

## Medical PA Criteria

|                              |   |
|------------------------------|---|
| Medical Procedure Class:     | <b>DME<br/>Small Volume Nebulizer<br/>E0570NU</b> |
| Initial Implementation Date: | <b>July 10, 2007</b>                              |
| Prepared for:                | <b>MO HealthNet</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, streamlined process for nebulizer authorization.  |  |
| <b>Why was this Issue Selected:</b>            | 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. |  |
| <b>Procedures subject to Pre-Certification</b> | E0570NU – Nebulizer, with compressor.   |  |
| <b>Setting &amp; Population:</b>               | All Medicaid fee-for-service patients   |  |
| <b>Type of Criteria:</b>                       | <input type="checkbox"/> <b>Increased risk of ADE</b><br><input type="checkbox"/> <b>Appropriate Indications</b>  | <input checked="" type="checkbox"/> <b>Non-Preferred Agent</b><br><input type="checkbox"/> |
| <b>Data Sources:</b>                           | <input type="checkbox"/> <b>Only administrative databases</b>   | <input checked="" type="checkbox"/> <b>Databases + Prescriber-supplied</b>                 |

## 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

