PARTNERSHIP HEALTHPLAN OF CALIFORNIA

GUIDELINE / PROCEDURE

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<tr><td colspan="4">Policy/Procedure Number: MPUG3031 (previously UG100331)</td><td colspan="3">Lead Department: Health Services
Business Unit: Utilization Management</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Nebulizer Guidelines</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 05/30/1995</td><td colspan="4">Next Review Date: 04/08/2027
Last Review Date: 04/08/2026</td></tr>
<tr><td>Applies to:</td><td colspan="2">☐ Employees</td><td>☒ Medi-Cal</td><td colspan="3">☒ Partnership Advantage</td></tr>
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<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALING</td><td colspan="3">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 04/08/2026</td></tr>
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I. RELATED POLICIES:

A. MCUP3041 - Treatment Authorization Request (TAR) Review Process
B. MCUP3013 - Durable Medical Equipment (DME) Authorization
C. MPUP3039 - Direct Members
D. MPXG5001 - Clinical Practice Guidelines for the Diagnosis & Management of Asthma

II. IMPACTED DEPTS:

A. Health Services
B. Member Services
C. Claims

III. DEFINITIONS:

A. Direct Member: Direct Members are those whose service needs are such that Primary Care Provider (PCP) assignment would be inappropriate. Assignment to Direct Member status is based on the Member's aid code, prime insurance, demographics, or administrative approval based on qualified circumstances. A Referral Authorization Form (RAF) is not required for Direct Members to see Partnership network providers and/or certified Medi-Cal providers willing to bill Partnership for covered services. However, many specialists will still request a RAF from the PCP to communicate background patient information to the specialist and to maintain good communication with the PCP.
B. Partnership Advantage: Effective January 1, 2028, Partnership HealthPlan of California will operate a Centers for Medicare & Medicaid Services (CMS)-approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Partnership Advantage enrollees will be qualified to receive both Medi-Cal and Medicare services as described in the Partnership Advantage Member Handbook.

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

The following guidelines are used by the Utilization Management (UM) staff when reviewing a Treatment Authorization Request (TAR) request for a nebulizer.

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Policy/Procedure Title: Nebulizer Guidelines		☒ **External Policy** ☐ **Internal Policy**	
Original Date: 05/30/1995		**Next Review Date: 04/08/2027** **Last Review Date: 04/08/2026**	
Applies to:	☐ **Employees**	☒ **Medi-Cal**	☒ **Partnership Advantage**

VI. GUIDELINE / PROCEDURE:

A. A nebulizer must be ordered by the primary care provider (PCP) or specialist who is treating the Member. For Direct Members, the nebulizer must be ordered by the provider who is currently managing the medical care for the Member.

B. A nebulizer can be ordered for a Member when it is reasonable and necessary to improve a condition related to breathing such as:
   1. Chronic Lung Disease
   2. Cystic Fibrosis
   3. Asthma
   4. Bronchopulmonary Dysplasia (Pediatric)

C. For Medicare criteria specific to Partnership Advantage enrollees, refer to the Medicare National Coverage Determinations (NCD) Manual 100-03: Chapter 1, Part 4 and Medicare Local Coverage Determination (LCD) L33370 Nebulizers.

D. A nebulizer does not require a TAR when the billed price is less than $200 including tax. A diagnosis of respiratory need is still required for medical justification of a nebulizer.

E. When the billed price including tax is $200 or more, a TAR is required and it must include documentation of medical necessity of chronic home use of nebulizer therapy and the following information related to the condition:
   1. Description of the severity and frequency of the symptoms
   2. Frequency of emergency visits if present
   3. Frequency of hospitalizations if present
   4. Trial and failure of treatment with a metered dose inhaler (MDI)

F. The physician order must include:
   1. Medications to be administered with the nebulizer
      a. Partnership Medi-Cal Members: The pharmacy (prescription) benefit was carved-out to State Medi-Cal as of January 1, 2022. For State Medi-Cal authorization requirements, please refer to the State Medi-Cal Rx Education & Outreach page at this website https://medi-calrx.dhcs.ca.gov/home/education/
      b. Partnership Advantage Enrollees: Effective January 1, 2028, the pharmacy benefit for Partnership Advantage enrollees is delegated to a pharmacy benefit manager.
         1) Note that Medicare prohibits Part D (pharmacy) coverage when Part B (DME) is available.
   2. Frequency of administration
   3. Length of time the Member requires the nebulizer

G. The TAR should include information or assessment regarding the patient/caretaker's ability to use the equipment properly.

H. Nebulizers may be purchased for Partnership Members who have a chronic or non-reversible respiratory condition. Otherwise, authorization of rental equipment will be reviewed on an individual basis for Members with a short term illness.

I. Members may be able to obtain a nebulizer (and certain other medical devices that do not require a TAR) through the Partnership Medical Equipment Distribution Services (PMEDS) program when their Provider submits a request form on their behalf. The PMEDS program serves all Partnership Members as an efficient means of fulfilling orders for certain home medical devices that are prescribed by medical providers. Form and information can be found on the Partnership website at https://www.partnershiphp.org/Providers/Medi-Cal/Pages/PMEDS%20Program.aspx

VII. REFERENCES:

A. Medi-Cal Provider Manual/ Guidelines

B. DHCS All Plan Letter (APL) 25-013 Medi-Cal Rx Pharmacy Benefits and Cell and Gene Therapy Coverage (09/18/2025)

C. Medicare National Coverage Determinations (NCD) Manual 100-03: Chapter 1, Part 4, Sections 200.2 Nebulized Beta Adrenergic Agonist Therapy for Lung Diseases (Revision 173 Issued 09/04/14 effective upon Implementation of ICD-10) and 280.1 Durable Medical Equipment Reference List (Revision effective 05/16/2023)
D. Medicare Local Coverage Determination (LCD) L33370 Nebulizers Revision Effective Date 01/01/2024 or any subsequent updates published by CMS.

VIII. DISTRIBUTION:
A. Partnership Department Directors
B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES:
04/28/00; 06/20/01; 09/18/02; 10/20/04; 10/19/05; 08/20/08; 11/18/09; 05/18/11; 02/20/13; 01/21/15; 01/20/16; 01/18/17; *02/14/18; 02/13/19; 03/11/20; 02/10/21; 03/09/22; 04/12/23; 05/08/24; 06/11/25; 04/08/26

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:
Healthy Kids MPUG3031 (Healthy Kids program ended 12/01/2016)
01/21/15 to 12/01/2016

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.