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**THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PHYSICIAN/SUPPLIER STAFF. BULLETINS ARE AVAILABLE AT NO COST FROM OUR WEB SITE AT WWW.TRICENTURION.COM**  
Bul20070822 Perforomist/Brovana

### **Nebulizers – Perforomist and Brovana – Coverage Criteria and Billing Instructions**

Formoterol (Perforomist) is a long-acting beta-adrenergic agonist (LABA) drug which recently has become available as an FDA-approved, non-compounded unit dose inhalation solution. It is covered for dates of service on or after the date of FDA approval, May 11, 2007.

#### Coverage Criteria

FDA-approved inhalation solutions of formoterol or arformoterol are covered when the following criteria are met:

1. It is medically necessary for the management of chronic obstructive pulmonary disease (ICD-9 diagnosis codes 491.0-492.8, 496); and,
2. The patient has a documented history of routine use of at least four doses per day of an FDA-approved albuterol or metaproterenol inhalation solution or at least three doses per day of an FDA-approved levalbuterol inhalation solution.

If these criteria are not met, formoterol and arformoterol will be denied as not medically necessary.

These criteria represent a revision of those previously published for Brovana (arformoterol). The routine use requirement for levalbuterol has been changed from four doses per day to three doses per day since the standard dose of levalbuterol as noted in the FDA-approved indications is three times per day. These revised criteria are effective retroactively to the FDA approval date of Brovana, October 6, 2006.

Formoterol and arformoterol are administered using a pneumatic compressor (E0570, E0571) and a small volume nebulizer (A7003, A7004, A7005).

A maximum of two vials of formoterol (20 micrograms each) or two vials of arformoterol (15 micrograms each) are covered per day.

Short-acting beta adrenergic agonists (SABAs) may be covered as rescue/supplemental

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medication in addition to formoterol or arformoterol. However, when formoterol or arformoterol is used, the maximum amount of SABA inhalation solutions that will be covered is an average of one dose per day (31 doses per month).

### Coding and Billing Guidelines

When submitting claims for formoterol or arformoterol, use code J7699 with a KO modifier. Enter the name of the drug in the narrative field of the electronic record. A KX modifier may be added to J7699KO only when

- a. The drug being billed is Perforomist or Brovana and
- b. The coverage criteria stated above have been met.

There are no other drugs that may be billed using the KX modifier with code J7699.

When billing for Perforomist, 1 unit of service = 1 vial (20 micrograms).

When billing for Brovana, 1 unit of service = 1 vial (15 micrograms).

Refer to the Nebulizers LCD and Policy Article for additional information on coverage, coding, and billing of inhalation solutions. The Nebulizers policy will be revised to incorporate this information.