



EFFECTIVE DATE: 01|01|2020
POLICY LAST UPDATED: 11|05|2019

OVERVIEW

This policy will discuss the application of proper coding and payment rules for multi-function home ventilators. Multi-function home ventilators add capabilities beyond standard home ventilator modes to incorporate the functionality of suction, oxygen concentrator, nebulizer, and cough stimulation. This creates the possibility that one piece of equipment may be able to replace numerous and different pieces of equipment. These different pieces of equipment may be considered not separately reimbursed when billed concurrently with a multi-function home ventilator rental.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

If a claim is received for the rental of a multi-function home ventilator, claims for the rental of separate stand-alone devices and related accessories will be considered not separately reimbursed during the rental period. These devices and accessories include:

- Ventilators
- Oxygen and oxygen equipment
- Nebulizers and related accessories
- Aspirator and related accessories
- Cough Stimulator (multiple items):
 - Mechanical In-Exsufflation devices and related accessories
 - High Frequency Chest Wall Oscillation Devices (HFCWO) and related accessories
 - Oscillatory positive expiratory pressure device (e.g. Flutter, Acapella and similar items)
- PAP and RAD devices and related accessories
- Oral Appliances

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable durable medical equipment benefits/coverage.

BACKGROUND

Under Medicare, ventilators fall under the frequent and substantial servicing DME payment category described in Section 1834(a)(3) of the Social Security Act. Payment for items falling under the frequent and substantial servicing payment category is made on a monthly rental basis until medical necessity ends and includes payment for all related accessories necessary for the effective use of the equipment. Recently, the Food & Drug Administration (FDA) cleared a new type of ventilator that integrates multiple therapies into a single device for ventilator-dependent patients. This new multi-function ventilator can also function as an oxygen concentrator, cough stimulator, aspirator and nebulizer. The multi-function ventilator replaces the multiple stand-alone

devices (for example, a separate ventilator, oxygen concentrator, and so forth) that beneficiaries may need over time. CMS added a special payment rule to the regulations at 42 CFR 414.222 to address payment for this new type of multi-function ventilator.

CODING

BlueCHIP for Medicare and Commercial Products

The following CPT codes are considered not separately reimbursed when billed with **E0467RR** (Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions) during the rental period:

- A4216** Sterile water, saline and/or dextrose, diluent/flush, 10 ml
- A4217** Sterile water/saline, 500 ml
- A4604** Tubing with integrated heating element for use with positive airway pressure device
- A4605** Tracheal suction catheter, closed system, each
- A4619** Face tent
- A4624** Tracheal suction catheter, any type other than closed system, each
- A4628** Oropharyngeal suction catheter, each
- A7000** Canister, disposable, used with suction pump, each
- A7001** Canister, nondisposable, used with suction pump, each
- A7002** Tubing, used with suction pump, each
- A7003** Administration set, with small volume nonfiltered pneumatic nebulizer, disposable
- A7004** Small volume nonfiltered pneumatic nebulizer, disposable
- A7005** Administration set, with small volume nonfiltered pneumatic nebulizer, nondisposable
- A7006** Administration set, with small volume filtered pneumatic nebulizer
- A7007** Large volume nebulizer, disposable, unfilled, used with aerosol compressor
- A7012** Water collection device, used with large volume nebulizer
- A7013** Filter, disposable, used with aerosol compressor or ultrasonic generator
- A7014** Filter, nondisposable, used with aerosol compressor or ultrasonic generator
- A7015** Aerosol mask, used with DME nebulizer
- A7017** Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen
- A7020** Interface for cough stimulating device, includes all components, replacement only
- A7025** High frequency chest wall oscillation system vest, replacement for use with patient-owned equipment, each
- A7026** High frequency chest wall oscillation system hose, replacement for use with patient-owned equipment, each
- A7027** Combination oral/nasal mask, used with continuous positive airway pressure device, each
- A7028** Oral cushion for combination oral/nasal mask, replacement only, each
- A7029** Nasal pillows for combination oral/nasal mask, replacement only, pair
- A7030** Full face mask used with positive airway pressure device, each
- A7031** Face mask interface, replacement for full face mask, each
- A7032** Cushion for use on nasal mask interface, replacement only, each
- A7033** Pillow for use on nasal cannula type interface, replacement only, pair
- A7034** Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
- A7035** Headgear used with positive airway pressure device
- A7036** Chinstrap used with positive airway pressure device
- A7037** Tubing used with positive airway pressure device
- A7038** Filter, disposable, used with positive airway pressure device
- A7039** Filter, nondisposable, used with positive airway pressure device
- A7044** Oral interface used with positive airway pressure device, each
- A7045** Exhalation port with or without swivel used with accessories for positive airway devices, replacement only

- A7046** Water chamber for humidifier, used with positive airway pressure device, replacement, each
- A7047** Oral interface used with respiratory suction pump, each
- A7525** Tracheostomy mask, each
- E0424** Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing
- E0431** Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing
- E0433** Portable liquid oxygen system, rental; home liquefier used to fill portable liquid oxygen containers, includes portable containers, regulator, flowmeter, humidifier, cannula or mask and tubing, with or without supply reservoir and contents gauge
- E0434** Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adaptor, contents gauge, cannula or mask, and tubing
- E0439** Stationary liquid oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing
- E0441** Stationary oxygen contents, gaseous, 1 month's supply = 1 unit
- E0442** Stationary oxygen contents, liquid, 1 month's supply = 1 unit
- E0443** Portable oxygen contents, gaseous, 1 month's supply = 1 unit
- E0444** Portable oxygen contents, liquid, 1 month's supply = 1 unit
- E0447** Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)
- E0465** Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)
- E0466** Home ventilator, any type, used with noninvasive interface, (e.g., mask, chest shell)
- E0470** Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
- E0471** Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
- E0472** Respiratory assist device, bi-level pressure capability, with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device)
- E0482** Cough stimulating device, alternating positive and negative airway pressure
- E0483** High frequency chest wall oscillation system, includes all accessories and supplies, each
- E0484** Oscillatory positive expiratory pressure device, nonelectric, any type, each
- E0486** Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment
- E0561** Humidifier, nonheated, used with positive airway pressure device
- E0562** Humidifier, heated, used with positive airway pressure device
- E0565** Compressor, air power source for equipment which is not self-contained or cylinder driven
- E0570** Nebulizer, with compressor
- E0572** Aerosol compressor, adjustable pressure, light duty for intermittent use
- E0585** Nebulizer, with compressor and heater
- E0600** Respiratory suction pump, home model, portable or stationary, electric
- E0601** Continuous positive airway pressure (CPAP) device
- E1372** Immersion external heater for nebulizer
- E1390** Oxygen concentrator, single delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate
- E1391** Oxygen concentrator, dual delivery port, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate, each
- E1392** Portable oxygen concentrator, rental
- E1405** Oxygen and water vapor enriching system with heated delivery
- E1406** Oxygen and water vapor enriching system without heated delivery

K0738 Portable gaseous oxygen system, rental; home compressor used to fill portable oxygen cylinders; includes portable containers, regulator, flowmeter, humidifier, cannula or mask, and tubing

RELATED POLICIES

Durable Medical Equipment (DME)

PUBLISHED

Provider Update, January 2020

REFERENCES:

1. Noridian Healthcare Solutions. Correct Coding and Coverage of Ventilators - Revised April 2019: <https://med.noridianmedicare.com/web/jadme/policies/dmd-articles/2019/correct-coding-and-coverage-of-ventilators-revised-april-2019>. Last accessed November 2019.

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

