



Helpful hints for filing

Peak flow meters and spacers

HCPCS Codes A4614 and A4627

Overview

The following information describes coverage and payment information regarding the use of peak flow meters and spacers. Coding, coverage, payment, and documentation guidelines are listed below. This document is to be used as a guide. For an item to be covered by Medicare, the following conditions apply: (1) item must be eligible for a defined Medicare benefit category, (2) item must be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and (3) item must meet all applicable Medicare statutory and regulatory requirements. Please refer to your supplier manual or contact your DME MAC medical director for specific instructions.

Peak flow meters are categorized by Medicare as inexpensive or other routinely purchased items. Spacers are not covered by Medicare, but may be covered by other payers. HCPCS codes recommended for billing peak flow meters, spacers, and related services are listed below.

Definitions

Peak flow meter – A simple, portable, device that measures air flow, or Peak Expiratory Flow Rate (PEFR), from a patient's lungs. Peak flow meters are often used to monitor and help manage a patient's asthma treatment plan. The readings from a peak flow meter can assist providers in determining the severity of disease, i.e., asthma, and help monitor a patient's response to treatment.

Spacer – A device that attaches to a metered dose inhaler to assist in the delivery of medication to a patient. The medication is released and held in the air within the spacer, allowing the patient to inhale the medication through regular breathing.

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General coverage guidelines

Peak flow meter

Medicare fee for service (FFS) may restrict coverage of peak flow meters to patients with a diagnosis of asthma when used as part of a “comprehensive asthma management program.” Examples of asthma related ICD-9-CM codes for use are 493.00-493.11. Medicare FFS may deny claims for A4614 for diagnoses other than asthma. Medicare coverage for peak flow meters in patients with other respiratory conditions, such as COPD, bronchitis, or emphysema, may be limited; coverage will be based on medical necessity.

Coding guidelines

HCPCS code	Description	Payment category
A4614	Peak expiratory flow rate meter, handheld	Inexpensive and frequently purchased
A4627	Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler	Medicare non-covered item

Some private payers and Medicaid programs may allow the use of the following temporary HCPCS codes:

- S8096 Portable peak flow meter
- S8097 Asthma kit (including, but not limited to, portable peak expiratory flow meter, instructional video, brochure, and/or spacer)
- S8100 Holding chamber or spacer for use with an inhaler or nebulizer, without mask
- S8101 Holding chamber or spacer for use with an inhaler or nebulizer, with mask
- S8110 Peak expiratory flow rate (physician services)

S-codes are temporary national codes accepted by some private payers to report products, services, and some supplies not readily identified by available HCPCS level I or II codes. These codes are not valid for Medicare billing. We recommend that providers contact specific private plans to confirm the appropriateness of using these codes. Patient instruction on the proper use of peak flow meters and spacers is included in CPT-4 evaluation and management services.

Hospital reimbursement – If peak flow meters and spacers are provided to patients in conjunction with a hospital inpatient or outpatient encounter, the items are subject to reimbursement under the corresponding payment systems for these types of service.

Other payers, such as private payers and Medicaid may provide coverage for peak flow meters for a broader range of conditions, including asthma, bronchitis, emphysema, and other obstructive pulmonary conditions.

Spacers

Medicare does not provide coverage for spacers used with metered dose inhalers. Other payers, such as private payers and Medicaid, may provide coverage for spacers. Providers should confirm coverage for peak flow meters and spacers with specific private payer plans, managed Medicare plans, and state Medicaid programs.

Hospital inpatient – When peak flow meters and spacers are provided for a patient’s use during a hospital inpatient stay or to take home after an inpatient stay, the cost of these items is bundled into the case rate or per diem, or MS-DRG payment for the inpatient encounter. Thus, the facility will not receive separate or additional payment for these items when provided in a hospital inpatient setting.

Hospital outpatient or emergency department – When peak flow meters and spacers are provided in conjunction with a hospital outpatient or emergency department visit, some private payers and Medicaid programs may provide separate payment for these items. Hospitals may report the appropriate HCPCS codes for items provided on the UB-04 claim form for payment consideration. If a payer utilizes a fee schedule payment system, there is potential for separate payment for peak flow meters and spacers.

Medicare, however, will not provide separate payment for these items in the outpatient setting. Medicare uses a payment system in which most items and supplies provided in conjunction with a hospital outpatient visit are bundled into the overall payment rate for that encounter.

Note: Inclusion or exclusion of a code for a specific product or supply does not imply any health insurance coverage or reimbursement policy. All referenced information and codes were taken from HCPCS. Please refer to DMEPOS supplier manual for complete explanations.

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For more information from Philips Respironics

Reimbursement	Customer service	Website
Information & fee schedules Educational materials & questions (coding, coverage and payment)	1-800-345-6443; listen to the instructions and follow prompts to select the insurance reimbursement information option	www.philips.com/respironics

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CAUTION: US federal law restricts these devices to sale by or on the order of a physician.

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