Local Coverage Determination (LCD): Intrapulmonary Percussive Ventilation System (L33786)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

## Contractor Information

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<th>CONTRACTOR NAME</th>
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<td>16013 - DME MAC</td>
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**LCD Information**

**Document Information**

**LCD ID**
L33786

**Original ICD-9 LCD ID**
L27003
L11558
L5051
L11573

**LCD Title**
Intrapulmonary Percussive Ventilation System

**Original Effective Date**
For services performed on or after 10/01/2015

**Revision Effective Date**
For services performed on or after 01/01/2017

**Revision Ending Date**
N/A

**Retirement Date**
N/A

**Proposed LCD in Comment Period**
N/A

**Source Proposed LCD**
N/A

**Notice Period Start Date**
N/A

**Notice Period End Date**
N/A
CMS National Coverage Policy

CMS Pub. 100-03, (Medicare National Coverage Determinations Manual), Chapter 1, Section 240.5

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) 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) meet all other applicable Medicare statutory and regulatory requirements.

The purpose of a Local Coverage Determination (LCD) is to provide information regarding "reasonable and necessary" criteria based on Social Security Act § 1862(a)(1)(A) provisions.
In addition to the "reasonable and necessary" criteria contained in this LCD there are other payment rules, which are discussed in the following documents, that must also be met prior to Medicare reimbursement:

- The LCD-related Standard Documentation Requirements Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- The LCD-related Policy Article, located at the bottom of this policy under the Related Local Coverage Documents section.
- Refer to the Supplier Manual for additional information on documentation requirements.
- Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

For the items addressed in this LCD, the "reasonable and necessary" criteria, based on Social Security Act § 1862(a)(1)(A) provisions, are defined by the following coverage indications, limitations and/or medical necessity.

An intrapulmonary percussive ventilator (IPV) (E0481) has not been demonstrated to be reasonable and necessary in the home setting. It will be denied as not medically necessary.

GENERAL

A Detailed Written Order (DWO) (if applicable) must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving a completed DWO, the claim shall be denied as not reasonable and necessary.

An item/service is correctly coded when it meets all the coding guidelines listed in CMS HCPCS guidelines, LCDs, LCD-related Policy Articles, or DME MAC articles. Claims that do not meet coding guidelines shall be denied as not reasonable and necessary/incorrectly coded.

Proof of delivery (POD) is a Supplier Standard and DMEPOS suppliers are required to maintain POD documentation in their files. Proof of delivery documentation must be made available to the Medicare contractor upon request. All services that do not have appropriate proof of delivery from the supplier shall be denied as not reasonable and necessary.

Coding Information

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report
this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

**CPT/HCPCS Codes**

**Group 1 Paragraph:**

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

**Group 1 Codes:**

<table>
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<th>CODE</th>
<th>DESCRIPTION</th>
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<tr>
<td>E0481</td>
<td>INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES</td>
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**ICD-10 Codes that Support Medical Necessity**

N/A

**ICD-10 Codes that DO NOT Support Medical Necessity**

**Group 1 Paragraph:**

Not specified

**Group 1 Codes:** N/A

**Additional ICD-10 Information**

N/A

**General Information**

**Associated Information**

**DOCUMENTATION REQUIREMENTS**

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been
furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and made available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

GENERAL DOCUMENTATION REQUIREMENTS

In order to justify payment for DMEPOS items, suppliers must meet the following requirements:

- Prescription (orders)
- Medical Record Information (including continued need/use if applicable)
- Correct Coding
- Proof of Delivery

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information regarding these requirements.

Refer to the Supplier Manual for additional information on documentation requirements.

Refer to the DME MAC web sites for additional bulletin articles and other publications related to this LCD.

POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

Items covered in this LCD have additional policy-specific requirements that must be met prior to Medicare reimbursement.

Refer to the LCD-related Policy article, located at the bottom of this policy under the Related Local Coverage Documents section for additional information.

Miscellaneous

Appendices

Utilization Guidelines

Refer to Coverage Indications, Limitations and/or Medical Necessity.

Sources of Information and Basis for Decision
# Revision History Information

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<th>REVISION HISTORY DATE</th>
<th>REVISION HISTORY NUMBER</th>
<th>REVISION HISTORY EXPLANATION</th>
<th>REASON(S) FOR CHANGE</th>
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| 01/01/2017            | R3                      | **Revision Effective Date: 01/01/2017**  
  COVERAGE INDICATIONS, INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:  
  Removed: Standard Documentation Language  
  Added: New reference language and directions to Standard Documentation Requirements  
  Added: General Requirements  
  DOCUMENTATION REQUIREMENTS:  
  Added: General Documentation Requirements  
  Added: New reference language and directions to Standard Documentation Requirements  
  POLICY SPECIFIC DOCUMENTATION REQUIREMENTS:  
  Added: Direction to Standard Documentation Requirements  
  Removed: Supplier Manual Reference from Miscellaneous  
  Removed: PIM reference from Appendices  
  RELATED LOCAL COVERAGE DOCUMENTS:  
  Added: LCD-related Standard Documentation Requirements article | • Provider Education/Guidance |
| 07/01/2016            | R2                      | **Effective July 1, 2016 oversight for DME MAC LCDs is the responsibility of CGS Administrators, LLC 18003 and 17013 and Noridian Healthcare Solutions, LLC 19003 and 16013. No other changes have been made to the LCDs.** | • Change in Assigned States or Affiliated Contract Numbers |
| 10/01/2015            | R1                      | **Revision Effective Date: 10/31/2014**  
  COVERAGE INDICATIONS, LIMITATIONS AND/OR MEDICAL NECESSITY:  
  Revised: Standard Documentation Language to add covered prior to a beneficiary’s Medicare eligibility  
  DOCUMENTATION REQUIREMENTS:  
  Added: PIM citation reference under Appendices | • Provider Education/Guidance |

## Associated Documents

**Attachments**
END OF LOCAL COVERAGE DETERMINATION
Per the Code of Federal Regulations, 42 C.F.R § 426.325, only those portions of the currently effective Local Coverage Determination (LCD) that are based on section 1862(a)(1)(A) of the Social Security Act, may be challenged through an acceptable complaint as described in 42 C.F.R § 426.400. Also, per 42 C.F.R § 426.325 items that are not reviewable, and therefore cannot be challenged, include the Policy Article. Please note the distinction of the documents when reviewing the materials.
Local Coverage Article: Intrapulmonary Percussive Ventilation System - Policy Article (A52495)

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## Article Information

### General Information

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<tr>
<td>A52495</td>
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**Original ICD-9 Article ID**

- A47095
- A33748
- A33766
- A33675

**Article Title**

Intrapulmonary Percussive Ventilation System - Policy Article

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

CPT codes, descriptions and other data only are
**Article Guidance**

**Article Text:**

**NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES**

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) 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) meet all other applicable Medicare statutory and regulatory requirements. Information provided in this policy article relates to determinations other than those based on Social Security Act §1862(a)(1)(A) provisions (i.e. "reasonable and necessary").

Intrapulmonary Percussive Ventilation Systems are covered under the Durable Medical Equipment benefit (Social Security Act §1861(s)(6)). However, in order for a beneficiary's equipment to be eligible for reimbursement the reasonable and necessary (R&N) requirements set out in the related Local Coverage Determination must be met. In addition, there are specific statutory payment policy requirements, discussed below, that also must be met.
POLICY SPECIFIC DOCUMENTATION REQUIREMENTS

In addition to policy specific documentation requirements, there are general documentation requirements that are applicable to all DMEPOS policies. These general requirements are located in the DOCUMENTATION REQUIREMENTS section of the LCD.

Refer to the LCD-related Standard Documentation Requirements article, located at the bottom of this Policy Article under the Related Local Coverage Documents section for additional information regarding GENERAL DOCUMENTATION REQUIREMENTS and the POLICY SPECIFIC DOCUMENTATION REQUIREMENTS.

CODING GUIDELINES

An intrapulmonary percussive ventilation system (IPV) delivers a series of pressurized gas minibursts 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 minibursts of air are generated by the compressor and systems in which the minibursts of air are generated by a hand held percussive nebulizer used with a standard high-pressure compressor.

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

Coding Information

**Bill Type Codes:**

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N/A

**CPT/HCPCS Codes**
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<td>R3</td>
<td>01/31/2019: At this time 21st Century Cures Act applies to new and revised LCDs which require comment and notice. This is an article and not a local coverage determination.</td>
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<td>01/01/2017</td>
<td>R2</td>
<td>Revision Effective Date: 01/01/2017 POLICY SPECIFIC DOCUMENTATION REQUIREMENTS: Added: Direction to Standard Documentation Requirements RELATED LOCAL COVERAGE DOCUMENTS: Added: LCD-related Standard Documentation Requirements Language Article</td>
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<td>07/01/2016</td>
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Associated Documents

Related Local Coverage Document(s)
- Article(s)
  - A55426 - Standard Documentation Requirements for All Claims Submitted to DME MACs
- LCD(s)
  - L33786 - Intrapulmonary Percussive Ventilation System

Related National Coverage Document(s)
- N/A

Statutory Requirements URL(s)
- N/A

Rules and Regulations URL(s)
- N/A