
J7626	Budesonide non-comp unit	Commercial
J7631	Cromolyn sodium noncomp unit	Commercial
J7644	Ipratropium bromide non-comp	Commercial
J7669	Metaproterenol non-comp unit	Commercial
S0142	Colistimethate inh sol mg	Commercial

## References

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2. CMS Manual System, Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Section 280.1.
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8. van den Bosch WB, Kloosterman SF, Andrinopoulou ER, et al. Small airways targeted treatment with smart nebulizer technology could improve severe asthma in children: A retrospective analysis. *J Asthma*. 2022;59(11):2223-2233.
9. Kerget B, Tekin E, Çil G, Çelik K, Aksakal A. Comparison of the effectiveness of nebulizer treatment applications in acute exacerbation of chronic obstructive pulmonary disease: A randomized controlled trial. *Rev Assoc Med Bras*. 2024;70(12):e20240861.

## ND Committee Review

Internal Medical Policy Committee 1-22-2020 Annual Review *Effective March 2, 2020*

Internal Medical Policy Committee 4-6-2020

- **Added** COVID-19 Diagnosis Codes for coverage; and
- **Removed** Procedure Codes J7639; J7682; and J7685; and
- **Created** new policy Inhalation Products for the Management of Cystic Fibrosis; and
- **Added** Diagnosis Codes E84.11; E84.19; E84.8; and E84.9.

Internal Medical Policy Committee 1-19-2021 Coding update *Effective March 1, 2021*

- **Added** Diagnosis Code J12.82

Internal Medical Policy Committee 5-20-2021 Revision *Effective July 5, 2021*

- **Removed** the medication Isoetharine.

Internal Medical Policy Committee 5-24-2022 Annual Review-no changes in criteria. *Effective July 4, 2022*

Internal Medical Policy Committee 7-21-2022 Revision- *Effective September 05, 2022*

- **Added** clarifying statements; and
- **Added** Diagnosis Code: Z93.0

Internal Medical Policy Committee 11-15-2023 Coding- *Effective October 1, 2023*

- **Added Diagnosis Codes:** J15.61; J15.69; and J44.89 to Procedure Codes A4619; A7003; A7004; A7005; A7013; A7014; A7015; A7525; E0570; J3490; J7605; J7606; J7608; J7611; J7612; J7613; J7614; J7626; J7631; J7644; J7669; S0142; A4619; A7010; A7012; A7013; A7014; A7015; A7017; A7525; A7526; E0565; E0572; E0585; E1372; and
- **Removed Diagnosis Code:** J15.6; from Procedure Codes A4619; A7003; A7004; A7005; A7013; A7014; A7015; A7525; E0570; J3490; J7605; J7606; J7608; J7611; J7612; J7613; J7614; J7626; J7631; J7644; J7669; S0142; A4619; A7010; A7012; A7013; A7014; A7015; A7017; A7525; A7526; E0565; E0572; E0585; and E1372.

Internal Medical Policy Committee 3-19-2024 Coding update- *Effective May 06, 2024*

- **Added** Diagnosis Codes J20.0; J20.1; J20.2; J20.3; J20.4; J20.4, J20.5; J20.6; J20.7; J20.9; J21.0; J21.1; J21.8; J21.9; J80; R05.1; R06.02; & R06.2; for procedure codes A7003; J7613 and E0570; and
- **Added** Policy Application

Internal Medical Policy Committee 9-17-2024 Coding update - *Effective October 01, 2024*

- **Added** Procedure Codes A7021; and
- **Added** statement and Procedure Code: A multi-function airway clearance device that provides oscillation and lung expansion (OLE) therapy (Volara System) is medically necessary. Procedure Code E0649

Internal Medical Policy Committee 5-13-2025 Revision with coding - *Effective July 07, 2025*

- **Added** 'or' to end of criteria bullets; and
- **Moved** Covered Diagnosis Codes J20.0; J20.1; J20.2; J20.3; J20.4; J20.5; J20.6; J20.7; J20.9; J21.0; J21.1; J21.8; J21.9; J80; R05.1; R06.02; & R06.2 for Procedure Codes A7003; J7613; and E0570 into a separate table.

## Disclaimer

*Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.*