



Related MLN Matters Article #: MM5820

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## Nebulized Beta Adrenergic Agonist Therapy for Lung Diseases

### Key Words

MM5820, CR5820, R79NCD, Nebulized, Beta, Adrenergic, Agonist, Therapy, Lung

### Provider Types Affected

Providers and suppliers who bill Medicare Carriers, Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), Part A/B Medicare Administrative Contractors (A/B MACs), and Durable Medical Equipment Contractors (DME MACs) for nebulized beta adrenergic agonist therapy services for lung diseases

### Key Points

- The effective date of the instruction is September 10, 2007.
- The implementation date is January 22, 2008.
- Change Request (CR) 5820 provides that (effective September 10, 2007) no National Coverage Determination (NCD) for nebulized beta adrenergic agonist therapy for lung diseases is appropriate.
- Providers should make sure that their billing staffs are aware that local contractors will continue to make Section 1862(a)(1)(A) reasonable and necessary decisions through a local coverage determination process or case-by-case adjudication.
- **Providers should note: No changes to process or policy are being made with CR5820.**

### Background

- Lung diseases such as chronic obstructive pulmonary disease (COPD) and asthma are characterized by airflow limitation that may be partially or completely reversible.
- Pharmacologic treatment with bronchodilators (intended to improve the movement of air into and from the lungs by relaxing and dilating the bronchial passageways) is used to prevent and/or control daily symptoms that may cause disability for persons with these diseases.
- Beta adrenergic agonists (which can be administered via nebulizer, metered dose inhaler, orally, or dry powdered inhaler) are a commonly prescribed class of bronchodilator drug. For example, nebulized beta adrenergic agonist with racemic albuterol has been used for many years, and more recently, levalbuterol, the (R) enantiomer of racemic albuterol, has been used in some patient populations.

- Because of concerns regarding the appropriate use of nebulized beta adrenergic agonist therapy for lung disease, the Centers for Medicare & Medicaid Services (CMS) internally generated a formal request for a NCD to determine when treatment with a nebulized beta adrenergic agonist is reasonable and necessary for Medicare beneficiaries with COPD.
- The examination of the published medical evidence did not provide sufficient information that would enable CMS to define, at this time, specific populations of patients who would benefit from a particular treatment with particular medications.
- Because an NCD is defined, in part, as including “whether or not a particular item or service is covered nationally” under title XVIII, sections 1862(l), 1869(f)(1)(B), CMS does not believe a national policy is possible or prudent at this time.
- Effective with dates of service on and after September 10, 2007, Medicare contractors will continue to make 1862(a)(1)(A) reasonable and necessary decisions and process claims for nebulized beta adrenergic agonist therapy for lung disease through their local coverage determination process or case-by-case adjudication.

## Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5820.pdf> on the CMS website.

The official instruction (CR5820) issued regarding this change can be found at

<http://www.cms.hhs.gov/Transmittals/downloads/R79NCD.pdf> on the CMS website.

Providers will find the *Medicare National Coverage Determinations Manual*, Chapter 1, Part 4 (Sections 200 – 310.1), Coverage Determinations, Section 200.2 - Nebulized Beta Adrenergic Agonist Therapy for Lung Diseases – (Effective September 10, 2007) as an attachment to CR5820.

If providers have any questions, they may contact their Medicare contractor at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.