

## Medical Policy



### Vaporizer

#### Description

A device that heats water until it turns to steam or blows cool air into mist.

#### Policy

Vaporizers may be considered reasonable and necessary for members with a respiratory illness.

#### HCPCS Level II Codes and Description

E0605 Vaporizer, room type

#### 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.

# Medical Policy



## Vaporizer

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 (CMS), National Coverage Determination Manual. 280.1 Durable Medical Equipment Reference List.

<http://www.cmms.hhs.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=190&ncdver=2&NCAId=3&ver=5&NcaName=Air-Fluidized+Beds+for+Pressure+Ulcers&bc=AiAAAAAIAAA&>

### 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	11-20-06	Initial Release	Rosanne Brugnani	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	12-08-10	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		
05	12-15-11	Annual Review – changed per Medicare classification. Added References to Policy.	Susan Glomb	Dr. B. Almasri	Dec. 2011	

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06	04-03-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
07	11-30-12	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	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
10	10-27-15	Annual Review. No changes.	Lisa Wojno	Dr. B. Almasri		
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	11-14-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
14	11-04-19	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2019	11-2019