

## 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**.

#### Policy Guidelines

##### Medicare Member Coverage Criteria:

Refer to Medicare's medical policy (L33786) and article (A52495) for coverage criteria.

##### Non-Medicare Member Coverage Criteria:

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, handheld 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 handheld 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.

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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.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

#### **References**

Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; October 1, 2015. Accessed December 1, 2022.

CGS Administrators, LLC. Jurisdiction B DME MAC, Intrapulmonary Percussive Ventilation System. Local Coverage Determination No. L33786; Last accessed and reviewed 12/4/23.

Noridian Healthcare Solutions, LLC. Jurisdiction A DME MAC, Intrapulmonary Percussive Ventilation System. Local Coverage Determination No. L33786; revised date January 1, 2020. Last accessed December 1, 2022.

#### **Change/Authorization History**

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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	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	
15	12-04-19	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	December 2019	December 2019

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### Intrapulmonary Percussive Ventilation System

16	12-03-20	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	December 2020	December 2020
17	12-1-21	Annual review. Added NCD, LCD verbiage to "Important Note".	Carol Dimech	Dr. C. Lerchin	December 2021	December 2021
18	12-1-22	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	December 1, 2022	December 2022
19	12-4-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 4, 2023	December 4, 2023