



## Medical PA Criteria

Medical Procedure Class:	<b>Large Volume Nebulizer/Compressor</b>
Initial Implementation Date:	<b>09/18/2007</b>
Prepared for:	<b>MOHealth Net</b>
Prepared by:	<b>Conduent Business Services, LLC</b>

**New Criteria**

**Revision of Existing Criteria**

## Executive Summary

<b>Purpose:</b>	To allow a more consistent and streamlined process for authorization of large volume nebulizers.
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<b>Why was this Issue Selected:</b>	Senate Bill 577 passed by the 94 <sup>th</sup> General Assembly directs the MO HealthNet Division to utilize an electronic web-based system to authorize Durable Medical Equipment using best medical evidence and care and treatment guidelines, consistent with national standards to verify medical need.
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<b>Procedures subject to Pre-Certification</b>	E0565 – Compressor, air power source for equipment which is not self-contained or cylinder driven. E0585 – Nebulizer, with compressor and heater.
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<b>Setting &amp; Population:</b>	All MO HealthNet fee-for-service participants.
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<b>Type of Criteria:</b>	<input type="checkbox"/> <b>Increased risk of ADE</b>	<input checked="" type="checkbox"/> <b>Non-Preferred Agent</b>
	<input type="checkbox"/> <b>Appropriate Indications</b>	<input type="checkbox"/>

## Setting & Population

- Procedure Group for review: E0565, E0585
- Age range -- All patients

## Approval Criteria

Humidity required; and one of the following:

- Diagnosis of cystic fibrosis or bronchiectasis, or
- Patient has tracheostomy or tracheal/bronchial stent.

Approval Diagnosis (See Appendix A for Codes)	
Condition	Date Range
Cystic Fibrosis	24 months
Bronchiectasis	24 months
Tracheostomy	24 months
Tracheobronchial Stent	24 months

## Denial Criteria

- Purchase of nebulizer within the last 60 months.
- Absence of diagnostic conditions required in approval criteria.

## Approval Period

- E0565 – Rental only (RR) – 12 months
- E0585 -- Duration of need 1-8 months, rental (RR). Duration of need 9 months or more, purchase (NU).

## Appendix A: Approval Diagnosis Codes



## Appendix B: Possible Step 1 and Step 2 Questions

1. Does the patient require humidity?
2. What is the duration of need (in months)?