

Medical Policy



Heat and Moisture Exchanger (Artificial Nose used in conjunction with Tracheostomy Tubes)

Description

A heat moisture exchanger is used for members with a tracheostomy tube (with or without a ventilator) to partly restore the important respiratory function of the nose. The filter captures heat and moisture from the expired air and during inhalation the air picks up some of the deposited heat and moisture from the device, thereby raising the temperature content of the air entering the tracheobronchial tree.

HME consist of a plastic cassette/holder that contains a filter. The holder fits into a plastic housing which is held in place over the tracheostoma by adhesive. An HME may be used by itself or in addition to a tracheostoma valve. (A7501).

A4481 is a small filter usually having adhesive along one edge which is attached to the skin and simply covers the tracheostoma to keep large pieces of debris out. It is not an HME.

A4483 is a moisture exchanger that is used only with an invasive mechanical ventilator and should not be billed as an HME over a tracheostoma.

A7503 is a device that connects to the tracheostoma cassette and holds an HME filter. The holder/cap can open and close to replace the HME filter.

A7504 is a filter that fits into A7503.

A7506 is a double sided adhesive disc that attaches the HME cassette to the member's skin.

A7507 is an integrated filter and holder that utilizes A7506 to fit over the tracheostomy or may utilize liquid adhesive on both sides of the cassette to attach the HME to the member.

A7508 is integrated housing and adhesive used with either an HME or tracheostoma valve.

A7509 is the integrated filter holder and housing used with the HME system. A tracheostomy valve with diaphragm (A7501) is a device used over the tracheostomy stoma by a member who has had the larynx removed and has a tracheoesophageal voice prosthesis, but does not have a tracheostomy tube.

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Policy

Heat moisture exchangers are **reasonable and necessary** for Members using a tracheostomy tube and invasive mechanical ventilation.

Policy Guidelines

Coverage Criteria:

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

Limitations:

1. A heat moisture exchanger is used for Member's with a tracheostomy and invasive mechanical ventilation.

Exclusions:

1. Members not requiring mechanical ventilation.

HCPCS Level II Codes and Description

A4483	Moisture exchanger, disposable, for use with invasive mechanical ventilation
A4481	Small filter usually having adhesive along one edge which is attached to the skin and simply covers the tracheostoma to keep large pieces of debris out.
A7503	A device that connects to the tracheostoma cassette and holds an HME filter. The Holder/cap can open and close to replace the HME filter.
A7506	A double sided adhesive disc that attaches the HME cassette to the member's skin.
A7507	An integrated filter and holder that utilizes A7506 to fit over the tracheostomy or may utilize liquid adhesive on both sides of the cassette to attach the HME to the member.
A7508	Integrated housing and adhesive used with either an HME or tracheostoma valve.
A7509	Integrated filter holder and housing used with the HME system.
A7501	Tracheostomy valve with diaphragm used over the tracheostomy stoma by a member who has had the larynx removed and has a tracheoesophageal voice prosthesis, but does not have a tracheostomy tube.

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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

1. RC Journal: AARC Clinical Practice Guidelines. Humidification during Mechanical Ventilation accessible at <http://www.rcjournal.com/cpgs/pdf/12.05.0782.pdf>

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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 Brugnani	Ken Fasse	n/a	
01		Annual Review	Susan Glomb	Ken Fasse	Dec.2008	
02	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009	
03	12-01-10	Annual Review – No changes	Susan Glomb	Ken Fasse	Dec.2010	
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	Dec.2010	
05	12-09-11	Annual Review. Added References to Policy.	Susan Glomb	Dr. B. Almasri	Dec. 2011	
06	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
07	11-29-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012	
08	12-11-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
09	11-24-14	Annual Review. Added information relating to items used with the HME.	Susan Glomb	Dr. B. Almasri		
10	11-24-15	Annual Review. No Changes.	Susan Glomb	Dr. B. Almasri	November 2015	

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11	11-17-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016	
12	11-14-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
13	11-16-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
14	11-12-19	Annual Review. Updated reference link.	Lisa Wojno	Dr. C. Lerchin	November 2019	11-2019