



Helpful hints for filing

Positive and negative pressure ventilators

HCPCS Code E0450, E0460, E0461, E0463 and E0464

Overview

The following information describes coverage and payment information regarding ventilators and accessories. Coding, coverage, payment and documentation guidelines are listed on the following pages. This 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) the item must meet all applicable Medicare statutory and regulatory requirements. For specific instructions, please reference your supplier manual or contact your DME Medicare Administrative Contractor (DME MAC) medical director or provider helpline.

Ventilators are categorized by Medicare as items requiring Frequent and Substantial Servicing. For items that are determined to require frequent and substantial service, rental payments include payment for supplies and accessories unless specifically otherwise noted. 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 service. It is the supplier's responsibility to ensure there is an emergency plan in place to address mechanical failure of the equipment.

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Definitions

Invasive ventilation – ventilator-generated breath is delivered to patient through an artificial airway positioned in the patient’s trachea (e.g., tracheostomy tube).

Noninvasive ventilation – ventilator-generated breath is delivered to patient’s upper respiratory tract by mask or mouthpiece.

Negative pressure ventilator – noninvasive device that generates airflow into the lungs by creating a negative pressure around the chest by means of an interface.

Positive pressure ventilator – a device that delivers a positive pressure gas flow (room air or oxygen) to the patient’s lungs to a preset volume and/or pressure through an invasive or noninvasive interface; normally used with a large volume nebulizer.

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.

The Medicare program has not published local coverage determinations (LCDs) for the coverage of ventilators.

Duplicate equipment

Coverage for a second ventilator may be provided if additional medical necessity information is provided to the DME MAC with each claim for both the primary and secondary ventilator. 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. Payments can be made on a second piece of equipment (identical or similar device) if it is required to serve a different purpose 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 at the same time with the same date of service. The following example shows how to properly bill for two ventilators:

	Date of service	Procedure code	Days or units
Line 1	01/01/11	E0450RR	
Line 2	01/01/11	E0450RR	

To support a claim for a secondary ventilator, attach documentation that:

- Describes why two ventilators are medically necessary for the patient
- Explains that you supplied two ventilators and are not billing in duplicate

Supplier should report this information in the NTE 2400 loop, which is available on the line level segment of the electronic claim. For paper claims, this information can be added to Item 19 on the CMS-1500 form.

Billing for equipment and accessories

Medicare classifies ventilators in the Frequent and Substantial Servicing payment category, therefore, the rental allowance for ventilators includes payment

for accessories. Accessories used with rented ventilators should not be billed separately. Separate reimbursement for accessories may be considered with patient-owned ventilators only.

HCPCS code	Equipment	Description
E0450	PLV100 PLV102B Portable volume ventilator	Volume control ventilator, without pressure support mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)
E0457	Chest shell (cuirass)	Interface used with negative pressure ventilation soft seal chest shell
E0459	Chest wrap	Interface used with negative pressure ventilation Nu-Mo garments
E0460	Negative pressure ventilator	Negative pressure ventilator; portable or stationary
E0461	PLV100 PLV102B Portable volume ventilator	Volume control ventilator, without pressure support mode, may include pressure control mode, used with noninvasive interface (e.g., mask)
E0463	Trilogy100 ventilator Trilogy200 ventilator	Pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g., tracheostomy tube)
E0464	Trilogy100 ventilator Trilogy200 ventilator	Pressure support ventilator with volume control mode, may include pressure control mode, used with noninvasive interface (e.g., mask)
E1399	Porta-Lung portable ventilating chamber	Miscellaneous DME, use for: complete body coverage for negative pressure ventilation

HCPCS code	Equipment	Description
E0550	Humidifier	Durable for extensive supplemental humidification during IPPB treatment or oxygen therapy
E0555	Humidifier	Durable, glass or autoclavable plastic bottle type, used with regulator or flowmeter
E0560	Humidifier	Durable for supplemental humidification during IPPB treatment or oxygen therapy
A4483	Moisture exchanger	Volume control ventilator, without pressure support mode, Disposable, for use with invasive mechanical ventilation
A4611	Battery	Battery, heavy duty, replacement for patient-owned ventilator
A4612	Battery cables	Battery cables, replacement for patient-owned ventilator
A4613	Battery charger	Battery charger, replacement for patient-owned ventilator
A4618	Breathing circuit	Tubing that delivers the breath generated by the ventilator

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.

This information should not be considered to be either legal or reimbursement advice. Given the rapid and constant change in public and private reimbursement, Philips Respironics cannot guarantee the accuracy or timeliness of this information and urges you to seek your own counsel and experts for guidance related to reimbursement, including coverage, coding and payment.

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For more information from Philips Respironics

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

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