

Criteria Checklist  
**Alabama Medicaid Agency**  
**Controlled Dose Inhalation Drug Delivery System**

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**PREREQUISITE CRITERIA** *All of the following **must** be met with supporting documentation\*:*

- Patient is Medicaid eligible
- Patient is currently receiving the drug Ventavis

**DIAGNOSIS CODES**

415.0, 416.0, 416.8

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

**PROCEDURE CODES**

K0730, E1399

Maximum yearly limits apply to each of the procedure codes indicated above. Requests for replacement of K0730 will be allowed once every two years based on a review of submitted documentation\*.

*\*Documentation may include notes from the patient chart or pharmacy printouts.*