Medical Policy

Aerochamber: Drug Delivery Systems for Metered Dose Inhaler (MDI)

Description

Drug delivery systems are either reservoirs or bags used with a metered-dose inhaler that enables a patient to breathe or inhale a fixed dose of his/her medication.

Policy

Medicare members:
An A4627, S8100 and S8101 are noncovered under Medicare.

Non-Medicare members:
A drug delivery system for metered dose inhaler (MDI) is considered **reasonable and necessary** to enable a Member to breathe or inhale a fixed dose of medication.

A drug delivery system for a metered dose inhaler (MDI) is considered **not reasonable and necessary** for all other indications.

Policy Guidelines

Coverage Criteria:

1. Must be ordered by the Member's treating physician.

Limitations:

1. One reservoir bag allowed per month.
2. One holding chamber is allowed per year.

HCPCS Level II Codes and Description

A4627	Spacer bag or reservoir, with or without masks, for use with metered dose inhaler
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

Documentation Requirement

1. Provider must submit supporting documentation with claim that shows documentation of metered dose inhaler (MDI) medication.

Important Note:

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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

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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:	Effective Date:
A	Nov.2006	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a	
01		Annual Review-no changes	Susan Glomb	Ken Fasse	Dec. 2008	
02	12-22-09	Annual Review- No changes	Susan Glomb	Ken Fasse	Dec.2009	
03	12-15-10	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	11-09-11	Annual Review. Added References to Policy	Susan Glomb	Dr. B. Almasri	Nov. 2011	
07	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
08	11-28-12	Annual Review – No changes	Susan Glomb	Dr. B. Almasri	Nov 12	
09	12-30-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
10	11-24-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
11	12-14-15	Annual Review. Updated policy to reflect codes are noncovered under Medicare.	Lisa Wojno	Dr. B. Almasri	12-14-15	
12	11-22-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	11-22-16	
13	11-14-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-14-17	

Aerochamber: Drug Delivery Systems for Metered Dose Inhaler (MDI)

14	11-08-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	11-08-18	
15	11-08-19	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2019	11-2019