Changes to HCPCS Codes

Effective January 1, 2016

Coding and coverage for portable ventilators

This quick reference document is designed to provide you with guidelines about procedural coding, coverage and documentation for positive pressure ventilators and negative pressure ventilators. Please use this only as a guide.

For any item to be covered by Medicare, it must:

- Be eligible for a defined Medicare benefit category.
- Be reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve the functioning of a malformed body member.
- Meet all other applicable Medicare statutory and regulatory requirements.

For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity:

- A supplier seeking Medicare coverage for an item must receive a written, signed and dated order before a claim is submitted to the Durable Medical Equipment Medicare Administrative Contractor (DME MAC).
- If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.* Consult your supplier manual, local carrier or your DME MAC medical director for specific instructions.

The following table provides the new ventilator codes that will go into effect January 1, 2016.

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)*

E0450, E0461, E0463 and E0464 will be discontinued January 1, 2016. Claims for date of service on or after the effective date using these codes will be denied as "invalid code."

Products previously assigned to HCPCS codes E0450 and E0463 must use HCPCS code E0465. Products previously assigned to HCPCS codes E0460, E0461 and E0464 must use HCPCS code E0466. The PDAC will update the product classification listing in a future update.

Ventilators must not be billed using codes for CPAP *(E0601)* or bi-level PAP *(E0470, E0471, E0472)*. Using the CPAP or bi-level PAP HCPCS codes to bill a ventilator is incorrect coding, even if the ventilator is only being used in CPAP or bi-level mode. Claims for ventilators used in CPAP or bi-level PAP scenarios will be denied as incorrect coding.

Bi-level PAP and CPAP can not be billed using the ventilator codes E0466 or E0465. Claims will be denied as incorrect coding.

General coverage guidelines

Positive and negative pressure ventilators are generally covered for treatment of neuromuscular diseases, thoracic restrictive diseases and chronic respiratory failure associated with chronic obstructive pulmonary disease.

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Billing for equipment and accessories

Because ventilators are classified in the frequent and substantial servicing payment category, accessories used with rented ventilators cannot be billed separately. Separate reimbursement for accessories may be considered with patient-owned ventilators only.

Humidifiers are considered accessories and cannot be billed separately. Additional payment is not made for repair, maintenance or replacement of equipment that requires frequent and substantial servicing. It is the supplier's responsibility to make certain there is an emergency plan in place to address mechanical failure of the equipment.

Some non-Medicare payers may pay separately for ventilator accessories under prescribed conditions. Always verify specific coverage and payment policies with the specific payer. Visit dmepdac.com for more information.

What about duplicate equipment?

Please check with your DME MAC to verify claims submission requirements for two qualifying ventilators on the same claim form. DME MACs do differ regarding line-item entry of primary and secondary ventilators.

Coverage for a second or duplicate ventilator may be provided if additional medical necessity information is provided to the DME MAC with each claim for both the primary and secondary ventilation. Medicare will not reimburse for backup equipment. However, Medicare will reimburse for multiple medically necessary items, each of which meets a different medical need for the patient. Payment can be made on second pieces of equipment *(identical or similar devices)* if they are required to serve different purposes for the patient's medical need.

Examples:

- A patient confined to a wheelchair during the day may receive reimbursement for two ventilators. One ventilator will be mounted to the wheelchair and the second can be used while in bed.
- A patient who requires a negative pressure ventilator at certain times and a positive pressure ventilator at other times may be reimbursed for two ventilators.
- If two ventilators are supplied to a patient, both devices must be billed for at the same time with the same date of service. For example:

Line	Date of Service	Procedural Code	Days or Units
1	01/01/16	E0465	1
2	01/01/16	E0466	1

- Documentation to support a claim for a secondary ventilator needs to include:
  - A description of why two ventilators are medically necessary for the patient.
  - An explanation that the supplier actually supplies two ventilators and the billing is not a duplicate.

* Section 1862 (a)1(A) of Tile XVIII of the Social Security Act

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