AdvancedHealth
Bridging the Future of Healthcare

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Nebulizer Machine (Compressor and Accessories) Drug Use Criteria

Created: 10/1/2025
Reviewed: 10/8/2025

Includes:
Nebulizer Machine (Compressor and Accessories)

GUIDELINE FOR USE:

Initial Request:

1. Is the request submitted with a complete prior authorization (PA) form including all required documentation?
    a. If yes, go to 2
    b. If no, deny as not meeting criteria

2. Does the request include pulmonary function test (PFT) results supporting the diagnosis (e.g., COPD, asthma, cystic fibrosis, bronchiectasis)?
    a. If yes, go to 3
    b. If no, deny as not meeting criteria

3. Does the member have a covered diagnosis consistent with OHA guidelines for nebulizer use? (COPD with airflow limitation confirmed by PFT; moderate to severe asthma; bronchiectasis; cystic fibrosis; tracheostomy with secretion management; or use of inhaled drugs that require nebulization such as treprostinil)
    a. If yes, go to 4
    b. If no, deny as not meeting criteria

4. Is there documentation that a metered-dose inhaler (MDI), with or without spacer/reservoir, was attempted OR is contraindicated/insufficient for the member?

    ***Poor administration technique does not constitute treatment failure. Member should be educated on proper product use, with spacer and/or mask if appropriate, if a technique issue is identified by the provider.*

    a. If yes, go to 5
    b. If no, deny as not meeting criteria

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5. Is the nebulizer requested for administration of a covered inhaled drug with an FDA-approved nebulized formulation?
    a. If yes, approve up to 12 months
    b. If no, deny as not meeting criteria.

Renewal Request:

1. Are requested accessories (tubing, mask, filters) within OHA replacement frequency guidelines as listed in Table 1?
    a. If yes, approve up to 12 months
    b. If no, go to 2

2. Is there clear documentation provided in the member's medical records corroborating the medical appropriateness of the current use with supply quantities greater than those described in Table 1?
    a. If yes, approve for up to 12 months
    b. If no, deny as not meeting criteria

TABLE 1

HCPCS Code	Usual Maximum Replacement
A4619	1 Per Month
A7003	2 Per Month
A7004	2 Per Month (in addition to A7003)
A7005	1 Per 6 Months
A7006	1 Per Month
A7010	1 Unit (100 ft) Per 2 Months
A7011	1 Per Year
A7012	2 Per Month
A7013	2 Per Month
A7014	1 Per 3 Months
A7015	1 Per Month
A7017	1 Per 3 Year
A7525	1 Per Month
E1372	1 Per 3 Years

Rationale: To provide prior authorization (PA) review guidance for approval of nebulizer systems (compressors, machines, and accessories) consistent with Oregon Health Authority (OHA) rules and Oregon Administrative Rules (OAR 410-122-0204).

References:

1. Oregon Health Authority, Oregon Administrative Rules (OAR) 410-122-0204: Nebulizers, available at: https://oregon.public.law/rules/oar_410-122-0204

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2. Oregon Health Authority, Durable Medical Equipment Program Changes, effective Jan 1, 2024: https://www.oregon.gov/oha/HSD/OHP/Policies/122-Changes-010124.pdf
3. Centers for Medicare & Medicaid Services (CMS), National Coverage Determinations (NCD) for Durable Medical Equipment.