

Nebulizer Reason Codes and Statements
August 12, 2026

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	<i>The medical record documentation does not support the beneficiary has cystic fibrosis for the administration of dornase alfa (J7639). Refer to Local Coverage Determination L33370 and Policy Article A52466.</i>
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	<i>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 other than interstitial lung disease (e.g., chronic obstructive pulmonary disease, obstructive sleep apnea or other sleep disordered breathing, alveolar hypoventilation disorders, etc.). Refer to Local Coverage Determination L33370 and Policy Article A52466.</i>

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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 (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.
NB011	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.
NB012	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.
NB013	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.
NB014	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.
NB015	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.
NB016	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.
NB017	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.

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Reason Code	UTILIZATION
NB100	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.
NB101	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.
NB102	<i>The medical record documentation does not support the beneficiary has pulmonary hypertension associated with interstitial lung disease and all of the following: the presence of interstitial lung disease has been confirmed by a high-resolution CT scan of the chest, and the mean pulmonary artery pressure is greater than or equal to 25 mm Hg, and the pulmonary capillary wedge pressure or left ventricular end-diastolic pressure is less than or equal to 15 mm Hg, and the pulmonary vascular resistance is greater than or equal to 3 Wood Units at rest, and the beneficiary has significant symptoms of pulmonary hypertension (e.g., dyspnea on exertion, fatigability). Refer to Local Coverage Determination L33370 and Policy Article A52466.</i>
NB103	<i>Payment may be made for supplies that are necessary for the effective use of durable medical equipment. There is not a compressor in Medicare claims history and the narrative is missing, the claim is denied as missing the equipment that requires the supply or drug.</i>

Reason Code	DISPENSING FEES
NB200	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.
NB201	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.
NB202	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.

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NB203	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.
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Reason Code	ACCESSORIES
NB300	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.
NB301	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.
NB302	The dome and mouthpiece (A7016) exceeds the usual maximum replacement of two per year. Refer to Local Coverage Determination L33370 and Policy Article A52466.
NB303	The face tent (A4619) exceeds the usual maximum replacement of one per month. Refer to Local Coverage Determination L33370 and Policy Article A52466.
NB304	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.
NB305	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.
NB306	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.
NB307	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.
NB308	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.
NB309	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.

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NB310	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.
NB311	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.
NB312	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.
NB313	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.
NB314	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.
NB315	The tracheostomy mask (A7525) exceeds the usual maximum replacement of one per month. Refer to Local Coverage Determination L33370 and Policy Article A52466.
NB316	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.

Reason Code	ADMINISTRATIVE/OTHER <i>(For Transmission via esMD)</i>
GEX04	Other
GEX05	The system used to retrieve the Subscriber/Insured details using the given MBI is temporarily unavailable.
GEX06	<i>The documentation is incomplete.</i>
GEX07	<i>This submission is an unsolicited response.</i>
GEX08	<i>The documentation cannot be matched to a case/claim.</i>
GEX09	<i>This is a duplicate of a previous transaction.</i>
GEX10	The date(s) of service on the cover sheet received is missing or invalid.
GEX11	The NPI on the cover sheet received is missing or invalid.
GEX12	The state where services were provided is missing or invalid on the cover sheet received.
GEX13	The Medicare ID on the cover sheet received is missing or invalid.

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GEX14	The billed amount on the cover sheet received is missing or invalid.
GEX15	The contact phone number on the cover sheet received is missing or invalid.
<i>GEX16</i>	<i>The Beneficiary name on the cover sheet received is missing or invalid.</i>
<i>GEX17</i>	<i>The Claim number on the cover sheet received is missing or invalid.</i>
<i>GEX18</i>	<i>The ACN on the coversheet received is missing or invalid.</i>
GEX19 (Effective 10/01/2021)	<i>Provider is exempted from submitting this PA request.</i>