

# Aetna Better Health® of Oklahoma SoonerSelect Durable Medical Equipment program



Aetna Better Health®  
of Oklahoma

RE: Pharmacy

Greetings provider partner,

The following information provides billing guidance to pharmacies for nebulizer equipment and related supplies through the SoonerSelect Pharmacy Durable Medical Equipment (DME) program.

Be well,  
Aetna Better Health® of Oklahoma

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Provider type(s) -

☒ DME

Line of business:

☒ SoonerSelect

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# Aetna Better Health® of Oklahoma SoonerSelect Pharmacy Durable Medical Equipment program

## Billing/reimbursement

Nebulizer equipment is classified as DME and may be billed by the pharmacy when dispensed according to SoonerSelect guidelines. Claims for DME should be billed directly to Aetna Better Health as part of the member's medical benefits.

Pharmacies who supply DME to SoonerSelect members must be contracted and registered with OHCA as a DME supply dealer for payment.

## HCPC code sets for billing nebulizer

The following code sets may be used to bill nebulizer types:

- Standard compressor nebulizers (E0570)
- Battery-powered compressor nebulizers (E0570 with appropriate modifier)
- Small volume nebulizers (E0574)-typically requires prior authorization

## Diagnosis codes used

The diagnosis codes below are common (ICD-10CM) codes associated with billing nebulizers as DME for pharmacies:

### Asthma (J45.XX series)

- J45.20 - J45.22: Mild, intermittent asthma
- J45.30 - J45.32: Mild, persistent asthma
- J45.40 - J45.42: Moderate, persistent asthma
- J45.50 - J45.52: Severe, persistent asthma
- J45.901: Unspecified asthma with (acute) exacerbation
- J45.909: Unspecified asthma, uncomplicated

### Chronic Obstructive Pulmonary Disease (COPD)

- J44.0: COPD with acute lower respiratory infection
- J44.1: COPD with (acute) exacerbation
- J44.9: COPD, unspecified

NOTE: E0570 and E0574 does not require PA when using the LL modifier. If adding PA to E0574, approval is required. Members are allowed one in a five-year period without obtaining a Prior Authorization. Should a member need a new device prior to the five-year period, a provider can submit a PA request with supporting justification for continued use and medical need for the item.

## Bronchiectasis

- J47.0: Bronchiectasis with acute lower respiratory infection
- J47.1: Bronchiectasis with (acute) exacerbation
- J47.9: Bronchiectasis, uncomplicated

## Cystic fibrosis

- E84.0: Cystic fibrosis with pulmonary manifestations
- E84.8: Cystic fibrosis with other manifestations
- E84.9: Cystic fibrosis, unspecified

## Other respiratory conditions

- J41.0 - J41.8: Simple and mucopurulent chronic bronchitis
- J42: Unspecified chronic bronchitis
- J43.0 - J43.9: Emphysema
- J47.0 - J47.9: Bronchiectasis
- J60 - J70: Lung diseases due to external agents
- J80 - J84: Other respiratory diseases principally affecting the interstitium
- J85 - J86: Suppurative and necrotic conditions of the lower respiratory tract
- J96.00 - J96.92: Respiratory failure

## Neurological conditions (that may affect respiratory function)

- G12.0 - G12.9: Spinal muscular atrophy and related syndromes
- G70.00 - G70.9: Myasthenia gravis and other myoneural disorders
- G71.0 - G71.9: Primary disorders of muscles

## Modifiers used for billing nebulizer

The LL modifier must be used to append to the HCPC code:

- RU: Rental (monthly)
- NU: New equipment purchase
- UE: Used equipment purchase
- MS: Maintenance and service fee
- KX: Documentation on file (specific requirements met)
- RA: Replacement of DME item
- SC: Medically necessary service or supply

## Example for nebulizer billing

**Date of Service:** 02/28/2025 **Diagnosis:** J45.40 (Moderate persistent asthma)

**HCPCS:** E0570 (Nebulizer with compressor) **Modifier:** NU **Quantity:** 1 unit billed charges \$125.00

A prior authorization number should be included (if it is required for the service).

Any supplies that are used should be billed separately from the nebulizer.