



EFFECTIVE DATE: 01 | 01 | 2020

POLICY LAST REVIEWED: 05 | 15 | 2024

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

Medicare Advantage Plans 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

Medicare Advantage Plans and Commercial Products

The following CPT codes are considered not separately reimbursed when billed with **E0467RR** and **E0468RR*** (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

*Note: **E0468RR** For claims with date of service on or after April 1, 2024

RELATED POLICIES

Durable Medical Equipment (DME)

PUBLISHED

Provider Update, January 2020

Provider Update, June 2024

REFERENCES:

1. Noridian Healthcare Solutions. Correct Coding and Coverage of Ventilators – Revised July 2020
<https://med.noridianmedicare.com/web/jddme/policies/dmd-articles/2020/correct-coding-and-coverage-of-ventilators-revised-july-2020>
2. Correct Coding and Billing of Ventilators
<https://med.noridianmedicare.com/web/jddme/policies/dmd-articles/2024/correct-billing-and-coding-of-ventilators>

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