



Medical PA Criteria

Medical Procedure Class:	DME Small Volume Nebulizer E0570NU
Initial Implementation Date:	July 10, 2007
Prepared for:	MO HealthNet
Prepared by:	Conduent Business Services, LLC

New Criteria

Revision of Existing Criteria

Executive Summary

Purpose:	To allow a more consistent, streamlined process for nebulizer authorization.
-----------------	--

Why was this Issue Selected:	Medicaid coverage of nebulizers was eliminated from the DME Program for certain groups of Medicaid recipients effective 9/1/05 due to legislation contained in SB539. Requests for nebulizers for those affected by this elimination are currently handled through the Exceptions Process. The resulting increased volume of Exception requests strains limited staffing. The criteria applied through both the Exceptions Process and the DME Program are specific to diagnosis and condition.
Procedures subject to Pre-Certification	E0570NU – Nebulizer, with compressor.

Setting & Population:	All Medicaid fee-for-service patients	
----------------------------------	---------------------------------------	--

Type of Criteria:	<input type="checkbox"/> Increased risk of ADE <input type="checkbox"/> Appropriate Indications	<input checked="" type="checkbox"/> Non-Preferred Agent <input type="checkbox"/>
--------------------------	--	---

Data Sources:	<input type="checkbox"/> Only administrative databases	<input checked="" type="checkbox"/> Databases + Prescriber-supplied
----------------------	--	---

Setting & Population

- Procedure Group for review: Nebulizer E0570
- Age range: All patients

Approval Criteria

Approval Diagnoses (See Appendix A for Diagnosis Codes)	
Condition	Date Range
Obstructive pulmonary disease – COPD, asthma, emphysema	Past 24 months
Cystic Fibrosis	Past 24 months
Bronchiectasis	Past 24 months
HIV, Pneumocystosis OR Complications of organ transplants	Past 24 months
Persistent thick tenacious pulmonary secretions	Past 24 months
Croup	Past 24 months
RSV	Past 24 months
Acute Bronchiolitis	Past 24 months

Denial Criteria

- Purchase of a nebulizer within the past 60 months.
- Absence of a diagnosis or condition required in the approval criteria.

Approval Period

Duration of Need = Purchase

Appendix A: Small Nebulizer E0570 Diagnosis Codes



Appendix A
SVN.docx