

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA**  
**GUIDELINE / PROCEDURE**

<b>Policy/Procedure Number:</b> MPUG3031 (previously UG100331)			<b>Lead Department:</b> Health Services	
<b>Policy/Procedure Title:</b> Nebulizer Guidelines			<input checked="" type="checkbox"/> <b>External Policy</b> <input type="checkbox"/> <b>Internal Policy</b>	
<b>Original Date:</b> 05/30/1995		<b>Next Review Date:</b> 05/08/2025 <b>Last Review Date:</b> 05/08/2024		
<b>Applies to:</b>	<input checked="" type="checkbox"/> <b>Medi-Cal</b>		<input type="checkbox"/> <b>Employees</b>	
<b>Reviewing Entities:</b>	<input checked="" type="checkbox"/> <b>IQI</b>	<input type="checkbox"/> <b>P &amp; T</b>	<input checked="" type="checkbox"/> <b>QUAC</b>	
	<input type="checkbox"/> <b>OPERATIONS</b>	<input type="checkbox"/> <b>EXECUTIVE</b>	<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>DEPARTMENT</b>
<b>Approving Entities:</b>	<input type="checkbox"/> <b>BOARD</b>		<input type="checkbox"/> <b>COMPLIANCE</b>	<input type="checkbox"/> <b>FINANCE</b>
	<input type="checkbox"/> <b>CEO</b>	<input type="checkbox"/> <b>COO</b>	<input type="checkbox"/> <b>CREDENTIALING</b>	<input checked="" type="checkbox"/> <b>PAC</b>
<b>Approval Signature:</b> Robert Moore, MD, MPH, MBA			<b>Approval Date:</b> 05/08/2024	

**I. RELATED POLICIES:**

- A. MCUP3041 - Treatment Authorization Request (TAR) Review Process
- B. MCUP3013 - Durable Medical Equipment (DME) Authorization
- C. MCUP3039 - 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:**

N/A

**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.

**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 who requires regular nebulizer treatments and has one of the following diagnoses:
  - 1. Chronic Lung Disease
  - 2. Cystic Fibrosis
  - 3. Asthma
  - 4. Bronchopulmonary Dysplasia (Pediatric)
- C. 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.

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- D. 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)
- E. The physician order must include:
1. Medications<sup>1</sup> to be administered with the nebulizer
  2. Frequency of administration
  3. Length of time the member requires the nebulizer
- F. The TAR should include information or assessment regarding the patient/caretaker's ability to use the equipment properly.
- G. Nebulizers may be purchased for Partnership HealthPlan of California 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.
- H. Members may be able to obtain a nebulizer through the Partnership Medical Equipment Distribution Services (PMEDS) program when they meet medical criteria and their Provider submits a [request form](#) on their behalf. Forms can be found on the Partnership website at [www.partnershiphp.org](http://www.partnershiphp.org) in the Provider Section. Keywords: Medical Equipment Distribution Services Request Form

## VII. REFERENCES:

- A. Medi-Cal Provider Manual/ Guidelines
- B. DHCS All Plan Letter ([APL 22-012 Revised](#)) – Governor's Executive Order N-01-19 Regarding Transitioning Medi-Cal Pharmacy Benefits From Managed Care to Medi-Cal Rx 12/30/2022)

## VIII. DISTRIBUTION:

- A. Partnership Department Directors
- B. Partnership Provider Manual

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

## X. REVISION DATES:

### Medi-Cal

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

\*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

<sup>1</sup> Effective January 1, 2022 with the implementation of Medi-Cal Rx, the pharmacy benefit is carved-out to Medi-Cal Fee-For-Service as described in [APL 22-012 Revised](#) "Governor's [Executive Order N-01-19](#) regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal Rx," and all medications (Rx and OTC) which are provided by a pharmacy must be billed to the State Medi-Cal/ DHCS contracted pharmacy administrator instead of Partnership. Please refer to the State Medi-Cal Rx Education & Outreach page at this website: <https://medi-calrx.dhcs.ca.gov/home/education/>

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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.