

## Medical Policy



### Intrapulmonary Percussive Ventilation System

#### ▼ Description

An intrapulmonary percussive ventilation system (IPV) delivers a series of pressurized gas mini bursts at a rate greater than 100 cycles per minute to the respiratory tract. Aerosolized medications can be delivered under pressure and with oscillations that vibrate the chest.

#### ▼ Policy

Intrapulmonary percussive ventilation (IPV) has not been demonstrated to be reasonable and necessary in the home setting. It will be denied as **not medically necessary**.

#### ▼ HCPCS Level II Codes and Description

##### E0481 INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES

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.

#### ▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

## ▼ References

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; October 1, 2015.

CGS Administrators, LLC. Jurisdiction B DME MAC, Intrapulmonary Percussive Ventilation System. Local Coverage Determination No. L33786; revised date October 1, 2015. Accessed December 2017

Noridian Healthcare Solutions, LLC. Jurisdiction A DME MAC, Intrapulmonary Percussive Ventilation System. Local Coverage Determination No. L33786; revised date October 1, 2015. Accessed December 2017

## Applicable URAC Standard

Core 8	Staff operational tools and support
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## Change/Authorization History

Revision Number	Date	Description of Change	Prepared/ Reviewed by	Approved by	Review Date:
A	Nov.2006	Initial Release	Rosanne Brugnani	Ken Fasse	n/a
01	July 2008	DMERC references removed	Susan Glomb	Ken Fasse	n/a
02		Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec 2008

03	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec. 2009
04	12-04-10	Annual Review/no changes	Susan Glomb	Ken Fasse	Dec. 2010
05	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
06	12-07-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Dec. 2011
07	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri	
08	11-29-12	Annual review. No changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012
09	12-11-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	
10	11-24-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
11	12-9-15	Annual Review. Updated references.	Susan Glomb	Dr. B. Almasri	
12	12-12-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016
13	12-15-17	Annual Review. Updated DME MAC reference names.	Lisa Wojno	Dr. Cheryl Lerchin	December 2017
14	12-04-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	December 2018