



Helpful hints for filing

Nebulizer with compressor

HCPCS Code E0570

Overview

The following information describes Medicare coverage and payment information regarding the use of Respironics' nebulizer products and is intended to be used as a guide. Information was obtained from the DMEPOS supplier manual from each region and the Nebulizer DME MAC LCD for each jurisdiction. Please review your supplier manual, or contact your DME MAC medical director or provider helpline for specific instructions.

The nebulizer with compressor is classified in the payment policy category "capped rental items." Therefore, accessories used in conjunction with the nebulizer are typically billed separately. HCPCS codes for billing Respironics' nebulizers and applicable accessories are provided below.

Definition

Administration set – Includes the lid, jar (or cup), baffles, tubing, T-piece and mouthpiece.

Compressor – An AC-powered device that delivers a fixed, low air pressure to a small volume nebulizer.

Nebulizer – The actual chamber where the liquid medication is changed into an aerosol or mist. The nebulizer typically consists of the lid, jar (or cup), and baffles.

Water collection device – A device for collecting water condensation. It is placed in line with the corrugated tubing and is normally used with a large-volume nebulizer.

PHILIPS

RESPIRONICS

Coding and replacement schedules for nebulizers and accessories

HCPCS code	Description	Modifiers*	Payment category
E0570	Nebulizer, with compressor	KH Initial claim KI 2nd or 3rd month KJ 4th to 13th month	Capped rental

*Payment of claims may be delayed without proper use of modifiers.

Individual accessories billed with a nebulizer can vary based on medical necessity. There may be several medically necessary combinations of accessories billed for

a specific nebulizer. The following table provides maximum replacement allowance for related accessories.

HCPCS code	Description	Maximum replacement allowance**	HCPCS code	Description	Maximum replacement allowance**
A4619	Face tent	1 per month	A7014	Filter, nondisposable, used with aerosol compressor or ultrasonic generator	1 per 3 months
A7003	Administration set with small-volume nonfiltered pneumatic nebulizer, disposable	2 per month	A7015	Aerosol mask, used with DME nebulizer	1 per month
A7004	Small-volume nonfiltered pneumatic nebulizer, disposable	2 per month (in addition to A7003)	A7016	Dome and mouthpiece, used with small volume ultrasonic nebulizer	2 per year
A7005	Administration set, with small-volume nonfiltered pneumatic nebulizer, non-disposable	1 per 6 months (1 per 3 months only with K0730)	A7017	Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen	1 per 3 years
A7006	Administrative set, with small-volume filtered pneumatic nebulizer	1 per month	A7525	Tracheostomy mask, each	1 per month
A7007	Large volume nebulizer, disposable, unfilled, used with aerosol compressor	2 per month	E1372	Immersion external heater for nebulizer	1 per 3 years
A7010	Corrugated tubing, disposable, used with large-volume nebulizer, 100 feet	1 per 2 months	E0580	Nebulizer, durable, glass or autoclavable plastic, bottle type, for use with regulator or flow meter	
A7011	Corrugated tubing, non-disposable, used with large-volume nebulizer, 10 feet	1 per year	G0333	Pharmacy dispensing fee for inhalation drug(s), initial 30-day supply as a beneficiary	1 unit (100 ft) per 2 months
A7012	Water collection device, used with large-volume nebulizer	2 per month	Q0513	Pharmacy dispensing fee for inhalation drug(s), per 30 days	1 per month
A7013	Filter, disposable, used with aerosol compressor	2 per month	Q0514	Pharmacy dispensing fee for inhalation drug(s), per 90 days	1 per 3 months

**When submitting claims for accessories and supplies greater than those described in the Nebulizer policy as the usual maximum amounts, a copy of the prescription(s) and physician narrative documentation supporting the medical necessity for the higher utilization must accompany each claim.

Billing guidelines

DME MACs require use of the Level II HCPCS codes and descriptors when billing for Respironics nebulizer products. Currently, a Certificate of Medical Necessity (CMN) or DME Information Form (DIF) is not required. Therefore, the CMS-1500 form should be filed, listing E0570, Nebulizer with compressor.

An order for equipment, accessories, drugs and related supplies must be signed and dated by the physician and kept on file by the supplier. Each order must include a narrative diagnosis and/or ICD-9-CM code indicating medical necessity for nebulizer therapy. Additionally, the patient's record must contain supporting medical necessity documentation for each item ordered. This information is not required to be submitted with the claim, but should be available to the DME MAC upon request.

Claims for accessories and drugs that exceed the maximum allowances will be denied as not medically necessary unless accompanied by documentation

justifying the larger quantities. In these situations, supporting documentation should be attached to each hard-copy claim or transcribed into the HAO record of each electronic claim.

A Home Medical Equipment (HME) provider coordinating therapy for a patient may only provide, and bill for, the associated equipment (e.g., the nebulizer) unless the provider is also a licensed pharmacy. Medicare requires that medications used with the nebulizer must be dispensed and billed for by a licensed pharmacy. Medicare has strict coverage guidelines for medications used with E0570. If a drug used with a nebulizer is not covered, the nebulizer, compressor, and other related accessories/ supplies will be denied as not medically necessary. Certain compounded inhalation solutions used with a nebulizer may also be denied as not medically necessary. It is important to refer to your local DME MAC LCD for specific coverage parameters for drugs and accessories billed in conjunction with a nebulizer. The table below provides a few examples of medications covered when used for the corresponding indications.

Adminstration of:	Treatment of:
Beta-adrenergics, anticholinergics, corticosteroids, and cromolyn	Obstructive pulmonary disease <i>ICD-9-CM codes: 491.0 – 508.9</i>
Gentamicin, tobramycin, amikacin, or dornase alfa	Cystic fibrosis <i>ICD-9-CM code: 277.02</i>
Pentamidine	HIV <i>ICD-9-CM code: 042</i> Pneumocystosis <i>ICD-9-CM code: 136.3</i> Complications of organ transplants <i>ICD-9-CM codes: 996.80 – 996.89</i>
Mucolytics (other than dornase alpha)	For persistent thick or tenacious pulmonary secretions <i>ICD-9-CM codes: 786.40 and 480.0 – 508.9</i>
Tobramycin	Brochiectasis <i>ICD-9-CM codes: 494.0, 494.1, 748.61, 011.50 – 011.56, 277.02</i>

This information should not be considered to be either legal or reimbursement advice. Given the rapid and constant change in public and private reimbursement, Philips Respironics cannot guarantee the accuracy or timeliness of this information and urges you to seek your own counsel and experts for guidance related to reimbursement, including coverage, coding and payment.

For more information from Philips Respironics

Reimbursement	Customer service	Website
Information & fee schedules Educational materials & questions (coding, coverage and payment)	1-800-345-6443; listen to the instructions and follow prompts to select the insurance reimbursement information option	www.philips.com/respironics

**Philips Healthcare is part of
Royal Philips Electronics**

How to reach us

www.philips.com/healthcare
healthcare@philips.com
fax: +31 40 27 64 887

Asia
+852 2821 5888

Europe, Middle East, Africa
+49 7031 463 2254

Latin America
+55 11 2125 0744

North America
+1 425 487 7000
800 285 5585 (toll free, US only)

Philips Respironics
1010 Murry Ridge Lane
Murrysville, PA 15668

Customer Service
+1 724 387 4000
800 345 6443 (toll free, US only)

Respironics Asia Pacific
+65 6298 1088

Respironics Australia
+61 (2) 9666 4444

Respironics Deutschland
+49 8152 93 06 0

Respironics Europe, Middle East, Africa
+33 1 47 52 30 00

Respironics France
+33 2 51 89 36 00

Respironics Italy
+39 03 62 63 43 1

Respironics Sweden
+46 8 120 45 900

Respironics Switzerland
+41 6 27 45 17 50

Respironics United Kingdom
+44 800 1300 845

www.philips.com/respironics

Respironics is a trademark of Respironics, Inc. and its affiliates.



©2009 Koninklijke Philips Electronics N.V. All rights are reserved.

Philips Healthcare reserves the right to make changes in specifications and/or to discontinue any product at any time without notice or obligation and will not be liable for any consequences resulting from the use of this publication.

CAUTION: US federal law restricts these devices to sale by or on the order of a physician.

JH 07/08/09 MCI 4102540