



Aerosol System (Large Volume Nebulizer)

Documentation Required

- ❖ All insurance payers
 - Prescription
 - Medical record notes specifying medical necessity

- ❖ Medicaid
 - Medicaid Certificate of Medical Necessity – may replace Rx if all items with quantities are listed in the “Plan” section of the CMN

- ❖ Medicare
 - ✓ Start Date
 - ✓ Patient Name
 - ✓ Provider Name
 - ✓ Detailed description of item(s) prescribed (50 PSI air compressor, heater, aerosol tubing)
 - ✓ Quantity per month needed, and must be consistent with medical record notes
 - ✓ ICD-10 code(s)
 - ✓ Length of need
 - ✓ Provider signature with credentials (for Medicare recipients)
 - ✓ Provider signature date (in addition to start date of prescription for Medicare recipients)

- ❖ Medical record notes for Medicare recipients must specify
 - Documentation of tracheostomy; or
 - Documentation of cystic fibrosis, bronchiectasis, tracheobronchial stent; or
 - Documentation indicating large volume nebulizer (50 PSI air compressor) is necessary to administer pentamidine to beneficiaries with HIV, pneumocystis or complications of organ transplants
 - Medicare will deem the following ICD-10 codes qualifying for coverage:
 - *A15.0, B20, B59, E84.0, J39.8, J47, J47.1, J47.9, J98.09, Q33.4, T86.00, T86.01-T86.03, T86.09-T86.13, T86.19-T86.23, T86.290, T86.298, T86.30-T86.33, T86.39, T86.40-T86.43, T86.49, T86.5, T86.810, T86.811, T86.812, T86.812, T86.818, T86.819, T86.830-T86.832, T86.838, T86.850-T86.852, T86.828, T86.859, T86.890-T86.892, T86.898, T86.899, T86.90-T86.93, T86.99, Z43.0, Z93.0*