

Aerosol Treatments Benefit Criteria to Change for Texas Medicaid

Effective for dates of service on or after February 1, 2016, benefit criteria for aerosol treatments will change for Texas Medicaid.

The following codes will no longer be diagnosis-restricted:

Procedure Codes						
94640	94642	94644	94645	J2545	J7605	J7608
J7622	J7626	J7631	J7633	J7639	J7644	J7682
Revenue Code						
412						

Nebulized aerosol treatments (procedure codes 94640, 94644, and 94645) with short-acting beta-agonists provided in the outpatient setting are considered medically necessary when breathing is compromised by certain acute medical conditions. Documentation to support an aerosol treatment for the worsening of an acute or chronic condition must be maintained in the client's medical record and is subject to retrospective review.

Procedure code 94645 will only be a benefit in the outpatient setting, specifically in a hospital emergency department or an urgent care clinic.

Outpatient facilities must submit claims for aerosol treatments using revenue code 412. The beta-agonist that was used must be identified on the claim form.

Pulse oximetry and evaluation of the client's use of an aerosol generator, nebulizer, or metered-dose inhaler are considered part of an evaluation and management (E/M) visit and will not be reimbursed separately.