

Intrapulmonary Percussive Ventilation System

For any item to be covered by The Health Plan, it must:

1. Be eligible for a defined Medicare or The Health Plan benefit category
2. Be reasonable and necessary for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member
3. Meet all other applicable Medicare and/or The Health Plan 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. *Please refer to individual product lines certificates of coverage for possible exclusions of benefit.*

For an item to be covered by The Health Plan, the supplier must receive a written, signed, and dated order before a claim is submitted to The Health Plan. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not reasonable and necessary.

Suppliers are to follow The Health Plan requirements for precertification as applicable.

National Coverage Determination Policy	CMS Publication 100-3 Medicare National Coverage Determination Manual, Chapter 1, Section 240.5
Local Coverage Determination Policy	Jurisdiction B
Effective Date	For services performed on or after 10/01/13
Review/Revisions Effective Date	01/19, 10/18, 06/04/2018, 02/01/16
The Health Plan	<p>Commercial and Medicare Plans: Will follow Coverage Determination posted on the CGS website unless otherwise indicated in sections of this policy, contractual agreements, or benefit plan documents.</p> <p>Medicaid: Will follow West Virginia Medicaid unless otherwise indicated in sections of this policy</p>

DESCRIPTION

Intrapulmonary percussive ventilation (IPV) is a technique that utilizes high frequency oscillatory ventilation to produce endotracheal percussion via a device called the percussator. The percussator is an adaptation of a pneumatic high frequency ventilator in which high flow jets of gas are delivered to the airways by a flow interrupter called a phasitron.

NONCOVERAGE STATEMENT

Intrapulmonary percussion systems are not covered across all Lines of Business including Mountain Health Trust.

IPV (E0481) has not been demonstrated to be reasonable and necessary in the home setting. It will be denied as not covered for the home setting.

CODING INFORMATION

CPT/HCPCS codes: The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS

EY	NO PHYSICIAN OR OTHER LICENSED HEALTH CARE PROVIDER ORDER FOR THIS ITEM OR SERVICE
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**HCPCS CODES
EQUIPMENT**

E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES
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There are no specified diagnoses or ICD-10 codes that indicate medical necessity for a noncovered item.

INTRAPULMONARY PERCUSSIVE VENTILATION DEVICE PROVIDED TO A MEMBER IN A PART A FACILITY

An intrapulmonary percussive ventilation system and related accessories provided to a member while in a hospital, rehabilitation or skilled inpatient level of care will not be separately payable as durable medical equipment.

EQUIPMENT RETAINED FROM A PRIOR PAYOR:

The Health Plan will not pay in excess of the contracted purchase price for any item in this policy. If the provider is seeking payment from The Health Plan, the item must be precerted and The Health Plan will pay the remaining rental months up to purchase price- if member meets guidelines above.

KX, GA, and GZ MODIFIERS

Suppliers may submit a claim with a KX modifier only if all the criteria for that item is met.

If coverage criteria are not met, the GA or GZ modifier must be used. When there is an expectation of a medical denial, suppliers must enter the GA modifier on the claim line if they have obtained a properly executed Advance Beneficiary Notice (ABN) or the GZ modifier, if they have not obtained a valid ABN.

ADVANCED BENEFICIARY NOTICE

The Health Plan expects providers to follow the Medicare policy on ABN across all Medicare, Medicaid, and Commercial plans.

NOTE: Providers may be held financially responsible if they furnish the above items without notifying the member, verbally and in writing, that the specific service being provided is not covered. This must be done prior to the dispensing of the device. The provider must submit the waiver or ABN to The Health Plan with the claim showing the member agreed to pay for the device. Generalized statements on waivers or ABN are not acceptable.

PRICING, DATA ANALYSIS, AND CODING (PDAC)

The Health Plan has implemented use of Medicare's PDAC contractor for review of authorizations. Suppliers should contact the PDAC contractor for guidance on the correct coding of these items. dmepdac.com/

MEDICARE DEFINITIONS AND DESCRIPTION

An IPV delivers a series of pressurized gas mini-bursts at rates greater than 100 cycles per minute to the respiratory tract.

E0481 includes the compressor, hand held units, tubing, and all related accessories. This includes both systems in which the mini-bursts of air are generated by the compressor and systems in which the mini-bursts of air are generated by a hand held percussive nebulizer used with a standard high-pressure compressor.

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INTERNET LINKS AND SOURCES

National Government Services Local Coverage Determination Policy. Intrapulmonary Percussive Ventilation System. LCD L27003 and Article A47095. Last accessed 10/28/18. Retrieved from <http://ngsmedicare.com>

West Virginia Medicaid Internet Provider Manual. Chapter 506. Covered Services, Limitations, and Exclusions for DME Medical Supplies. Last accessed 06/04/2018. Retrieved from http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/Appendixes/Appendix_506C_Non-Covered_DMEPOS.pdf and http://www.dhhr.wv.gov/bms/Provider/Documents/Manuals/Appendixes/Appendix_506A_Covered_DME_Supplies.pdf

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