



PROVIDER REIMBURSEMENT GUIDANCE

Multi-Function Home Ventilators

Original Date Approved	Effective Date Senior Care Options/One Care	Effective Date Medicare Advantage*	Revision Date
04/08/2022	08/01/2022	08/01/2022	
<p>Scope: Commonwealth Care Alliance (CCA) Product Lines</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Senior Care Options (MA) <input checked="" type="checkbox"/> One Care (MA) <input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA* <input checked="" type="checkbox"/> Medicare Value - (PPO) MA* <input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI* <input checked="" type="checkbox"/> Medicare Value - (PPO) RI* <input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI* 			

PAYMENT POLICY SUMMARY:

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.

AUTHORIZATION REQUIREMENTS:

For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

REIMBURSEMENT GUIDELINES:

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

REIMBURSEMENT GUIDELINES (cont.):

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

BILLING and CODING GUIDELINES:

The following CPT codes are considered not separately reimbursed when billed with **E0467RR** (Home ventilator, multi-function respiratory device, also performs any or all 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:

Code	Description
A4216	Sterile water, saline and/or dextrose, diluent/flush, 10ml
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, non-disposable, 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, non-disposable
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, non-disposable, 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, non-disposable, 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 SERVICE POLICIES:

Durable Medical equipment (DME)

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

- Payment Policies:
[Massachusetts](#) / [Rhode Island](#)
- Provider Manuals:
[Massachusetts](#) / [Rhode Island](#)
- Prior Authorization Forms:
[Massachusetts](#) / [Rhode Island](#)

POLICY TIMELINE DETAILS:

1. Effective: 08/01/2022