

## Nebulizer Reason Codes and Statements

November 17, 2021

Reason Code	LCD CRITERIA
NB000	The medical record documentation does not support the beneficiary has obstructive pulmonary disease. Refer to Local Coverage Determination L33370 and Policy Article A52466.
NB001	The medical record documentation does not support the beneficiary has cystic fibrosis for the administration of dornase alpha (J7639). Refer to Local Coverage Determination L33370 and Policy Article A52466.
NB002	The medical record documentation does not support the beneficiary has human immunodeficiency virus infection, pneumocystosis or complications of organ transplants for the administration of pentamidine (J2545). Refer to Local Coverage Determination L33370 and Policy Article A52466.
NB003	The medical record documentation does not support the beneficiary has persistent thick or tenacious pulmonary secretions for the administration of acetylcysteine (J7608). Refer to Local Coverage Determination L33370 and Policy Article A52466.
NB004	A large ultrasonic nebulizer (E0575) offers no proven clinical advantage and therefore will be denied. Refer to Local Coverage Determination L33370 and Policy Article A52466.
NB005	The records indicate the drug is not being administered via a nebulizer. Drugs that are not administered through durable medical equipment (DME) are statutorily non-covered by the DME MACs but may be covered under other Medicare benefits (i.e., Medicare Part D). Refer to Local Coverage Determination L33370 and Policy Article A52466.
NB006	The medical record documentation does not support the beneficiary has tuberculosis, cystic fibrosis, or bronchiectasis for the administration of tobramycin (J7682). Refer to Local Coverage Determination L33370 and Policy Article A52466.
NB007	The medical record documentation does not support the beneficiary has pulmonary artery hypertension. Refer to Local Coverage Determination L33370 and Policy Article A52466.
NB008	The medical record documentation does not support the pulmonary hypertension is secondary to pulmonary venous hypertension or disorders of the respiratory system. Refer to Local Coverage Determination L33370 and Policy Article A52466.
NB009	The medical record documentation does not support the beneficiary has primary pulmonary hypertension. Refer to Local Coverage Determination L33370 and Policy Article A52466.
NB010	The medical record documentation does not support the pulmonary hypertension is not secondary to pulmonary venous hypertension (e.g., left sided atrial or ventricular disease, left sided valvular heart disease, etc.) or disorders of the respiratory system

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	(e.g., chronic obstructive pulmonary disease, interstitial lung disease, obstructive sleep apnea or other sleep disordered breathing, alveolar hypoventilation disorders, etc.) Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB011</b>	The medical record documentation does not support the beneficiary has pulmonary hypertension which is secondary to connective tissue disease, thromboembolic disease of the pulmonary arteries, human immunodeficiency virus infection, cirrhosis, anorexigens, or congenital left to right shunts. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB012</b>	The medical record documentation does not support the pulmonary hypertension has progressed despite maximal medical and/or surgical treatment of the identified condition. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB013</b>	The medical record documentation does not support a mean pulmonary artery pressure greater than 25 mm Hg at rest or greater than 30 mm Hg with exertion. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB014</b>	The medical record documentation does not support the beneficiary has significant symptoms from the pulmonary hypertension (i.e., severe dyspnea on exertion, and either fatigability, angina, or syncope). Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB015</b>	The medical record documentation does not support treatment with oral calcium channel blocking agents has been tried and failed or has been considered and ruled out. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB016</b>	The medical record documentation does not support the beneficiary is being treated with Iloprost (Q4074) for pulmonary hypertension. A controlled dose inhalation drug delivery system (K0730) is covered to deliver Iloprost (Q4074) to beneficiaries with pulmonary hypertension only. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB017</b>	The medical record documentation does not support the beneficiary is being treated with treprostinil (J7686) for pulmonary hypertension. A small volume ultrasonic nebulizer (E0574) is covered to deliver treprostinil (J7686) to beneficiaries with pulmonary hypertension only. Refer to Local Coverage Determination L33370 and Policy Article A52466.

<b>Reason Code</b>	<b>UTILIZATION</b>
<b>NB100</b>	The amount of inhalation drug billed exceeds the maximum milligrams/month that is reasonable and necessary. Refer to Local Coverage Determination L33370 and Policy Article A52466.

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<b>NB101</b>	The number of units listed on the claim is above the Local Coverage Determination (LCD) policy allowance. Refer to Local Coverage Determination L33370 and Policy Article A52466.
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<b>Reason Code</b>	<b>DISPENSING FEES</b>
<b>NB200</b>	The dispensing fee G0333, which is a once in a lifetime fee, has already been billed and paid. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB201</b>	The dispensing fee Q0513 has been billed and paid for 12 times within a 12-month period. Medicare will not pay for more than 12 months of dispensing fees per beneficiary per 12-month period. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB202</b>	The dispensing fee Q0514 has been billed and paid for 12 times within a 12-month period. Medicare will not pay for more than 12 months of dispensing fees per beneficiary per 12-month period. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB203</b>	The dispensing fee was billed greater than the 10 days before the end of usage for the current 30-day or 90-day period for which a dispensing fee was previously paid. Refer to Local Coverage Determination L33370 and Policy Article A52466.

<b>Reason Code</b>	<b>ACCESSORIES</b>
<b>NB300</b>	Coverage criteria for the drug(s) used with a nebulizer is not met, therefore the compressor, the nebulizer and other related accessories/supplies will be denied as not reasonable and necessary. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB301</b>	Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable (A7005) exceeds the usual maximum replacement of one per three months when used with a controlled dose inhalation drug delivery system (K0730). Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB302</b>	The dome and mouthpiece (A7016) exceeds the usual maximum replacement of two per year. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB303</b>	The face tent (A4619) exceeds the usual maximum replacement of one per month. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB304</b>	The administration set (A7003), with small volume nonfiltered pneumatic nebulizer, disposable exceeds the usual maximum replacement of two per month. Refer to Local Coverage Determination L33370 and Policy Article A52466.

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<b>NB305</b>	The small volume nonfiltered pneumatic nebulizer, disposable (A7004) exceeds the usual maximum replacement of two per month. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB306</b>	The administration set (A7005), with small volume nonfiltered pneumatic nebulizer, non-disposable exceeds the usual maximum replacement of one per six months. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB307</b>	The administration set (A7006), with small volume nonfiltered pneumatic nebulizer exceeds the usual maximum replacement of one per month. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB308</b>	The large volume nebulizer, disposable, unfilled (A7007), used with aerosol compressor exceeds the usual maximum replacement of two per month. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB309</b>	The corrugated tubing, disposable (A7010), used with large volume nebulizer, 100 feet exceeds the usual maximum replacement of one unit per two months. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB310</b>	The water collection device (A7012), used with large volume nebulizer exceeds the usual maximum replacement of two per month. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB311</b>	The filter, disposable (A7013), used with aerosol compressor or ultrasonic generator exceeds the usual maximum replacement of two per month. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB312</b>	The filter, non-disposable (A7014), used with aerosol compressor or ultrasonic generator exceeds the usual maximum replacement of one per three months. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB313</b>	The aerosol mask (A7015), used with DME nebulizer exceeds the usual maximum replacement of one per month. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB314</b>	The nebulizer, durable, glass or autoclavable plastic, bottle type (A7017), not used with oxygen exceeds the usual maximum replacement of one per three years. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB315</b>	The tracheostomy mask (A7525) exceeds the usual maximum replacement of one per month. Refer to Local Coverage Determination L33370 and Policy Article A52466.
<b>NB316</b>	The immersion external heater for nebulizer (E1372) exceeds the usual maximum replacement of one per three years. Refer to Local Coverage Determination L33370 and Policy Article A52466.

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<b>Reason Code</b>	<b>ADMINISTRATIVE/OTHER</b> <i>(For Transmission via esMD)</i>
<b>GEX04</b>	Other
<b>GEX05</b>	The system used to retrieve the Subscriber/Insured details using the given MBI is temporarily unavailable.
<b>GEX06</b>	The documentation submitted is incomplete
<b>GEX07</b>	This submission is an unsolicited response
<b>GEX08</b>	The documentation submitted cannot be matched to a case/claim
<b>GEX09</b>	This is a duplicate of a previously submitted transaction
<b>GEX10</b>	The date(s) of service on the cover sheet received is missing or invalid.
<b>GEX11</b>	The NPI on the cover sheet received is missing or invalid.
<b>GEX12</b>	The state where services were provided is missing or invalid on the cover sheet received.
<b>GEX13</b>	The Medicare ID on the cover sheet received is missing or invalid.
<b>GEX14</b>	The billed amount on the cover sheet received is missing or invalid.
<b>GEX15</b>	The contact phone number on the cover sheet received is missing or invalid.
<b>GEX16</b>	The Beneficiary name on the cover sheet received is missing or invalid
<b>GEX17</b>	The Claim number on the cover sheet received is missing or invalid
<b>GEX18</b>	The ACN on the coversheet received is missing or invalid
<b>GEX19</b> (Effective 10/01/2021)	Provider is exempted from submitting this PA request